

APMS Ambulance Service Limited

APMS Ambulance Service Limited

Quality Report

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)

Summary of findings

Letter from the Chief Inspector of Hospitals

APMS Ambulance Service Limited is operated by APMS Ambulance Service Limited. The service provides a patient transport service (PTS).

We inspected this service using our comprehensive inspection methodology. We carried out our announced inspection on the 13 February 2018, along with a short notice announced inspection on the 21 February 2018.

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

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

The main service provided by this service is patient transport services. However, APMS Ambulance Service Limited also supplied paramedics, first responders, and first aiders to provide first aid cover at organised sporting and public events such as stock car racing, horse shows, and motorcycle speedway, amongst others.

Services we do not rate

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

We found the following areas of good practice:

- Staff maintained vehicles and equipment to ensure they were visibly clean and fit for use.
- Staff complied with mandatory training requirements and the staff we spoke with during our inspection gave examples of additional training they received to fulfil their roles and responsibilities.
- Staff maintained the ambulance station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards. Within the ambulance station, clear signage was in place warning staff of the dangers in relation to Control of Substances Hazardous to Health Regulations 2002 (COSHH) and other key health and safety issues.
- Staff we spoke with during our inspection described a positive working culture, with approachable managers and flexibility in their working hours.

However, we also found:

- The provider had no formal eligibility criteria to assist in the assessment of patients in order to minimise risk. An eligibility criteria enables the provider to identify which patients it can convey, and meet their needs. For example, bariatric (Morbidly Obese) patients, or patients with mental health needs, or patients that are self-funding their transport.
- We found some consumables within ambulances past the manufacturer's recommended expiry date despite staff having completed checks on the ambulance prior to our inspection. This meant on occasion, staff did not complete equipment checks comprehensively in line with the provider's requirements.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Heidi Smoult

Deputy Chief Inspector of Hospitals, on behalf of the 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?

The main service was patient transport services.

We inspected but did not rate this service, however we found:

- Staff maintained vehicles and equipment to ensure they were visibly clean and fit for use.
- The provider had a policy for dealing with incidents; staff knew how to report incidents and the provider promoted learning from incidents amongst the staff team.
- Staff complied with mandatory training requirements and additional training to fulfil their roles and responsibilities.
- The provider carried out audits of service quality and had risk management processes in place.
- Feedback from patients was positive, with examples of staff being caring and reassuring during journeys.
- Staff we spoke with during our inspection described a positive working culture, with approachable managers and flexibility in their working hours.

However we also found:

- The provider had no formal eligibility criteria to assist in the assessment of patients in order to minimise risk.
- We found some consumables within ambulances past the manufacturer's recommended expiry date. This meant on occasion, the staff did not complete equipment checks comprehensively in line with the provider's requirements.

APMS Ambulance Service Limited

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to APMS Ambulance Service Limited

APMS Ambulance Services Limited is operated by APMS Ambulance Service Limited. The service opened in 1997 and registered with CQC in December 2015.

The main service provided by APMS Ambulance Service Limited was patient transport services (PTS). However, APMS Ambulance Service Limited also supplied

paramedics, first responders, and first aiders to provide first aid cover at organised sporting and public events such as stock car racing, horse shows, and motorcycle speedway, amongst others.

The service had the same registered manager in post since February 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other inspector, and assistant inspector. Fiona Allinson, Head of Hospital Inspection, oversaw the inspection team.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out our announced inspection on the 13 February 2018, along with a short notice announced inspection on the 21 February 2018.

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

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

Facts and data about APMS Ambulance Service Limited

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice remotely

APMS Ambulance Service Limited provides patient transport services (PTS) from its ambulance station in Peterborough supporting non-emergency journeys for

Detailed findings

local NHS trusts and a private health care provider, including hospital discharges and patient transfers, amongst others. The majority of the provider's activity involved the transportation of adults, and the service operated between 8.15am and 10pm Monday to Friday. The service only transported children if the local NHS trusts supplied the appropriate equipment and risk assessments. The provider also transferred patients from events to emergency care centres from organised events as part of their organised events coverage. The registered manager told us that transporting children was unusual and the service had not transported any children in the 12 months prior to our inspection.

The provider held one main PTS contract with a local NHS trust, and provided PTS services to two other NHS trusts and one independent health care provider.

During our inspection, we spoke with the registered manager, managing director, finance manager, administrator, eight ambulance staff, and domestics from an independent cleaning company who provided domestic services. We carried out telephone interviews with four staff that were not available during our

inspection. We were unable to speak with any patients due to the adhoc nature of the service. We reviewed policies, procedures, and records in relation to staff training, complaints, and incidents.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

This was the service's first inspection since registration with CQC.

Activity January 2017 to January 2018:

- In the reporting period January 2017 to January 2018, the service carried out 4,326 patient transport journeys as part of its NHS contracts and moved 17 patients from organised events to local NHS trusts.

Track record on safety:

- No never events.
- Two incidents with no harm.
- No serious injuries.
- Eleven complaints.

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

The service employed four members of staff directly; this included the registered manager, the managing director, finance manager, and administrator. The service employed 26 ambulance assistants on zero hour contracts to fulfil the needs of the service.

The provider held one main patient transport service (PTS) contract with a local NHS trust, and provided PTS services to two other NHS trusts and one independent health care provider. The service operated two types of non-emergency patient transport service (NEPTS) vehicles, including ten ambulances and two cars from a dedicated ambulance station.

The provider did not hold controlled drugs (CDs) or other medication at its location for use on patient transport services. However, the provider did use medical gas on vehicles. The provider stored medical gas appropriately in a dedicated storage area outside the main ambulance station.

Summary of findings

We found the following areas of good practice:

- Staff maintained vehicles and equipment to ensure they were visibly clean and fit for use.
- Staff complied with mandatory training requirements and staff we spoke with during our inspection gave examples of additional training they received to fulfil their roles and responsibilities.
- Staff maintained the ambulance station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards.
- Feedback from patients was positive, with examples of staff being caring and reassuring during patient journeys.
- Staff we spoke with during our inspection described a positive working culture, with approachable managers and flexibility in their working hours.

However, we found the following issues that the service provider needs to improve:

- The provider had no formal eligibility criteria to assist in the assessment of patients in order to minimise risk. An eligibility criteria enables the provider to identify which patients it can convey, and meet their needs. For example, bariatric (Morbidly Obese) patients, or patients with mental health needs, or patients that are self-funding their transport.
- We found some consumables within ambulances past the manufacturer's recommended expiry date despite staff having completed checks on the

Patient transport services (PTS)

ambulance prior to our inspection. This meant on occasion, the staff did not complete equipment checks comprehensively in line with the provider's requirements.

Are patient transport services safe?

Incidents

- At the time of our inspection, the provider had recently updated its policy for the reporting of adverse incidents, this was not version controlled or internally ratified. However, we carried out a short notice announced inspection to the provider's location on 21 February 2018 and found the provider had ratified all its policies and procedures via the senior management team, and the registered manager signed, dated and version controlled each one.
- The provider reported no never events or serious incidents between January 2017 and January 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Data shared by the provider at inspection, showed between January 2017 and January 2018 they reported two incidents involving lateness of transport leading to delays in the service and one relating to the speed of an ambulance as it travelled over traffic calming bumps. The registered manager investigated both the incidents, including allocating a risk rating to each one and provided feedback to the local NHS operations manager and family members.
- The provider's incident policy included guidance on working with other providers and the need to share incidents and carry out joint investigations where necessary. The registered manager explained the service had good relationships with contract managers and actively sought to discuss incidents with them and report any concerns regarding the service.
- We spoke with eight staff during our inspection. All staff knew what categorised an incident, and how to report it on the provider's paper based reporting system. Staff said they felt confident in reporting an incident if required too and the registered manager would listen to their concerns. However, none of the staff we spoke with had reported an incident when working for the provider.

Patient transport services (PTS)

- Staff recorded incidents on the paper based incident report form; the provider scanned these and collated them on an IT system to track and record any actions taken and to assist in compiling service quality reports to the senior management team.
- Staff we spoke with said they received feedback from incidents via emails, or face-to-face feedback during one-to-one meetings or appraisals with a manager. The provider produced weekly bulletins with key messages to all staff, via email, and on its intranet. We reviewed two of these from January and February 2018, and noted information regarding the importance of keeping vehicle keys safe, and staff to remember to book off transport journeys correctly.
- 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.
- The service had a policy on the application of duty of candour and the majority of operational staff we spoke with knew what the duty of candour was. The registered manager and managing director described the process and knew how to apply it if things went wrong. The provider provided an example of an incident they had dealt with that included a written apology, including a full explanation of what went wrong and the actions taken by the provider to minimise events in the future.
- The registered manager managed an IT based system to record all staff training. This enabled them to identify when staff needed a training update and maintain an up-to-date record of staff competencies. The registered manager did not deploy staff to work within the staff rota unless they had achieved full compliance with all mandatory training.
- The registered manager recorded any additional training that the staff member had achieved with their main employer, within their respective personnel file, for example we noted the first response emergency care training (FREC) in one staff members individual personnel file.
- We reviewed ten personnel files and found these to be of a good condition, in sequential order and containing copies of training certificates, appraisals, driver checks and other key employee information.
- Staff we spoke with during inspection said the provider encouraged them to complete all their mandatory training and participate in other continual professional development where possible.

Safeguarding

Mandatory training

- All staff received mandatory training in safety systems, processes, and practices respective to their roles.
- Mandatory training comprised of infection prevention and control, fire safety and awareness, safe effective use of restraint equipment, basic life support, use of an automated defibrillator, and emergency first aid at work amongst others.
- Data supplied by the provider during inspection showed staff achieved 100% compliance for all mandatory training. Staff accessed training both in house and via E Learning on the provider's staff portal on its intranet. This enabled staff to log onto the intranet with a unique password and access a wide range of online training and continual professional development opportunities.
- The provider had systems, processes, and practices in place to keep people safe from abuse.
- The provider had dedicated safeguarding adults and children's policies updated in January 2018.
- At the time of our inspection, staff achieved 98% compliance with both safeguarding adults' and children training at level 2. Training included key elements of the safeguarding policy and procedure, how to identify and escalate any concerns in relation to safeguarding adults and children in line with guidance within the 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (March 2014).
- The registered manager completed level 3 training in both safeguarding adults and children in January 2018. We spoke with the registered manager who told us they felt comfortable and confident to discuss any safeguarding concerns with the local NHS trust or the independent health care provider, but had not made any referrals.
- We found safeguarding handbooks on all the vehicles we inspected, this included advice and guidance on

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what constituted abuse, types of abuse and how staff must respond to a safeguarding concern. The provider's safeguarding policies had dedicated flow charts informing staff how to escalate a safeguarding concern.

- We spoke with eight staff, all of them knew how to recognise, respond to the signs of abuse, and report a safeguarding disclosure. All of the staff said they would telephone the ambulance station for further advice from the registered manager if necessary and knew where to access the safeguarding flow chart and safeguarding contact details.

Cleanliness, infection control, and hygiene

- The provider had recently updated its policy for the prevention, protection, and promotion of infection control, in January 2018.
- Vehicles we inspected were visibly clean and fit for the purposes intended. The provider had processes in place to clean, deep clean, and monitor vehicle cleanliness.
- Ambulance staff cleaned the interior of vehicles on a daily basis and we reviewed daily cleaning schedules showing staff completed routine checks, and vehicle cleaning all times. The staff returned the completed cleaning records to the registered manager, who uploaded these to an IT system to keep detailed records of cleaning activities.
- Ambulance staff jet washed the exterior of all the vehicles, and the provider had a dedicated compound outside the ambulance station for this purpose. The provider prominently displayed guidance for risk assessing jet washing activities within the compound and staff accessed waterproof clothing to support this activity.
- The provider used a private domestic service to clean the interior of vehicles on site, including any deep cleans, using appropriate detergent, steam cleaning and fumigation. However, the staff team informed us that they could wash the vehicles at the local NHS trust site if required, to deal with any unforeseen vehicle soiling.
- During our inspection, we noted the domestics cleaning a vehicle in the ambulance station. They explained how they swabbed the vehicle before and after cleaning for the presence of any bacteria, which may pose a risk to staff and patients. The domestic staff swabbed the interior of the drivers cab and rear of the vehicle, and took a third random swab within the vehicle. The domestics tested the swab on site using an electronic device, and then swabbed the vehicle again post cleaning. The provider monitored the outcomes from the swab tests as part of its auditing activity.
- The provider carried out vehicle cleanliness audits on monthly basis, including the interior and exterior condition of the vehicle. We reviewed vehicle cleanliness audits carried out by the provider between November 2017 and January 2018 that demonstrated 100% compliance with audit standards.
- During our inspection, we observed staff carrying out their daily checks and preparation of vehicles. Staff reported for duty and following a hand over from the registered manager, or managing director, they immediately carried out their vehicle checks and equipment inspections.
- Staff reported any areas of concern in relation to ambulance cleanliness, or equipment directly to the registered manager for action if there were compliance issues.
- The provider stored waste bins clearly identified for clinical, non-clinical waste and confidential shredding locked inside a designated area within the ambulance station. A local waste company removed and emptied the bins. Staff could also dispose of any clinical or confidential waste at the local NHS trust during their routine journeys.
- We observed ambulance staff were bare below the elbow and staff wore appropriate uniform at all times. The provider had a uniform policy in place including details on replenishment and standards of dress staff must follow.
- Staff accessed personal protective equipment, for example, gloves on ambulances as well as alcohol gel dispensers and disposable antibacterial wipes to promote hand hygiene and infection control. Staff used antibacterial wipes to clean down equipment between patient use and stored waste appropriately on the vehicles.
- The provider did not carry sharps bins within the vehicles; however, we found clinical waste bins appropriately stored on all vehicles. Staff did not overfill these and they were visibly clean, with lids closed.

Patient transport services (PTS)

Environment and equipment

- The provider used a dedicated ambulance station as its registered location. The ambulance station comfortably fitted all the providers PTS vehicles inside. At the time of our inspection, the provider told us they were considering the size of the ambulance station and whether they would move to accommodate other vehicles within their fleet used for events, but had no firm plans in place.
- Numerous controlled circuit television cameras (CCTV) on its main entrances and at specific places within the building monitored the ambulance station. The managing director could also view the CCTV remotely on his mobile phone.
- All visitors reported to a main reception area and pressed a call bell to gain entry. Visitors signed the visitor's book and collected an identity badge and a high visibility jacket to wear on the premises at all times. Staff locked the ambulance station and all the interior doors leading to storage areas when not in use.
- The ambulance station had two training rooms upstairs, a staff office down stairs, toilets, and storage areas for consumables and equipment and a large hangar for the vehicles.
- Staff maintained the ambulance station, office, and storage areas to ensure they were visibly clean and safe from any trip or fall hazards. Within the ambulance station, clear signage was in place warning casual staff of the dangers in relation to Control of Substances Hazardous to Health Regulations 2002 (COSHH) and other key health and safety issues.
- Staff stored ambulance keys in a locked key safe inside the ambulance station when not in use.
- We checked the service records in relation to all the PTS ambulances and found all serviced and Ministry of Transport (MOT) certificated in line with specified requirements. The registered manager ensured the routine servicing of ambulances by an external vehicle serving company and used an electronic system to monitor details of vehicle insurance and service dates.
- The service maintained a contract with an auto recovery service to support any ambulance breakdowns. If staff found any faulty equipment, they reported this to the registered manager. In the case of a vehicle fault, staff would complete one of the provider's vehicle fault forms, which staff scanned into an IT based system. Staff would display a sign on the vehicle taking it off active service until the fault was rectified.
- Ambulance staff replenished ambulances and the majority of stock was in date, and kept visibly clean, in safe storage areas within the ambulance station and within the ambulances themselves. We found three out of date consumables within ambulances we inspected, the provider replaced these immediately when we brought this to their attention.
- However, staff had completed checks on the ambulance prior to our inspection. This meant on this occasion, the staff had not completed equipment checks comprehensively in line with the provider's requirements.
- All ambulances carried a spillage kit. These were up to date and staff stored these correctly within the ambulances we inspected.
- We reviewed the firefighting equipment within the ambulance station and on ambulances. We found all equipment serviced within the required dates, due for renewal December 2018 and fit ready for use.
- We checked ten defibrillation machines and found them all serviced between August and October 2018.
- Vehicles carried first aid kits containing a selection of wound dressings plasters, sterile wipes, and triangular bandages. We found some equipment within the first aid kits out of date and brought this to the attention of staff during our inspection, who replaced it immediately.
- We found an external company had serviced vehicle equipment, for example, tail lifts, lap belts, straps, and clamps in January and February 2018 and had no concerns regarding the safety or servicing of equipment.
- The registered manager held risk assessment for the ambulance station environment and vehicles. Staff would refer to these when transporting patients to use that the appropriate equipment and handling and moving techniques when supporting patients.

Patient transport services (PTS)

- The provider supplied staff with mobile phones to maintain contact with the registered manager during patient journeys. All vehicles had tracking systems to enable the provider to monitor vehicle speeds, location and turnaround times when on journeys.

Medicines

- The provider did not use or store any medications for use on PTS vehicles within the ambulance station or within ambulances.
- Staff stored oxygen cylinders on the ambulances and portable oxygen cylinders within the cars. Staff secured oxygen cylinders safely within the vehicles using appropriate strapping.
- We found cylinders in good condition and appropriately filled, with service review dates for 2020.
- The provider stored medical gases within a dedicated external compound, with security gating and CCTV in use. Staff kept this locked at all times and the provider displayed appropriate hazard warning signs to warn staff and the public of the dangers of compressed gas.
- The provider had a policy for the use of medical gases by staff and staff received training relevant to their roles to ensure they administered these safely.

Records

- Staff had access to appropriate records in relation to patients transport needs. The local NHS trust gave ambulance staff the patient record that detailed the patient needs. However, these always remained with the patient and staff transferred these at the end of a patient's journey so they never returned patient records to the ambulance station.
- The provider did not store any patient records at the ambulance station. Staff completed daily running sheets including journey drop off and turnaround times, and placed these into a locked mailbox when returning to the ambulance station. The registered manager then gathered these to record and monitor journey data.
- Staff explained that during transport, they stored patient records out of site, in a specific opaque folder within the ambulance to keep the records from public view. The local NHS trust usually sealed patient transfer records within a sealed envelope; these ensured patient records remained safe and out of site during journeys.

- We spoke with the staff about the use of do not attempt cardiopulmonary resuscitation (DNACPR) forms. Staff told us that trust staff would inform them if a patient required a DNACPR and this would go with them on the transport. Staff said they would support the patient in line with the DNACPR and should they deteriorate during the journey, make them comfortable and call for another emergency vehicle and hand the DNACPR details to them on arrival.

Assessing and responding to patient risk

- The provider did not have formal eligibility criteria to assist in the assessment of patient risk. This meant that staff relied on the information provided by hospital ward staff or care home staff at the time of the patient handover and had no formal process for eligibility, for example if the patient was bariatric (morbidly obese), or had mental health needs.
- Due to the adhoc nature of the contract with the local NHS trust and independent health provider, staff did not know the patient acuity or needs until the day of the journey. In all cases, staff would carry out an assessment of the journey and the patient needs with the hospital ward staff or care home staff to ensure the journey was safe to commence.
- During our announced inspection, the provider did not have a policy for staff to follow if a patient deteriorated whilst on a journey. However, we spoke with eight staff at the time of our inspection, all knew how to deal with a deteriorating patient and escalate their concerns. Staff clearly described the actions they would take including providing first aid, respecting a DNACPR order and calling for the emergency service. Staff had received training on this issue during their first aid training sessions.
- When we carried out a short notice announced inspection on 21 February 2018 we found the provider had written and initiated a policy called Assist, Preserve, Manage, and Support (APMS Deteriorating Patients Policy) using the acronym from the APMS business name.
- The APMS Deteriorating Patients Policy included a flow chart clearly detailing the procedure staff must take if a patient deteriorated during a journey. We found the flow charts placed on vehicles and the provider had an action plan to train all staff on the new procedures.

Patient transport services (PTS)

- The registered manager stated in all cases when a patient with possible mental health needs required transport, they would discuss this with the local NHS trusts or independent health provider to ensure they could safely meet the needs of the patient. Some of the staff had completed training in the use of restraint and positive intervention, however the provider assured us that they did not routinely carry disturbed or violent patients and the vehicles they had were not equipped for this purpose.
- Staff we spoke with during the inspection said if they had any doubts about meeting the patient needs, they would telephone the registered manager for advice before agreeing to transport the patient.

Staffing

- The registered manager leads the service with the support of a managing director and finance manager. The service employed 26 ambulance assistants on zero hour contracts to fulfil the needs of the service.
- The majority of the provider's activity took place between 8.15am and 10pm Monday to Friday. The registered manager and managing director had oversight of the PTS contracts and booked staff onto shifts based on the demands of the PTS services required.
- The registered manager maintained an IT based staff allocation system via the services intranet. This enabled them to keep accurate staffing records and plan shift rotas in advance to provide effective staff cover. The IT system also enabled the registered manager to align staff to vehicles based on their skills and experience by checking their training records whilst booking staff onto shifts.
- The registered manager did not book any staff onto any transport unless they had completed all the necessary training and employment checks.
- At the time of our inspection, the registered manager explained they had few issues with staff sickness or retention, due to the casual nature of the work. The registered manager always built capacity into the shift rotas based on the contract demand to allow for any sickness absence and ensure staff cover was in place at all times.

Anticipated resource and capacity risks

- The registered manager and managing director had oversight of the contractual agreement with the NHS trusts and independent health provider. This was the main source of income and demand for the PTS service.
- The registered manager recognised that loss of income from its single largest NHS contract was the biggest risk to the service and had dedicated risk assessments based on events likely to disrupt business, for example a serious incident leading to the death of a patient, loss of contract, fire, and communication systems failure, amongst others.
- However due to the adhoc nature of the service, the registered manager did not know how many PTS journeys would be completed on a day-to-day basis. This local NHS trusts and independent health provider booked the transport as and when needed and staff would drive to the various venues and sometimes wait there until a PTS journey was required.
- The registered manager told us they advised staff to take PTS journeys within their normal working hours and not to accept further PTS journeys if this affected staff working hours or the safe running of the service. Staff we spoke with told us they would keep in regular contact with the registered manager regarding their capacity and safety.

Response to major incidents

- The provider had a business continuity plan and risk assessment that identified incidents likely to cause disruption to the service and the actions to take in a major event.
- The provider did not offer training in major incidents, as the core service was patient transport services.
- The provider had no agreement with the local NHS trusts to provide any emergency cover in the case of a major incident occurring locally.

Are patient transport services effective?

Evidence-based care and treatment

- The service provided patient care in line with current legislation and best practice guidelines.
- Whilst the provider had recently updated policies and procedures these had not been version controlled or

Patient transport services (PTS)

internally ratified at the time of inspection. When we carried out a short notice announced inspection to the provider's location on 21 February 2018 we found the provider had ratified all its policies and procedures via the senior management team, and the registered manager signed, dated and version controlled each one.

- The registered manager maintained an up to date set of guidance tools on the services intranet page. Staff could access guidance from The National Institute for Health and Care Excellence (NICE), Dementia UK, the Resuscitation Council Guidelines, and the British medical Association amongst others.

Assessment and planning of care

- The provider did not have formal patient eligibility criteria for patients to ensure the service could meet individual patient's needs as part of planning and assessing care. This was due to the adhoc nature of the contract with the local NHS trusts and the independent health care provider.
- The provider carried fresh bottled water on its vehicles, to support patient hydration when it was safe to do so. Staff told us that patients often brought their own drink or the local NHS trust independent health care provider may give the patients something to eat or drink for the journey.

Response times and patient outcomes

- Ambulance staff made detailed records of response times during the patient journey, this included, the vehicle call time, arrival time and departure time. The registered manager and managing director used these times to ensure the service was meeting the needs of the contracts and gathering patient feedback where possible to ensure patient journeys provided the patients with a positive experience.
- The provider did not benchmark data or performance against other providers.

Competent staff

- At the time of our inspection, the registered manager informed us they were in the process of reviewing appraisals and a number of staff that recently started employment did not require an appraisal. Data supplied by the provider showed 88% of ambulance staff had received appraisals. Staff also participated in

one-to-one meetings every three months with the registered manager or managing director, which also gave an opportunity for staff and managers to discuss performance and competencies.

- All staff entering the service completed a comprehensive induction process, including orientation with ambulance station, key health and safety details, and specific training, for example safeguarding adults and children.
- We spoke to eight members of staff who said induction was positive and helped them to feel at home in the service and understand the key points they needed when starting a new job, for example, policies and procedures, equipment safety and safeguarding amongst others.
- Staff we spoke with said training was readily available and the provider offered a range of training both in house and from external providers. Staff gave an example of attending a simulated road traffic collision arranged at the ambulance station, to improve their knowledge and skills in dealing with emergencies.
- Drivers completed an initial driver assessment during the induction to the service, with a qualified instructor from the local NHS trust. The registered manager and managing director said they could be a passenger in the ambulance with other drivers and use this time to observe and feedback to staff on their driving standards, if it was safe to do so. The service only provided patient transport services (PTS) so staff did not require specific training to drive in an emergency.
- Staff completed a declaration each time they took control of a PTS vehicle, asking them to declare they were fit to drive and had not consumed alcohol or recreational drugs prior to starting the shift. The registered manager reviewed and monitored this information on a daily basis.
- During our inspection, we reviewed the provider's electronic staff records and staff personnel files as well as its existing policy and arrangements for recruitment and DBS checks. Records we reviewed showed that some staff had registered for and used the portable DBS system. However, the provider also accepted a DBS certificate from the staff member's previous employer. DBS guidance states that accepting an older DBS falls down to the discretion of the employer but they should

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always consider if the applicant's identity matched the details on the certificate, if the certificate was of the right level and type for the role applied for and had anything changed since the issue of the certificate.

- The registered manager kept a record of the staff members DBS certificate number, and the DBS completion date. The provider's policy for DBS checks referred to the Criminal Records Bureau and gave a five-year period between checks, when good practice guidance suggests three years.
- When we carried out a short notice announced inspection on 21 February 2018 we found the provider had updated its policy to reflect good practice. The policy no longer referred to the Criminal Records Bureau and included checking staff DBS certificates every three years as a minimum, carrying out DBS checks on all new employees and where possible registering them for the DBS transportable certificate.
- The provider recruitment process included reference requests from previous employers and reviewing of staff DBS certificates, driving licenses and qualifications, and training. The registered manager reviewed staff declarations, completed by staff on a six monthly basis asking them if there had been any changes in their circumstances whilst in employment, including any criminal or driving convictions.

Coordination with other providers

- The provider held one main PTS contract with a local NHS trust, and provided PTS services to two other NHS trusts and one independent health care provider. The provider did not interact with other providers and focused on its main contract provision.

Multi-disciplinary working

- The provider's ambulance staff team liaised with the local NHS hospital staff, for example the operations director to deliver patient journeys appropriately.
- The provider's ambulance staff team worked with local NHS hospital ward staff to discuss patient needs and effectively plan the patient journeys to meet individual needs.

- Staff recorded details of the patient's journey in patient care plans as a record for their carers when returning patients to their homes. For example, if they had eaten and drunk or taken any medications.

Access to information

- We spoke with eight staff all knew how to access the provider's policies and procedures.
- Staff accessed comprehensive resources via the provider's intranet. Staff we spoke with explained how they used this system to access training, book shifts on the shift rota and access best practice guidance.
- We noted in the training rooms within the ambulance station a wide range of books and training materials accessible by the staff, including first aid manuals and guidance on how to deal with emergencies, amongst others.
- The provider maintained up-to-date satellite navigation systems on all vehicles.
- Staff received patient records from the local NHS trust at the time staff allocated the PTS vehicle to a journey. Due to the nature of the adhoc service and the staff not returning patient records to the ambulance station, we were unable to review patient records at the time of our inspection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider offered staff training in mental capacity and deprivation of liberty, during our inspection, data supplied by the provider showed staff achieved 85% compliance.
- We spoke to eight members of staff regarding the mental capacity act and all staff knew how to support patients to make day-to-day decisions and support best interest decisions.

Are patient transport services caring?

Compassionate care

Patient transport services (PTS)

- Due to the nature of the NHS contract, the provider often only transported patients once and as a result kept no records in relation to patient personal details. We were therefore unable to contact patients directly to gather their views on the service.
- The provider had a policy titled “Duty to Patients.” The policy stated that APMS Ambulance Service Limited employees have a professional duty and obligation to maintain high standards of practice and care in order to serve the best interests of the patient and their relatives and carers.
- Staff we spoke with during our inspection explained how they delivered patient transport services (PTS) in line with patients assessed needs and care plans to ensure they provided the correct support. Staff explained that they aimed to get patients home safely and treat them with respect at all times.
- We reviewed ten of the provider’s patient experience survey forms, the provider kept these on the ambulances and ambulance staff gave them to patients and relatives following a journey. Comments from patients included, “Treated me with friendliness and respect,” and “I felt very safe and well cared for.”
- Feedback from one patient said, “Staff were professional, friendly, and prompt.”

Understanding and involvement of patients and those close to them

- A patient fed back that, “The staff made me feel comfy and warm, they reassured me about what was going to happen,” another patient said, “They answered all my husband’s questions in a friendly manner, in detail and demonstrated the equipment they were going to use.”

Emotional support

- One patient fed back that, “They provided me with a wonderful service,” another said “I felt safe they reassured me, and I was very happy.”

Supporting people to manage their own health

- If patients or family members asked staff for advice or guidance, staff advised them to speak to hospital or care home staff. We discussed this with the registered manager, who explained that they had considered the

options of providing leaflets and guidance on health issues to patients on the vehicles, but they transported so many different patients this would be difficult to meet all needs.

Although the service did not store or carry medications, staff told us they would at times support patients on journeys who took their own medication.

Are patient transport services responsive to people’s needs?

Service planning and delivery to meet the needs of local people

- The registered manager or managing director met with the NHS trust and private health provider annually to discuss the contract delivery. However, the registered manager said they had less formal contact sometimes on a weekly basis to discuss contract demands.
- At the time of our inspection, the provider told us they had no plans to increase the size of the business and felt it was important to meet the needs of the current contracts without letting the providers down.

Meeting people’s individual needs

- We inspected the vehicle used by the provider to deliver bariatric services and found the equipment was fit for purpose and serviced in line with manufacturer’s guidance.
- The provider accessed translation services from the local NHS trust language line for patients or families where English was not their first language.
- All the ambulances had a pictorial guide on board to help staff to communicate with patients who may have speech or cognitive impairments.
- Ambulances were fully equipped to enable patients to take their own wheelchairs on a journey, meaning that any specialist seating, or moulds could remain in place, promoting patient choice, comfort, and safety.
- Staff had access to guidance on dementia via the provider’s intranet site, and covered areas of meeting the needs for people who may lack capacity during mental capacity act training.

Patient transport services (PTS)

- Staff told us they ensured patients due for transport around meal times had eaten and drank before taking them on a journey. When they returned patients to their homes, they ensured they had something to eat and drink before they left them where it was safe to do so.

Access and flow

- The registered manager and managing director had oversight of the main patient transport services (PTS) contract with a local NHS trust, the two other NHS trusts, and one independent health care provider. However, due to the adhoc nature of the service they were unaware of the service demand until the ambulance staff arrived at the local NHS trust. This meant the provider was unaware of what the service demand would be on a day-to-day basis.
- The registered manager and managing director monitored individual areas of performance including response times. Ambulance staff made detailed records of response times during the patient journey, this included, the vehicle call time, arrival time and departure time. The registered manager and managing director used these times to ensure the service was meeting the needs of the contract and to ensure patient journeys provided the patients with a positive experience.
- The provider had no patient eligibility criteria to support the risk assessment of patient needs and the assessment of patients took place at the time of handing over with hospital ward staff. The hospital placed patients onto PTS journeys based on their own demand for hospital appointments, admission, or discharge and determined the flow through the service.
- If PTS vehicles fell behind time due to unforeseen events, for example, traffic congestion or a patient was not ready for their transport on time; the ambulance staff called the local NHS control and informed them to adjust appointments where possible.

Learning from complaints and concerns

- Between January 2017 and January 2018, the provider had 11 complaints, the majority of which related to transport times. The provider investigated complaints fully in line with its complaints policy and provided a written letter of apology to complainants where necessary.

- The registered manager risk rated complaints and took actions in any areas of service where there was a shortfall to prevent issues in the future.
- The provider publicised its complaints procedure on its web site, this enabled people to make a complaint as well as send compliments to the service. Family and patients accessed the patient experience survey forms kept on the ambulances as a way to leave a complaint or compliment.
- We spoke with eight staff during our inspection; all of them knew the providers complaints process including how to deal with complaints, and the importance of escalating complaints to the registered manager.
- The registered manager explained if they received a complaint they would discuss this with the NHS or independent health provider to ensure they knew the nature of the complaint and any action taken. We noted in the complaints records that the NHS providers had received feedback in relation to the complaints they had raised.

Are patient transport services well-led?

Vision and strategy for this this core service

- The provider vision was “APMS delivering emergency care when and where it counts.” All the staff we spoke with said they wanted to ensure they provided patients with a good experience during their journey and knew the providers vision.
- We spoke with the registered manager about their core values and they explained they expected staff to treat patients with dignity, respect, and high quality care. The registered manager was passionate about patient safety and welfare, and providing good standards care.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The service held a risk register based on a generic set of risks to the business for example loss of income, injury of a patient, or equipment failure.

Patient transport services (PTS)

- The registered manager recognised threats to the business, for example, the vehicles going off the road or the loss of business, and had a business continuity plan in place.
- The service had a contract with an independent health provider to provide some patient transport services. The independent health provider carried out routine audits of APMS to review quality and performance against contract.
- The registered manager monitored individual areas of performance, for example, response times, vehicle cleanliness, and staff training and dealt with any issues as they arose.
- The provider held senior management team meetings monthly and we reviewed minutes from September, October and November 2018 showing where the registered manager had discussed issues in relation to service quality, for example vehicle cleanliness, complaints and quality of the service.
- The registered manager prepared quality reports specifically for the senior management team to review, these included data from vehicle cleaning audits, policies and procedure updates, and changes in the service amongst other things. The registered manager discussed risks, incidents, and complainants at these meetings. This enabled the senior management team to agree any changes to minimise risks in the future.
- Due to the zero hour contracts for all front line staff, whole team meetings were impractical for the provider. However, the staff we spoke with during our inspection explained that the registered manager kept them up to date with any changes in service, incidents or risks via email, or on the providers intranet page, and where necessary calling the individual staff to explain any new requirements.

Leadership of service

- The registered manager managed and led the service with the support of the managing director, and finance manager. The registered manager and managing director agreed and coordinated the business delivery and managed staff whilst ensuring quality checks, training and effective staff deployment took place.

- The registered manager attended the location on a daily basis, speaking to staff and checking staff delivered a service in line with contractual requirements. In the registered managers absence the managing director or another senior manager fulfilled this role.

Culture within the service

- Staff described a positive working culture and a focus on team working, saying they could approach the management team at any time to report concerns and got positive feedback when they had done a job well.
- The staff we spoke with described the registered manager and managing director as easy to get along with and very approachable and offered flexibility in their working hours.
- Staff we spoke with during our inspection described the service as a good and positive place to work. Staff described a culture focused on meeting patients' needs and ensuring they did their jobs properly and they enjoyed getting patients home safely.

Public and staff engagement (local and service level if this is the main core service)

- The provider had no formal process for staff engagement. However, the staff we spoke with said the registered manager and managing director would ask them for feedback at staff one-to-one meetings every three months and during appraisal.
- The registered manager encouraged staff to seek feedback from patients and all ambulances carried patient feedback forms. We reviewed ten of these and found all of the feedback to be positive including the professionalism of staff, and treating patients with dignity and respect.

Innovation, improvement, and sustainability (local and service level if this is the main core service)

- The provider had no plans to make any changes to the service in the long term and focused on delivering their current contracts to contractual requirements.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure that staff carry out checks and consumables to ensure they are in date and fit for purpose at all times.
- The provider should develop patient eligibility criteria to assist in the assessment of patient risk. An

eligibility criteria enables the provider to identify which patients it can convey, and meet their needs. For example, bariatric (Morbidly Obese) patients, or patients with mental health needs, or patients that are self-funding their transport.