

MARS Secure Transport & Recruitment Service Ltd

MARS Secure Transport & Recruitment Service Ltd

Inspection report

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Date of inspection visit: 21 July 2022
Date of publication: 27/09/2022

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?

Inspected but not rated 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for clients and keep them safe. Staff had training in key skills, understood how to protect clients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to clients, 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, and assessed clients' food and drink requirements. Managers monitored response times and made sure staff were competent. Staff worked well together for the benefit of clients, supported them to make decisions about their care.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to clients, families and carers.
- The service planned care to meet the needs of local people, took account of clients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. Staff were clear about their roles and accountabilities.

However;

- Leaders did not always provide statutory notifications to the Care Quality Commission following serious incidents.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

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- Staff provided good care and treatment, and assessed clients' food and drink requirements. Managers monitored response times and made sure staff were competent. Staff worked well together for the benefit of clients, supported them to make decisions about their care.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to clients, families and carers.
- The service planned care to meet the needs of local people, took account of clients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of clients receiving care. Staff were clear about their roles and accountabilities.

However;

- Leaders did not always provide statutory notifications to the Care Quality Commission following serious incidents.

Summary of findings

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Summary of this inspection

Background to MARS Secure Transport & Recruitment Service Ltd

The provider, MARS Secure Transport was a limited company. There was an office location based in Borehamwood, Hertfordshire. They were registered with CQC (Care Quality Commission) since July 2019.

They were a non-emergency secure ambulance service, transporting adults and adolescents with mental health conditions. MARS completed 4350 jobs from July 2021 to June 2022. They used 16 vehicles, secure areas, two with stretcher capability and mobility impaired vehicles. MARS did not transport people with physical health conditions. Leaders described the work as highly complex, often transporting people with additional challenges. Clients were regularly escorted on journey's by other professionals, such as police officers and approved mental health professionals.

The service is registered with CQC for the regulated activity transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

The service has had a registered manager in post since registration in July 2019. This was the second inspection since registration, with the previous inspection completed in November 2018 when the service was rated as good.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 21 July 2022. To get to the heart of clients' experiences of care, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led.

Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what staff told us and how the provider understood and complied with the Mental Capacity Act 2005.

How we carried out this inspection

During the inspection we spoke with nine members of staff; four leadership staff, the clinical lead and four care assistants. We looked at three vehicles, staff records and a selection of client documentation.

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 the service **SHOULD** take to improve:

- The service should ensure completion of all required statutory notifications. (Regulation 18).






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Inspected but not rated	Good	Requires Improvement	Good
Overall	Good	Good	Inspected but not rated	Good	Requires Improvement	Good

Patient transport services

Safe	Good 
Effective	Good 
Caring	Inspected but not rated 
Responsive	Good 
Well-led	Requires Improvement 

Are Patient transport services safe?

Good 

Our rating of safe stayed the same. We rated it 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 their mandatory training. Leaders kept a log of all staff training and ensured compliance before staff were permitted to carry out their duties.

The mandatory training was comprehensive and met the needs of clients and staff. The clinical lead had oversight and management of mandatory training. Training included manual handling, health and safety, first aid including how to use an automated external defibrillator and anaphylaxis. Staff had infection prevention control training and had been updated to ensure staff compliance with Covid-19 restrictions and national guidance.

Staff had additional specialist training, promoting positive behaviour and gave us examples of when they used it. Staff were required to complete reducing challenging behaviour training to collaborate with clients with mental health conditions. Staff completed Prevention and Management of Violence and Aggression (PMVA) training. Staff had mandatory restraint training which was in line with the Restraint Reduction Network.

Clinical staff completed training on recognising and responding to clients with mental health needs, learning disabilities, autism and dementia. Mandatory training included mental health training and basic life support. All training was delivered using the mental health core skills framework, Skills for Care and Health and Health Education England frameworks.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they received notifications to alert them to when training was due. Managers monitored training to ensure completion in a timely way.

Safeguarding

Staff understood how to protect clients 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.

Patient transport services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had access to an up to date safeguarding policy for both adults and children. Staff accessed all policies, including a safeguarding policy using an online electronic application. The policy provided staff with relevant detail including contact details. Policies referenced up to date guidance and further reading to help staff with their safeguarding knowledge. The service regularly transported children and provided us with a comprehensive understanding of the complexities in relation to safeguarding.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff understood local safeguarding procedures and knew who to contact if they had concerns. Staff gave examples of clients identified as vulnerable and when they were appropriately accompanied by either a parent or other professional. For example, an approved mental health professional, social worker or the police. Policies and procedures contained local authority safeguarding service details in the event of a safeguarding concern. Managers told us they liaised directly with the referring providers if they were alerted to a safeguarding concern.

Staff received training specific for their role on how to recognise and report abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. All staff received mandatory safeguarding training at appropriate levels. The safeguarding adults and children training included reference to domestic violence and PREVENT; training to help vulnerable people at risk of being coerced in to acts of terrorism.

The safeguarding leads were trained to level 4. This provided them with advanced knowledge and understanding to help safeguard clients from abuse. Staff used a secure application on their phones to access a lead if a safeguarding concern was identified. Staff could access local agency contact details to refer to if necessary.

All staff were required to evidence they were suitable to work with vulnerable adults and children. Managers conducted enhanced Disclosure and Barring Service (DBS) checks on all newly appointed staff. An electronic alert system notified managers when staff required DBS updates in line with national guidance. All staff records included recorded DBS checks.

Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. Staff ensured vehicles used to transport clients was clean and well maintained. Staff completed daily cleaning schedules for cleaning vehicles, however the detail was limited. Managers contracted an external company to carry out weekly deep cleaning for each vehicle. Staff cleaned the vehicles between each client journey and managers conducted regular checks. Managers recorded those checks and audited them for compliance and improvements. However, there were no spill kits on the vehicles. Managers told us they would liaise with local hospitals if there was a need for a spill kit.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed national guidance to ensure their infection prevention control procedures were compliant. Staff were updated to ensure adherence to up to date Covid-19 guidance. Staff were provided with appropriate personal protective equipment. Staff understood procedures to manage clients identified as Covid-19 positive. Staff had access to handwashing gels and wipes in all vehicles. Leaders carried out hand hygiene audits which were 100% compliant. Staff understood these procedures were in place to keep the risk of infections low.

Patient transport services

Environment and equipment

Vehicles and equipment kept people safe. Staff were trained to use them.

Staff had accessible health and safety policies based on up to date health and safety legislation. The application that staff used on their mobile phones sent notifications of any policy updates. Staff kept the vehicles at their private residences. Managers carried out spot checks to ensure vehicles maintained suitable standards.

Staff carried out daily safety checks of specialist equipment. Staff completed and signed daily vehicle and equipment checklists before use. All daily vehicle checklists we looked at were complete and up to date. Leaders ensured vehicles met the needs of the individuals transported. For example, when a child was transported, appropriate equipment and vehicles were used to accommodate their specific needs. Vehicles were equipped with standard equipment, such as fire extinguishers and we saw evidence they were serviced regularly.

The vehicles were regularly maintained, serviced, and appropriately repaired. We saw a system in place to monitor when vehicles needed to be serviced and all vehicles had regular safety service. If there were any concerns about any equipment they were taken out of use and repaired.

Assessing and responding to client risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff had access to client details and information to help assess and respond to risk. Staff used an online application to relay client information. Each client journey was assessed to determine the group of staff required to meet the needs of that specific individual. Staff received risk assessments for each client to minimise risks. All staff were trained in identifying and responding to clients at risk of deterioration.

We looked at eleven client records which detailed personal profiles and up to date risk history. Staff received a handover from the referring agents which included presentation on the day. Staff used an up to date policy that followed national guidance to guide them when using restraint. Staff recorded restraint used 149 times from July 2021 to July 2022. Staff recorded handcuffs were used 72 times in the same period. Leaders told us they followed instruction from the referring mental health professionals that would direct them to use handcuffs. For example, if the clients had been assessed at risk of being combative or a risk.

Staff knew about and dealt with any specific risk issues. Staff conducted dynamic risk assessments to help them use the least restrictive practices where appropriate. For example, staff told us they made verbal agreements with clients to remain calm and work with them to avoid using restrictive practice. Staff used their skills and client information to assess, manage and adapt to accommodate dynamic risks. Staff gave us examples of techniques they used to deescalate challenging behaviours. Each example demonstrated compassion, care and involvement of the client and or significant key people.

Staff were trained to ensure they could safely manage the needs of clients with mental health conditions. Staff were trained in Prevention Management of Violence and Aggression. Staff promoted positive behaviour using the training they received. Included within this training was how to appropriately use restraint, handcuffs and how to de-escalate

Patient transport services

situations. Staff gave us examples of how they effectively collaborated with clients who were distressed and compassionately communicated with them to reduce worry and concerns. We saw recorded in client records the reason for handcuffs required clearly stated and communicated to staff by ward staff. For example, where a client was transported from hospital to court for sentence.

Staff shared key information to keep patients safe when handing over their care to others. Other professionals often escorted clients who were particularly challenging. This meant staff had extra support if needed. Staff had a policy in line with national guidance that outlined criteria for using secure vehicles. We saw documented requests for secure vehicles. Staff told us they used secure vehicles due to the elevated risk and complex needs of the clients transported.

Staff knew how to respond to deteriorating clients and how to manage clients at risk of absconson. Staff knew what to do when a client deteriorated and talked us through the process. All staff were trained in basic life support and first aid. Staff used an up to date absconson policy, in line with the Mental Health Act with clear instruction on how to manage risk of absconson. Staff received support from a clinical lead who was dual qualified to keep people safe.

Staffing

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

The service employed 22 self-employed staff and worked based on their personal availability, of these two staff members were registered nurses and the remaining staff were health care assistants.

The service had enough nursing and support staff to keep patients safe. Leaders reported they had enough staff to ensure all shifts were filled. The service operated on a flexible basis responding to requests by external providers. This determined how many staff and the number of vehicle hours needed per day.

The service had no vacancies. Managers told us they were a small team with low turnover. In the previous 12 months two staff left and one staff was dismissed. Sickness levels were at reported as being under 5%. Leaders reported a flexible service to meet the needs of the clients and services on the day jobs were received.

Records

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

Staff received job information electronically on to an application on their mobile phone. The information was concise and was reviewed by staff before conveying clients. Staff received information with client details and specific needs of those clients, for example, if they required any additional equipment or specifically skilled staff. We saw that staff communicated throughout the course of the job, sharing appropriate information.

When patients transferred to a new team, there were no delays in staff accessing their records. Health care providers, police or social services made referrals to the service. Professionals from these services provided all appropriate documentation, including statutory paperwork for those detained under the Mental Health Act. Informal clients provided consent to travel.

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Patient notes were comprehensive and all staff could access them easily. Staff completed job sheets with a clear explanation of when clients were restrained or the secure area was used. We saw that leaders reviewed each form and regularly audited the information to ensure compliance. Staff had access to a dedicated document safe area on each vehicle which was good practice.

Medicines

The service did not administer or store medicines. Staff used a secure locked locker area for the client's personal medication. Staff did not transport patients with medical gases.

Incidents

The service managed client 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 clients honest information and suitable support. Managers ensured that actions from client safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. We looked at eleven reported incidents in the previous 12 months. Staff clearly completed incident reporting documentation where they outlined in the paperwork when they had used de-escalation techniques.

There was an incident reporting policy which was in date and referenced duty of candour. Staff understood the principles of duty of candour.

Managers investigated incidents thoroughly. Managers had a system to review incidents and shared learning where appropriate. We saw managers identified themes. For example, an audit of incidents reported triggered the need for a refresher course for staff using restraint and mental health awareness. This was an opportunity to develop staff skills and ensure staff understood the latest guidance and law to ensure their skills are up to date.

Managers reported that there were no serious incidents in the twelve months prior to inspection. However, we found two serious incidents that would have required a statutory notification. Leadership immediately rectified this and introduced a training programme for staff to ensure there were no further omissions.

Are Patient transport services effective?

Good 

Our rating of effective stayed the same. 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 clients subject to the Mental Health Act 1983.

Patient transport services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies we reviewed referenced using up to date national guidance and linked further reading. For example, the safeguarding children and adult's policy outlined types of safeguarding and referral pathways. Staff safeguarding duties and responsibilities were defined. There was a reference section linking up to date national guidance and a list of all appropriate local agencies when guidance was needed, or an alert was raised.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff received specific training as part of their mandatory training. All staff we spoke with understood the principles of the Act and could give examples of considerations in practice to support people while detained under at Mental Health Act.

Leaders had a process in place to check that staff were following guidance. Staff used an electronic application with all guidance documentation attached. The system electronically notified staff when there were updates and managers could check the system to ensure staff had read and understood the guidance. The clinical lead carried out observations of staff and audits to ensure staff followed guidance.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff received a handover for all clients transferred to their care for transportation. Staff routinely referred to the psychological and emotional needs of clients. Staff gave us examples of when they had involved relatives and carers in determining what worked well for the client's individual needs to put them at ease. Staff gave us examples of when they took extra time to get to know clients, in particular young people who might be particularly anxious. Staff adapted their approach and worked as a team to engage with clients and ease their anxieties. For example, one team sent a female member of staff to a young person and used their commonalities to improve their experience of what would have been a traumatising event.

Nutrition and hydration

Staff assessed clients' food and drink requirements to meet their needs during a journey. The service made adjustments for clients' religious, cultural and other needs.

Staff made sure clients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff told us they planned journeys to ensure they had adequate access to food and drink. Staff considered the needs of the individual clients taking into consideration any special dietary requirements. Staff kept a supply of water on board vehicles for clients to access if needed.

Response times

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

Each vehicle had an electronic tracking system which was used to monitor response times. The software was sophisticated and allowed staff to run reports to help them identify when improvements might be needed. Staff told us that it was rare that they did not respond to requests to transport clients in a timely way. The provider's target was for a 90 minute response time.

The service completed 2136 client journeys from January 2021 to July 2022, of these 2091 (97.8%) client journeys met the providers target response time of 90 minutes. Data provided by the service showed:

- 1,234 journeys were responded to within 45 minutes
- 360 journeys were responded to within 60 minutes

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- 497 journeys were responded to within 90 Minutes
- 45 journeys were responded to within 120 minutes
- 62 bookings were refused by the service
- 29 journeys had recorded delays

Managers told us that recording client journey times and dates helped staff track any potential delays. Journeys were planned in advance to minimise delays.

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 clients. The clinical lead was responsible for managing staff competencies and followed the mental health core skills framework, skills for care framework, Health Education England and Skills for Health guidance. Leaders carried out work based assessments with staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers discussed performance and staff training needs at regular intervals, for example at annual appraisals. All staff were provided with a corporate and local induction programme to ensure all received appropriate training with updates at appropriate intervals.

Managers made sure staff received any specialist training for their role. Staff received specific mental health and learning disability awareness training as part of their induction and an update in their yearly refresher training. Staff gave examples of collaborating with clients with additional needs, for example, clients who were neurodivergent. Staff worked with other professionals or family members to identify what worked for the client in the past to keep them relaxed during their journey. Staff encouraged clients to bring something to help reduce their stress levels to improve the experience.

Staff received driving competency assessments, training courses and shadowing sessions. Staff were given the opportunity to observe experienced staff until they were comfortable to work independently.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff records we looked at had up to date training and assessments to ensure staff were competent. Staff were observed for competency at regular intervals. Leaders carried out observations to ensure compliance with policy and standards.

Staff provided up to date additional training certificates if achieved with their substantive employer. We saw evidence of up to date training for all staff files we looked at.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All staff were supported to complete Care Certificate training as a minimum. Managers told us they supported additional training to help staff to improve their skills and for career progression.

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Multidisciplinary working

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

Staff worked well together to meet the needs of the clients who used the service. All staff we spoke with told us they communicated regularly. They worked with managers and other professionals to help keep clients safe and provide a quality service. We saw recorded details of other professionals involved in client care. For example, where an approved mental health practitioner (AMHP), nurses or the police were involved. AMHP's were responsible for coordinating admissions to hospital for clients detained under the Mental Health Act. This meant they worked together to safely coordinate the client's care and journeys.

Leaders worked with local referring hospitals and reported having a positive relationship with other providers, some of whom employed them as their preferred provider. We looked at feedback from professionals who referred to the service which was positive.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff completed consent, Mental Capacity Act training. Staff understood the principles of Deprivation of Liberty Safeguards. Staff had access to a consent policy which followed national guidance.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff we spoke with understood how to support clients to make informed decisions and described the process of gaining consent. Staff obtained consent verbally or inferred for all transfers.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff demonstrated an understanding of capacity. Staff described checking a client's capacity to understand information given to them. Staff described clients as being able to weigh up and hold information.

Are Patient transport services caring?

Inspected but not rated 

We inspected caring but we did not rate it.

Compassionate care

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

At the time of this inspection the Care Quality Commission was unable to observe care provided in ambulance vehicles. However, we spoke with staff employed by the service and we reviewed feedback from service users.

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Staff provided examples of maintaining client dignity and independence while in their care. Staff told us they were courteous and polite and treated all clients with respect. Staff transported clients without judgement and were compassionate in their approach.

Staff were discreet and responsive when caring for clients. Staff took time to interact with clients and those close to them in a respectful and considerate way. We looked at twelve feedback forms received from people who used the service and saw that the feedback was positive.

Staff followed policy to keep client care and treatment confidential. Staff understood the importance of maintaining client confidentiality and privacy.

Staff understood and respected the individual needs of each client and showed understanding and a non-judgmental attitude when caring for or discussing clients with mental health needs. All staff we spoke with relayed client interaction with without judgement and respect.

Staff understood and respected the personal, cultural, social and religious needs of clients and how they may relate to care needs. Staff gave us examples of when they had considered personal and cultural differences. For example, when a female member of staff was identified as an appropriate choice to care for people based on their preference.

Emotional support

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

Staff provided emotional support to clients, families, and carers to minimise their distress. They understood clients' personal, cultural, and religious needs. Staff talked to us about the skills and techniques they used to provide emotional support and communicate with empathy. Staff talked to us about being kind, caring and compassionate.

Understanding and involvement of clients and those close to them

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

Staff involved clients and significant others in discussions about and throughout their journey. Clients could travel with companions when assessed as appropriate.

Clients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw positive written feedback from people who used the service and other professionals. For example, clients who were transported provided written praise of staff care and treatment.

Clients gave positive feedback about the service. We looked at twelve client feedback forms and saw that clients gave positive feedback, thanking staff for their care and consideration.

Are Patient transport services responsive?

Our rating of responsive went down. We rated it as good.

Patient transport services

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 to help meet the needs of the local population. They worked with referring providers to plan service provision. Journeys were coordinated using an electronic application and all journeys were short notice transfers. The electronic application used demonstrated team planning and communication to meet the needs of the service and clients.

Staff considered planning for long distance journeys. For example, planning secure stop points for rest room breaks. Managers coordinated multiple crews to facilitate national journeys and involvement of appropriate professional services.

Meeting people's individual needs

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

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff identified communication needs in advance. Staff discussed individual needs with families, carers, and other professionals. The service employed a diverse staff group who spoke several different languages. Managers told us, where possible, they would plan to use staff with a language to match the needs of the clients. Staff told us they used online translation services to help them communicate.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff assessed clients who might require additional considerations based on their specific needs. Staff gave us examples of supporting clients living with learning disabilities and autism. For example, for clients who struggled with unfamiliar situations. Staff encouraged these clients to bring familiar items such as a toy, or an escort / carer if needed. Clients with severe mental health needs or paediatric transfers were accompanied by a responsible person.

Staff completed training to help them understand the needs of people living with dementia and those who lacked capacity. The service made reasonable adjustments to help clients access services and had a range of equipment for use by different client groups, for example bariatric equipment.

Clients with mental health conditions were regularly escorted by a mental health professional. Staff provided examples of when a transfer required an all-female/ multiple crew members to ensure safety for all. We looked at eleven client records and saw documented where mobility considerations were required during transportation. We also saw clearly stated in client records where more than two staff members were needed.

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.

Managers provided a sub-contracted service on an ad hoc basis. Managers monitored timeliness to ensure clients received an appropriate service in a timely way.

Patient transport services

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.

Staff understood the policy on complaints and knew how to manage them. Staff had access to a complaints policy. Staff could access the policy using an application on their electronic devices. The system sent notifications to update staff when there were updates.

Clients, relatives and carers knew how to complain or raise concerns. People who used the service were provided with information about complaints processes and could complain electronically. People could complain using the provider's website or by completing written feedback forms.

Managers investigated complaints and identified themes. All complaints were investigated and a copy of the documentation given to the contracting provider. Staff were provided with detail for learning and improvement purposes. We looked at six complaints investigated from July 2021 to July 2022 and saw that complaints were logged and involved all relevant people including referring healthcare providers, mental health and criminal justice professionals.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers gave us examples of when they had provided additional training for staff following complaints. Leaders provided support for staff in the first instance, however in some instances staff would be dismissed if they were unable to meet the service standards.

Are Patient transport services well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

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 clients and staff. They supported staff to develop their skills and take on more senior roles.

The service was led by senior leadership team, comprised the registered manager, two managing directors, and senior leadership team, including a qualified clinical lead. All staff told us senior management were visible and approachable.

Staff told us they were supported by managers and their colleagues. Staff provided us with examples of how the service was managed so that they had the skills and resources to do their jobs well. This included providing clear job plans with appropriate tools and resources to safely transport clients who used the service.

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 the wider health economy. Leaders understood and knew how to apply them and monitor progress.

Patient transport services

Leaders had a business plan dated July 2022. The plan was aligned with relevant legislation, for example the Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2018. There was a vision and values statement to help direct them into the future. For example, 'promoting a culture where quality is shouldered by all staff'.

Culture

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

Staff felt respected, supported, and valued. Staff focused on clients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

All staff spoke positively about working for the provider. Staff reported good relationships with their colleagues and clients who used the service. Staff told us they were supported, trained, and given opportunities to further develop. We saw evidence of a culture of engaging with clients who used the service in a positive way. Staff told us and feedback from people who used the service stated there was a safe, caring, and inclusive experience while in the care of staff employed by the service.

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.

Leaders ensured clear lines of accountability. Staff knew and understood their roles and responsibilities and knew who to go to for advice and support. We saw completed records of job plans. All jobs demonstrated clear lines of accountability and escalation details by using a shared electronic application. This meant staff were supported in understanding their main duties.

The service had established processes in place to monitor safety, quality and performance, through service audits, incident reporting and performance measures. Leaders met monthly to discuss performance and governance. We looked at leadership meeting records where staff discussed issues such as staffing, Covid-19 and other relevant issues.

Staff recruitment systems and processes ensured staff had suitable safety checks. Leaders used an online enhanced Disclosure and Barring Service checks which meant they could access up to date detail relating to staff suitability. Updates were electronically flagged to ensure timely renewal of those checks. All staff files had appropriately completed paperwork including photo identification and a completed application form with references.

Leaders ensured policies were comprehensive and updated to reflect changes in national guidance. Additional links to reading material to further help improve staff understanding and knowledge were included in the information shared. This meant that policies reflected up to date national guidance and were updated at regular intervals.

All vehicles were managed and serviced at regular periods to keep clients safe and we saw records to demonstrate this.

Patient transport services

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.

Leaders had an up to date risk register with continuity plan where they recorded business risks. There was a formal process to record and review up to date risks that might impact on safety and quality of service. Risks were scored depending on the degree and likelihood of harm. The priority risks were emergency management, health and safety and security. All three priority risks had appropriate mitigations in place. For example, all staff members had emergency management training and access to an emergency security manual.

Staff measured ways to reduce the risks, which were recorded and monitored. The business continuity plan provided instruction for staff to manage unexpected events, such as weather warnings or technology systems issues.

Leaders managed issues relating to performance using a range of systems and processes. Staff had access appropriate resources to help them perform their duties. Staff were clear about metrics used to monitor performance. Leaders were open and transparent in managing issues and worked with partner agencies to resolve issues. However, leaders did not always report statutory notifications for serious incidents to the Care Quality Commission. This meant there was a gap in their governance processes. We raised this with the provider and they made appropriate changes to avoid any future omissions.

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.

Managers had systems in place to collect and analyse data. Staff had access to electronic systems where data could be viewed to understand performance. Staff used their hand-held devices to access performance and jobs information. An electronic application gave staff access to live, accessible job and client information.

Staff understood information governance and the importance of securely storing client information. Client records, hard copy and electronic were stored securely and only assessible to those with permission to do so.

Leaders kept paper records stored in cupboards that were kept locked and only accessible to those with the authority to do so.

Engagement

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

Leaders and staff actively and openly engaged and collaborated with subcontracting providers and other professionals, for example, local hospital staff and community mental health staff which helped improve the quality of services. Leaders provided us with positive feedback from providers that supported their business. For example, feedback from professionals who thanked staff reporting overall satisfaction with performance.

Patient transport services

Staff collaborated with local providers to ensure they worked together to safely care for clients. Staff engaged with health providers to share appropriate information to help provide suitable care and improve the service. Leaders told us that engagement with the local health economy helped with growth and improvement to meet the needs of the clients who used the service. Leaders provided us with examples of where they were preferred providers in the local area to transport clients.

Learning, continuous improvement and innovation

Leaders supported continued improvement and development of the service. They did this through providing learning opportunities, including formal training of staff and use of technology. There was a programme of learning opportunities and investment in ongoing development of staff. A clinical lead was employed to identify areas of learning and development.

Leaders had systems in place to support continuous improvement. Staff used feedback from people who used the service, learning from incidents and complaints to help with improvements.

Staff had access to a mobile electronic application to monitor and improve the service. For example, the application monitored response times and leaders ran reports to help improve response times. Leaders used the technology to share live communication relating to jobs with staff while they were mobile and off site. This meant they could communicate important information and changes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>Action the service SHOULD take to improve:</p> <ul style="list-style-type: none">The service should ensure completion of all required statutory notifications. (Regulation 18).