

European Medical Services Limited

EMS (Hurst)

Quality Report

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Date of inspection visit: 5 & 17 October 2016
Date of publication: 27/02/2017

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	
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Summary of findings

Letter from the Chief Inspector of Hospitals

EMS (Hurst) provides a patient transport service in Berkshire and Buckinghamshire delivered through a contract with an NHS ambulance Trust provider. The service provides patient transport service to renal patients from their home to the local hospital. The service also provides private emergency first aid and medical cover to sporting venues and equestrian events; however this was not covered under this inspection.

We carried out an announced routine comprehensive inspection of EMS (Hurst) on 5 October 2016, followed by a routine unannounced visit on 17 October 2016. We inspected against the following key questions: are services safe, effective, caring, responsive and well-led?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Our key findings were:

- There was no evidence of an effective governance system.
- Staff did not receive written feedback on the incidents, complaints and patient feedback.
- Staff did not understand the principles of the duty of candour and how this impacted upon their role.
- We had some concerns with the infection control practices. For example, the service did not carry out any infection control audits.
- Staff received patient identifiable information via their personal email accounts. There was no way of monitoring if staff deleted these job sheets from their personal email address and this raised data protection concerns.
- The service did not have systems in place to routinely monitor how the service was performing against the key performance indicators (KPI's) within the contract.
- The service did not have a robust system for handling, managing and monitoring complaints and concerns.

However,

- All staff had completed their statutory and mandatory training and ambulance drivers were appropriately trained.
- Vehicles were well maintained and had up to date Ministry of Transport (MOT) tests.
- Staff had a strong focus on providing caring and compassionate care.
- Staff felt valued and supported by their peers and the local management team.
- Staff were competent in carrying out their responsibilities and felt they received appropriate training and support for this.
- Staff respected the needs of patients, promoted their well-being and respected their individual needs. Patient dignity, independence and privacy were well respected by staff in the service.
- Staffing levels were sufficient to meet patient needs. Staff were confident in assessing and managing specific patient risks and processes were in place for the management of deteriorating patients.
- Staff were able to plan appropriately for patient journeys using the information provided by the IT-based booking system.
- The service was planned to meet the needs of its contractual arrangements with health service providers. The service utilised its vehicles and resources effectively to meet patients' needs.

Summary of findings

- There was a vision and strategy for the service. Although not documented, the strategy for the service was to stabilise the current service and sustain the work they currently had.
- Staff told us the registered manager was approachable and visible. Staff felt well supported by the registered manager.

We also found the following issues that the service provider needs to improve:

- Ensure systems are in place to ensure the principles of Duty of Candour process are fully understood and applied when necessary.
- Ensure systems are in place to receive, record, handle and respond to complaints.
- Ensure systems are in place for sharing learning and feedback with all staff following complaints, incidents, patient feedback and investigations to reduce the risk of reoccurrence.
- Ensure system for sharing patient records is safe, secure, and in line with current legislation.
- Ensure that governance processes and quality assurance measures and processes improve to provide effective oversight of all aspects of the service.

Information on our key findings and action we have asked the provider to take are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Patient
transport
services
(PTS)**

Rating

Why have we given this rating?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

EMS (Hurst)

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to EMS (Hurst)	6
Our inspection team	6
How we carried out this inspection	6
Facts and data about EMS (Hurst)	7
Our ratings for this service	7
Action we have told the provider to take	20

Background to EMS (Hurst)

The EMS (Hurst) provides a patient transport service in Berkshire and Buckinghamshire delivered through a contract with an NHS ambulance Trust provider. The service provides patient transport service to renal patients from their home to the local hospital. The service also provides private emergency first aid and medical cover to sporting venues and equestrian events; however this was not covered under this inspection.

The service was last inspected in February 2014 and was found to be compliant with the four outcomes inspected at that time.

The service holds a contract with an NHS ambulance Trust provider, as well as a range of private contracts across Berkshire and beyond. Ninety five percent of the

work the service carries out is for the NHS ambulance service. The service employed a total of 10 staff members, which included the registered manager (also a director) and the second director. The service did not transport any children patients.

All management functions for this service were managed from the provider's location in Hurst, Reading.

EMS (Hurst) is registered for two regulated activities. This is in respect of transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

The Registered Manager had been in post since September 2015.

Our inspection team

The inspection was led by a CQC inspector. The inspection team also included a second CQC inspector and a specialist advisor. The specialist advisor was a retired professional paramedic.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?

- Is it effective?

- Is it caring?

- Is it responsive to people's needs?

Detailed findings

- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Before visiting EMS (Hurst), we reviewed information we held about the location and asked other organisations to share what they knew. This inspection was a scheduled inspection carried out as part of our routine schedule of inspections. We carried out an announced inspection visit on 5 October 2016, and a routine unannounced inspection on 17 October 2016.

We spoke with 10 staff, including the registered manager, director, operations manager and seven ambulance care assistants. We reviewed policies and procedures the service had in place. We checked to see if complaints were acted on and responded to. We looked at documentation including relevant monitoring tools for training, staffing, recruitment and resilience planning. We also analysed data provided by the service and NHS ambulance service both before and after the inspection.

We did not speak with patients during this inspection, as we were not able to speak with patients.

Facts and data about EMS (Hurst)

EMS (Hurst) has nine vehicles used for patient transport services. The service employs 10 staff. EMS (Hurst) provides routine patient transport services to patients living in Berkshire and Buckinghamshire.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

EMS (Hurst) is a private ambulance service which provides routine patient transport services to and from patients own homes, hospitals, clinics, under contract to the NHS ambulance service.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve. We found the following:

Although staff knew how to report an incident, the provider did not have a robust system in place to ensure all incidents were recorded and monitored. Staff did not receive feedback on the incidents they reported.

Staff did not understand the principles of the duty of candour and how this impacted their role.

Staff received patient identifiable information via their personal email accounts. There was no way of monitoring if staff deleted these job sheets from their personal email address and this raised data protection concerns.

We found some concerns with the infection control practices. For examples, the service did not carry out any infection control audits.

The service did not have systems in place to routinely monitor how the service was performing against the key KPI's within the contract.

The service did not have a robust system for handling, managing and monitoring complaints and concerns.

There was no evidence of an effective governance system.

However,

All staff had completed their statutory and mandatory training and ambulance drivers were appropriately trained.

Patient transport services (PTS)

Vehicles were well maintained and had up to date Ministry of Transport (MOT) tests.

Staff had a strong focus on providing caring and compassionate care.

Staff felt valued and supported by their peers and the local management team. Staff were competent in carrying out their responsibilities and felt they received appropriate training and support for this.

Staff respected the needs of patients, promoted their well-being and respected their individual needs.

Staffing levels were sufficient to meet patient needs. Staff were confident in assessing and managing specific patient risks and processes were in place for the management of deteriorating patients.

Staff were able to plan appropriately for patient journeys using the information provided by the IT-based booking system.

Patient dignity, independence and privacy were well respected by staff in the service.

The service was planned to meet the needs of its contractual arrangements with health service providers. The service utilised its vehicles and resources effectively to meet patients' needs.

There was a vision and strategy for the service. Although not documented, the strategy for the service was to stabilise the current service and sustain the work they currently had.

Staff told us the registered manager was approachable and visible. Staff felt well supported by the registered manager.

Are patient transport services safe?

We have not rated the patient transport service for safe because we were not rating independent ambulance service providers at the time of the inspection:

- Although staff knew how to report an incident, the provider did not have a robust system in place to ensure all incidents were recorded and monitored. There was no evidence of learning and outcomes being shared with staff.
- Staff did not understand the principles of the duty of candour and how this impacted on their role.
- Staff received patient identifiable information via their personal email accounts. There was no way of monitoring if staff deleted these job sheets from their personal email address and this raised data protection concerns.
- We found some concerns with the infection control practices. For example, one of the vehicles had not been properly cleaned and was visibly dirty. There were no hand gels in two of the vehicles we inspected. The service did not carry out any infection control audits.

However:

- Staffing levels were sufficient to meet patient needs.
- Staff were confident in assessing and managing specific patient risks, and processes were in place for the management of a deteriorating patient.
- All staff had completed their statutory and mandatory training and ambulance drivers were appropriately trained.

Vehicles were well maintained and had up to date Ministry of Transport (MOT) tests

Incidents

- Staff told us that they reported any incidents to the registered manager or to the control centre at the NHS ambulance service contractor via telephone or in person. We saw evidence that incidents had been reported by staff to the registered manager who had subsequently made contact with their main NHS ambulance service contractor informing them of these incidents.

Patient transport services (PTS)

- EMS (Hurst) and the NHS ambulance service investigated incidents jointly, with the NHS ambulance service managing the overall process. The NHS ambulance maintained a record of all incidents relating to EMS Hurst.
- EMS (Hurst) did not keep a record of the incidents and had not tracked the number of incidents reported. The registered manager was unable to give us the actual number of incidents relating to their main contactor between October 2015 and October 2016.
- The registered manager told us they did not receive any information relating to the outcome of incidents from the NHS ambulance service. There was no evidence of learning from incidents and staff were unable to give examples of change occurring as the result of an incident.
- From April 2015, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Staff did not know what this was or how it related to their roles. The registered manager was not aware of this duty, and staff had not received any training on their statutory responsibilities. The service had no policy or documentation which mentioned or explained the duty of candour.

Mandatory training

- The registered manager told us all mandatory training was undertaken during induction. This included modules on basic life support, fire safety, epilepsy, moving and handling, infection control, lone worker, Mental Capacity Act 2005 and first aid.
- Staff were booked onto refresher sessions as soon as they were due for renewal on specific training modules.
- We were provided with evidence of staff training during our unannounced inspection. We were shown all staff training records that had been completed, and we saw lists of staff names with the dates on which they would be due refresher training.
- The registered manager had not measured the compliance rate of training against any targets, but from the training files we saw showed high compliance with mandatory training.
- All vehicle drivers were required to undertake a driver review on an annual basis to ensure that they were suitable to drive vehicles.

Safeguarding

- A senior member of staff was the safeguarding lead and staff knew who this was. The service had an in-date safeguarding policy and staff told us that they knew how to access it. Most staff we spoke with showed awareness of how to identify and deal with concerning situations at the locations they attended. They told us if they had any concerns they would speak to the registered manager or follow the safeguarding policy.
- Staff confirmed to us that safeguarding vulnerable adults and children was included in their mandatory training. We saw staff had received level 2 children and adults safeguarding training. We reviewed staff training records that confirmed this.
- If staff had safeguarding concerns relating to work contracted to them, they contacted the registered manager who would advise the NHS ambulance service.

Cleanliness, infection control and hygiene

- We inspected six of the nine ambulances used by the service. We found that all vehicles were clean and tidy, except for one.
- On two vehicles there was no hand sanitizer gel in the dispensers.
- During the inspection, the registered manager told us the vehicles were deep cleaned on a monthly basis or as and when needed. A deep clean involved steam cleaning a vehicle to reduce the presence of certain bacteria. The documentary evidence we saw supported this.
- Staff disposed of clinical waste at the hospitals where they transported patients to. They also collected bed linen, clinical waste bags and bowls if they needed to.
- The registered manager had the overall responsibility for providing infection control advice. The service did

Patient transport services (PTS)

not carry out any infection control or hand hygiene audits. This meant a system was not in place to monitor the service's infection control practices against their policy.

Environment and equipment

- We inspected six of the nine ambulances used by the service. In three vehicles we found some out of date consumables. These included needles, cannulas and wipes.
- The provider did not have a standardised vehicle equipment checklist, which meant equipment kept in vehicles varied. For example, some vehicles had personal protective equipment such as gloves and jackets and others did not.
- The registered manager was responsible for ensuring drivers and vehicle records were up to date. The registered manager kept a log with reminders for MOT certificates and insurance policy expiry dates, servicing dates and license renewals.
- We saw evidence that all vehicles were regularly serviced and maintained.
- The service had adapted vehicles for wheelchair users and these vehicles were equipped with straps.
- The service did not transport children.

Medicines

- The service had an in-date medicines management policy. Medical gases such as oxygen and Entonox were kept in a storage area which was locked and secure, and these were in date.
- During the announced inspection, the registered manager told us the service had access to controlled drugs which were kept at the registered providers address.
- During the unannounced visit, the registered manager told us they had made the decision to stop the supply and administration of controlled drugs, as these were not required for the nature of the work the service carried out. The registered manager had the stock of controlled medicines destroyed in line with national guidance. We saw documentary evidence which confirmed this.

- We found no medicines except for oxygen kept on these vehicles.
- Staff did not administer any medicines, except oxygen. Only staff who had been trained or had professional registration administered oxygen.
- Patients who could self-administer medicines were free to do so but not if this required the assistance of staff.

Records

- The NHS ambulance service provided EMS (Hurst) staff with details of patient transport jobs via email. The registered manager received this information via a secure email address from the NHS ambulance service. The registered manager then sent the job sheets to drivers via their personal email address. Some staff printed these at home others picked up printed copies from the office.
- Staff told us at the end of each day they brought any job sheets with client information back to the office to be shredded. Details included on the job sheets were: patient name, contact details, address and information on medical conditions.
- However, there was no way of monitoring if staff deleted these job sheets from their personal email address and this raised data protection concerns.
- The NHS ambulance service provided control staff with patient details such as mobility needs and any special notes or instructions. This information was passed on to drivers or indicated on the job sheet. The service relied on the NHS ambulance service to inform them if any patients they were transporting had a "do not attempt cardiopulmonary resuscitation" (DNACPR) order in place.

Assessing and responding to patient risk

- Staff told us that, as there was not usually a paramedic present for the patient journeys the service carried out, they would call 999 in the event of a patient's condition significantly deteriorating. This was also the services' policy.
- Staff told us if a patient's condition had started to deteriorate they would divert their transport and take the patient to the nearest hospital. The crew would

Patient transport services (PTS)

notify the hospital of their impending arrival by phone. Staff also notified the registered manager and the NHS ambulance service's control centre about the change to the journey.

- All staff employed to work on patient services had received basic life support (BLS) training.

Staffing

- The service employed eight ambulance care assistants (ACAs) who were responsible for carrying out patient transfers within their scope of practice and any other duties in accordance with company requirements. The registered manager told us although they would like more staff, the current staffing levels were sufficient for the work carried out.
- The service regularly reviewed staffing levels to ensure they were meeting patient needs and told us that one of their major challenges was the retention of staff. The registered manager told us that retention rates were low, because once staff were trained and experienced, they left the company to work for the NHS ambulance service or for other bigger independent organisations.
- The service did not use agency staff but utilised the existing internal team who worked additional shifts on overtime or flexibly where required.

Anticipated resource and capacity risks

- The service carried out a significant amount of 'ad hoc' work so would assess resource requirements and capacity on an individual basis when requested. Demand fluctuated and the service only undertook work that was within their capacity.
- The registered manager told us there was on-going communication between the service and NHS ambulance service. This allowed for discussion about any resource and capacity risks. For example, where the service did not have the capacity to carry out a journey they would tell the trust that they were unable to carry out that job.

Response to major incidents

- There was no specific major incident policy for the service. The registered manager told us that due to the nature of the work the service completed, there was no expectation they would be involved in any major incident work.

Are patient transport services effective?

We have not rated the patient transport service for effective because we were not rating independent ambulance service providers at the time of the inspection:

- Staff were able to plan appropriately for patient journeys using the information provided by the IT-based booking system.
- Staff were competent in carrying out their responsibilities and felt they received appropriate training and support for this.
- Staff accessed the information needed for specific patient journeys via the NHS ambulance service booking system and reported that this worked well.
- The service coordinated well with the local NHS ambulance provider to meet patients' needs.

However:

- The service did not have systems in place to routinely monitor how the service was performing against the key KPI's within the contract.

Evidence-based care and treatment

- Patients had their needs assessed and their care planned and delivered in line with evidence-based guidance, standards and best practice. Eligibility for patient transport reflected Department of Health guidelines and was monitored by the NHS ambulance service control centre staff at the point of booking. The service used clear criteria for the assessment at booking.
- Staff had access to guidance in relation to oxygen administration, with registered manager advising us that this was also covered during staff training.

Assessment and planning of care

- The staff we spoke with told us the booking system provided them with sufficient information to appropriately plan for their patients. This information was provided on a job sheet. The registered manager told us if they required further information they would

Patient transport services (PTS)

contact the NHS ambulance service control centre. We saw examples of the job sheet and were satisfied they provided adequate information for staff to make suitable arrangements.

- Staff were made aware of any patient mental health problems through the booking system in advance of accepting a booking so they could plan accordingly.

Nutrition and hydration

- Staff carried bottles of water in the vehicles in case of delays with the journey to ensure patients could stay hydrated.
- Staff told us, where a patient needed to stop or wanted to stop for food or hydration on long journeys this would be arranged by the crews.

Patient outcomes

- The NHS ambulance service and EMS (Hurst) had agreed on set key performance indicators (KPIs) the service was required to meet, which helped the NHS ambulance service to meet the national KPI's. KPI's are a set of quantifiable measures used to gauge or compare performance in terms of meeting agreed levels of service provision.
- During the inspection we found the service did not have a system to routinely monitor how the service was performing against the key KPI's within the contract. The registered manager told us, they only received contact from the NHS ambulance if they had under-performed and had not met the KPI's, and were given an opportunity to provide reasons for this.
- There was no formal system in place to monitor the services performance to ensure they were delivering an effective patient transport service. Reporting was "by exception".
- This was supported by the staff we spoke with; who were not aware of the KPI's and allocated journeys and how the service was performing against them, although they worked hard to deliver a good and timely service.
- The registered manager told us formal meetings with the NHS ambulance service did not take place, and thus performance against KPI's was not assessed or reviewed.

Competent staff

- There was an induction process in place for all staff, employed and volunteers. The training delivered was combination of class room based training and eLearning. There was a competence based written and practical assessment for each module.
- Staff had an annual appraisal. As of October 2016, the registered manager told us all staff had received an appraisal, and the next appraisal had been planned. This was supported by the staff we spoke with, who confirmed they received regular appraisals, and confirmed that their learning and training needs were discussed and reviewed.
- The registered manager was a registered paramedic and qualified to provide staff with training. The training records we saw supported this.

Coordination with other providers

- The majority of the service's work was in Buckinghamshire and Berkshire under a contract with a NHS ambulance service. The service did not have monthly review meetings with the NHS ambulance service, thus KPI's and performance of the contract was not assessed.
- However, the NHS ambulance service reported a good working relationship with the service. The registered manager told us they had good co-ordination with the NHS ambulance service and with the hospitals they served.
- Patients were taken to the most appropriate hospital department for continuation of their care. This had been determined by the health care professional requesting the ambulance.

Multidisciplinary working

- The service liaised with a dedicated point of contact at the NHS ambulance service that was responsible for liaison and monitoring of private companies that support frontline services.
- Ambulance staff worked to agreed care pathways under the agreement with the NHS ambulance service, to ensure standardisation of care for patients across both services.

Access to information

Patient transport services (PTS)

- Staff accessed the information needed for specific patient journeys via the NHS ambulance service booking system and reported that this worked well. However, this meant staff were reliant on other providers entering the relevant and accurate information about patients' and their journeys.
- Staff told us that if something had not been communicated via the booking system, and they did not feel they were competent to carry out a journey because of something that became apparent on arrival, they would not carry on without further guidance or back up (for example if it appeared a patient had a mental health problem which had not been communicated). Staff told us in such circumstances they would contact the NHS ambulance service control centre and speak to the registered manager for advice and guidance.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were covered as part of staff mandatory training. This was supported by the staff we spoke with and the training records we reviewed.
- Staff we spoke with showed awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. They described how they would support and talk with patients if they initially refused care or transport. For example, they told us they would seek the patients consent before they used seatbelts or straps to restrain them safely.

Are patient transport services caring?

We have not rated the patient transport service for caring because we were not rating independent ambulance service providers at the time of the inspection:

- Although we did not speak to patients during this inspection, we reviewed patient's surveys and found patients had commented the staff had treated them with compassion and care.
- Staff respected the needs of patients, promoted their well-being and respected their individual needs.
- Patient dignity, independence and privacy were well respected by staff in the service.

Compassionate care

- Staff often took the same patients on familiar journeys, which enabled them to get to know the patient and family members or carers well. This aided staff to meet the patient's individual needs, for example by using a male or female driver or escort, as they knew about routines or patterns of behaviour that may need require specific support.
- We reviewed 23 patient surveys and found patients had commented staff had treated them with compassion and care.

Understanding and involvement of patients and those close to them

- Patients were fully consulted through their booking process on their eligibility by the NHS ambulance service directly. Staff kept patients and their families informed of the eligibility process. If the patient did not meet the eligibility criteria, alternative arrangements were then considered and guidance provided to the patient on why they had not met the eligibility.

Emotional support

- In the event that the service would transport a patient who was nearing or at the end of their life, the hospital the patient was being treated by would inform the team that the patient was for end of life care.

Supporting people to manage their own health

- Staff told us they felt it was important to empower those who used the service and support them with independence. Staff told us they did this by encouraging patients wherever possible to use their own mobility aids when entering or leaving the vehicle.
- Staff asked each patient whether they required assistance with walking, sitting and standing at the beginning and end of each journey.
- We spoke with staff about what they would do in the event they were informed that a patient was for end of life care. They all responded with answers that considered the emotional wellbeing of the patient and the family. Staff told us they would ensure that all aspects of the journey would be communicated with the patient and the family and would ensure that the dignity of the patient was maintained at all times.

Patient transport services (PTS)

- In event of a patient death during the journey, staff told us they would drive the patient to the nearest hospital to be seen and confirmed as deceased by a doctor. The crew would notify the control room who would try to contact the family to request they go to the hospital. All staff we spoke with told us a patient death had not occurred since their employment with EMS (Hurst).

Are patient transport services responsive to people's needs? (for example, to feedback?)

We have not rated the patient transport service for responsive because we were not rating independent ambulance service providers at the time of the inspection:

- The service was planned to meet the needs of its contractual arrangements with health service providers. The service utilised its vehicles and resources effectively to meet patients' needs.
- Staff were able to plan appropriately for patient journeys using the information provided through the booking system.

However:

- The service did not have a robust system for handling, managing and monitoring complaints and concerns.

Service planning and delivery to meet the needs of local people

- EMS (Hurst) worked with the local NHS ambulance service to support them to meet patient demand for their service across Berkshire and Buckinghamshire. EMS (Hurst) provided nine ambulances across different areas, from their base in Hurst, Reading.
- Business growth and the diversity of the service was managed successfully by attracting new private contracts and by maintaining the existing contract with the ambulance service to sustain reoccurring business revenue.

Meeting people's individual needs

- Patients' needs were discussed and registered at the time of transportation being booked by a hospital or

other provider, and this was managed by the NHS ambulance service. The NHS ambulance service control centre staff were therefore made aware of any specific patient needs at the time of the booking being made.

- Staff told us at the time of booking a journey, call handlers from the local NHS ambulance service asked relevant questions to obtain information on the patient's mobility, the type of vehicle required, what equipment was needed, additional needs such as hearing or sight impairment and if the patient needed an escort. For example, if they were living with dementia or had a learning disability. Patients living with dementia, a learning or physical disability were also flagged by the system. Staff also recorded whether a patient was a large in stature or high body mass. This information was then shared with the registered manager, who then shared this information with the ambulance crew members.
- Staff told us they had access to a simple pictorial communication guide, which gave a range of symbols and signs used to communicate with people who may be cognitively impaired, lack speech or may have English as a second language.
- Staff told us they could access a telephone interpretation service via a local NHS ambulance service to support patients whose first language was not English.
- Staff supporting patients with specific mental health conditions had received training in handling violence and aggression. At the time of inspection, all ambulance care assistants were trained to support patients with these specific techniques, which we were assured met the needs of the service.

Access and flow

- Patients' eligibility for the service was assessed at the point of booking through the NHS ambulance service internal system. EMS (Hurst) provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, being discharged from hospital wards or requiring treatment such as chemotherapy or renal dialysis.

Patient transport services (PTS)

- The patient journeys were planned and booked by the NHS ambulance service. This information was then shared via a 'job sheet' with the registered manager, who then shared this information to the ambulance crew members.
- The 'job sheets' carried by staff provided them with accurate journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.
- Vehicles were tracked in 'real time' to enable the NHS ambulance service control room staff to deploy vehicles to the correct location, on time and redeploy any vehicles or staff that can be used for alternative journeys, if a journey was aborted or cancelled.

Learning from complaints and concerns

- The service did not have a robust system for handling, managing and monitoring complaints and concerns.
- Staff told us that if a patient wished to raise a complaint in regards to the service received from EMS (Hurst), they would provide them with the contact details of the registered manager. The registered manager confirmed they would then inform the NHS ambulance service and provide them with their investigation report. The NHS ambulance service held the main responsibility and ownership of the complaint, which included a written response to the patient.
- If a complaint was made to the NHS ambulance service, about EMS (Hurst), they would lead the investigation and reporting of the complaint. The registered manager told us; in such circumstances they would receive contact from NHS ambulance service and were given an opportunity to respond to the complaint. However, the registered manager told us feedback from these complaints and learning was not necessarily shared with EMS (Hurst). This was supported with the staff we spoke with, who told us learning from complaints was not shared with them.
- The service did not monitor the complaints received which related to EMS (Hurst). As a result, there was no system in place to analyse trends and patterns and for feedback and learning from complaints.
- Staff told us that feedback forms were available in the ambulance station and on vehicles used to record a

complaint or to gain positive feedback in relation to the services provided. During our visit, out of six vehicles that we inspected, we found three vehicles carried patient feedback cards.

- We noted there were no signs in the vehicles we inspected which displayed information on how to provide feedback including how to raise a complaint or provide a compliment.

Are patient transport services well-led?

We have not rated the patient transport service for well-led because we were not rating independent ambulance service providers at the time of the inspection:

- There was no evidence of an effective governance system.
- The arrangements for governance and performance management did not always operate effectively.

However:

- There was a vision and strategy for the service. Although not documented, the strategy for the service was to consolidate the current service and sustain the work they currently had.
- Staff felt well supported by the registered manager. Staff told us EMS (Hurst) was a friendly and caring place to work.

Vision and strategy for this service

- The registered manager spoke of the vision and strategy for the service for the coming two years. Whilst this was not written down they were clear about what they wanted to achieve and that this had been communicated to staff during team meetings. The vision was to provide high quality service to patients on a consistent basis.
- The strategy for the service was to consolidate the service and sustain the work they currently had. The registered manager (also a director) and the second director told us they had no plans for service expansion. The strategy and focus was to sustain the business, develop and improve the staff and quality of service provided.

Patient transport services (PTS)

- The registered manager was keen to ensure they focused resources towards the most needy and ensure services were developed with patients' needs at the centre. They realised the importance of recruiting and keeping the right staff, to enable them to develop their services and deliver against the key priorities.

Governance, risk management and quality measurement

- There was no evidence of an effective governance system. The registered manager had identified that governance of the service was a concern and a risk at the time of our inspection and told us an action plan will be put in place to address the issues.
- The service did not have a mechanism in place to identify and manage risk and measure the quality of the service delivered to patient. The service did not hold a risk register or have other similar systems to identify and monitor the highest risks to the organisation, both clinical and non-clinical. The service did not carry out any audits to measure the quality and effectiveness of the service delivered.
- The service had policies and procedures for safeguarding and infection control. However, the policies were not always reviewed to ensure they reflected the latest national guidance and legislation. For example, the infection control policy was dated 2008, the registered manager told us the policy had been updated, however there was no documentary evidence to confirm this. We also found some policies were not relevant or personalised to the service or the services provided. We showed an example to the registered manager during the inspection, and they acknowledged these were unrelated policies and needed to be eliminated.
- The service did not have a system to routinely monitor the key performance indicators (KPIs). Information was shared on an exception basis, therefore there was an assumption the service was performing with in the KPI unless they were told otherwise by the NHS ambulance service for whom they worked for. There was no formal system for the sharing of information, to assist the service in assuring themselves they delivered an effective patient transport service.
- The registered manager was passionate in delivering high quality service to patients and was focused on meeting KPI's. However, this information had not been requested by the service, and had not been shared by the NHS ambulance service.
- The registered manager told us that the service had been advised by the NHS ambulance service that they (NHS ambulance service) would take ownership of a number of aspects of the governance process. The EMS (Hurst) management team did not challenge this decision, but acknowledged that in order to meet the Health and Social Care Act 2008 regulations; for the registration the service holds with the Commission, they were required to take ownership. This included ownership of patient feedback, complaints, incidents, duty of candour, audits, monitoring the performance of the contract, and staff training.
- Staff we spoke with told us they had team meetings, although these took place on an ad-hoc basis, and were not minuted. The registered manager told us the service did not hold specific staff meetings due to shift patterns worked and staff availability. They utilised regular communication via mobile and emails as a medium for staff to access information.
- The registered manager told us communication mostly took place informally, due to the size of team and setup and opportunistically spoke with staff as and when they visited the headquarters to update them. We were unable to ascertain what these updates comprised of.
- We saw evidence that NHS ambulance service had completed validation visits. The latest validation visit was carried out on 19 January 2016, by two representatives from NHS ambulance service. The areas reviewed included: provider vehicle insurance, training, health and safety, operational service, resource and corporate. The provider was found compliant on all areas inspected.

Leadership of service

- The service was run by the registered manager (also a registered paramedic). The registered manager was knowledgeable about the service, knew all the staff by name, and was clearly passionate and dedicated to the business.

Patient transport services (PTS)

- Staff told us the registered manager was visible and accessible and that they could speak with them at all times. The registered manager was available and on call when required over the seven day period.

Culture within the service

- All staff we spoke with spoke very positively about the registered manager and their open approach to management. All staff told us they could speak with the manager and raise any concerns that they may have about the service. For example, one staff member told us “(registered manager) is very supportive, any issues or concerns we raise are always addressed”. Another staff member told us “I really enjoy working for (registered manager), I am proud that we are able to help people through our work”.
- There currently was no policy for duty of candour (DoC) and staff had not been trained in DoC at the time of the inspection. All staff we spoke with were unclear about their obligations under DoC and were unable to respond to scenario-based questions.
- The registered manager told us they were not aware of any incidents in the last 18 months that would have triggered a formal duty of candour (DoC) response, and were not aware if the NHS ambulance service had undertaken this duty.

Public and staff engagement

- The service sought feedback from patients by completing patient satisfaction surveys. Patients were

asked questions on: whether the ambulance was on time, was the ambulance clean, were the crew polite and efficient and was the patient satisfied with the level of care given. During our inspection, we sampled the completed surveys which were made available to us. A total of 23 surveys had been completed, and only seven of these were dated. We noted all the survey feedback was positive. The registered manager confirmed the last patient satisfaction survey was completed in October 2015.

- The registered manager told us that the service had been advised by the NHS ambulance service that they were no longer required to complete patient surveys, and that the NHS ambulance service would take ownership of this process. As a result, the service had not sought patient feedback since October 2015.
- The service had not received any information from the contracting NHS ambulance service on the type of feedback the service was receiving, positive or negative. Therefore no learning was being shared with the service to enable them to improve.

Innovation, improvement and sustainability

- The focus of the service over the next two years was to deliver a sustainable service that was consistent. The service had opportunities to expand further but chose not to, instead decided to focus on providing a higher quality service for the patients they currently conveyed.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Ensure systems are in place to ensure the principles of Duty of Candour process are fully understood and applied when necessary.
- Ensure systems are in place to receive, record, handle and respond to complaints.
- Ensure systems are in place for sharing learning and feedback with all staff following complaints, incidents, patient feedback and investigations to reduce the risk of reoccurrence.
- Ensure system for sharing patient records is safe, secure, and in line with current legislation.

- Ensure that governance processes and quality assurance measures and processes improve to provide effective oversight of all aspects of the service.

Action the hospital **SHOULD** take to improve

- Systems are in place to ensure policies and procedures are reviewed and updated on a regular basis.
- Information on how to make complaint is easily accessible.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The provider did not have effective systems in place to assess, monitor, mitigate risks and improve the quality and safety of the services provided. There was no evidence of an effective governance system.</p> <p>Staff did not receive feedback on the incidents, complaints and patient feedback. The service did carry out regular audits to drive improvement.</p> <p>The service did not have systems in place to routinely monitor how the service was performing against the key performance indicators within the contract.</p> <p>The provider must ensure effective systems in place to assess, monitor, mitigate risks and improve the quality and safety of the services provided.</p> <p>Regulation 17 (2)(a) & (b).</p> <p>The provider did not have systems in place to ensure system for sharing patient records was safe, secure, and in line with current legislation.</p> <p>The provider must ensure all patient records are maintained securely.</p> <p>Regulation 17 (2) (C)</p>