Ambulance Transfers Limited

Ambulance Transfers (Essex)

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

Ambulance Transfers (Essex) is operated by Ambulance Transfers Limited. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 7 November 2017at the service's station in West Thurrock along with an unannounced visit to the same station on 13 November 2017.

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.

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:

- We saw evidence of good infection prevention and control, including vehicle deep cleaning processes.
- Vehicles were all up to date with servicing, tax and MOT requirements.
- There was sufficient equipment both in the station and on vehicles. All equipment we saw was stored appropriately and within its service date. There was an equipment audit to monitor this.
- Vehicles were checked daily and these checks were documented prior to staff starting their shifts. This ensured that vehicles were safe for staff to use.
- Each ambulance vehicle had a patient report form (PRF) which was a record of pick up and drop off times. We saw evidence of this clearly documented.
- Staff showed a good understanding of safeguarding and how to report concerns. The safeguarding investigation we reviewed was comprehensive and appropriate.
- Staff gave examples when they had dealt with patients who were known to have disturbed or aggressive behaviour, or present specific risks, in a safe way.
- Staffing levels and skill mix was appropriate to meet the needs of patients.
- The service had an up to date business continuity plan in place.
- Staff all received a comprehensive local induction and felt they had the necessary support and competencies to carry out their roles.
- All staff consistently displayed a caring and patient-focused approach to their work and this was reflected in patient feedback.
- Services were planned and delivered to meet the needs of the local population.
- There was evidence of staff meeting patients' individual needs; for example, describing clearly to a patient living with dementia how they were going to move them and checking that he agreed to this before moving the patient.
- The service had a clear vision and strategy, which was highly patient-focused and which staff shared.

Summary of findings

- Managers had an understanding and oversight of risks in their service.
- There was a positive and team-based culture and staff wellbeing was a key focus. Service leads told us how they had focused on integrating new recruits into the team and making them feel welcome during a recent period of growth and transition for the service.
- Staff consistently told us that managers were approachable and visible.
- There were development opportunities available for staff who wished to progress.
- There was evidence of innovation, including a new adapted vehicle design for more effective patient transport experience; and close working with local job centres as part of a recruitment drive.

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

- Incident reports were not being collated to identify themes and trends in order to effectively monitor and reduce incidents, although we were assured the service was going to address this. Service managers still showed effective oversight of incidents.
- All staff we spoke with were aware of their responsibilities to raise concerns to record incidents and could give examples of this. However, there were no systems to ensure feedback and learning from incidents was shared with all staff.
- The service did not have a clinical dashboard (or equivalent) to provide an overall picture of safety and quality in the service.
- There were no formal systems to ensure updates to policy and best practice were consistently shared with staff.
- The service did not have a comprehensive local audit schedule, although there were individual audits around infection prevention and control (IPC) and vehicles; and key performance indicators (KPIs) and patient feedback were being closely monitored.
- Staff were not all receiving annual appraisals, although the service was in the process of addressing this.
- The complaints monitoring system did not provide sufficient detail for clarity and to ensure there was learning where appropriate.
- The risk register did not specify a specific risk in relation to the mobilisation of the new contracts, which had significantly increased the service's workload, although it was otherwise comprehensive and well monitored.
- Meetings were not being minuted at the time of inspection, although managers subsequently formalised their monthly meeting schedule to include individual monthly meetings for the board; operations; risk management; and clinical governance and policy review.

Following our inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected patient transport services. Details are at the end of the report.

Professor Edward Baker
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		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.

Ambulance Transfers (Essex)

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Ambulance Transfers (Essex)

Ambulance Transfers (Essex) is operated by Ambulance Transfers Limited. The service opened in 2015. It is an independent ambulance service in Thurrock, Essex.

The service has had a registered manager in post since September 2015.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one additional CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

How we carried out this inspection

The service is registered to provide the following regulated activities:

- Transport, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

The service operates from two bases, their registered location in Thurrock and an additional site at a hospital in Sussex, which provides the base for a contract they had taken on in April 2017 with a local NHS Trust. At the time of inspection, the service employed 40 staff at the Thurrock base and 146 at the Sutton base. The service had 80 vehicles company wide, which were leased from an external company under a service level agreement.

The service provides non-emergency patient transport services for adults and children, high dependency unit (HDU) transfers and specialist transport, including GP transfers, to the NHS. PTS journeys are a combination of both pre-planned journeys and ad-hoc bookings.

Hours of operation for the Thurrock base were 5am to 1am, seven days a week. For the Sutton base, the principal hours of operation were 5am to 7pm, with two discharge support vehicles from 7pm to 7am, seven days a week

During the inspection, we visited the service's Thurrock base. As the Epsom and St Helier contract was newly established at the time of submitting our data request prior to inspection, the service completed the data requests based on their work operating from the Thurrock base.

Detailed findings

We spoke with 24 staff including control centre staff, emergency care assistants, ambulance care assistants, and senior managers. We were unable to observe any patient journeys or speak directly with patients and relatives; however, we reviewed 266 'How was your journey today?' comment cards, which patients had provided as feedback to the service. We inspected three vehicles and an additional vehicle off road for deep cleaning at the time.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been previously inspected and was compliant in all areas inspected.

Activity (April 2017 – November 2017)

- Between the service's two sites and contracts, there was a total 102, 391 patient journeys undertaken. Of these, 0.25% were children.
- This equated to 7,167 journeys operating under the contract based at the Thurrock site that we visited, and 95,224 operating from the Sutton site under a contract acquired in April 2017.

Track record on safety

- No never events between November 2016 and October 2017
- Three incidents in October and November 2017 (we did not see data for a longer timeframe)
- Two complaints (we did not see data for a longer timeframe)

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 provides non-emergency patient transport services for adults and children, high dependency unit (HDU) transfers and specialist transport, including GP transfers, to the NHS. PTS journeys are a combination of both pre-planned journeys and ad-hoc bookings. Please refer to the full information and background above.

Summary of findings

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. As there was only one core service, please see summary of findings above.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service had an up-to-date incident reporting policy that had been updated shortly before our inspection. The policy set out the types of incidents and the procedures that should be followed. The policy specified two members of senior management responsible for conducting investigations into incidents. These staff had received training in incident investigation. There were plans to train other managers in incident investigation now that the service had expanded significantly.
- There was a paper based incident reporting system and we saw incident report forms on all vehicles and within the station office for staff to access if required.
- All staff we spoke with were aware of their responsibilities to raise concerns and to report and record incidents and near misses through a paper incident report form (IRF) which they would then raise with the operations manager.
- Incident reports were not being collated in a log to identify themes and trends, for example from month to month or over the course of a year. We raised this with the service at the time of inspection and they acknowledged that such a system was required due to recent growth of the service, in order to effectively monitor and reduce incidents.
- Discussion of incidents was a standing agenda item in the service's monthly meetings with the contracting NHS trust.
- We requested the total number of incidents that had been reported in the 12 months prior to our inspection. However, the service provided incident data for October 2017 to November 2017. The reason for the shorter timeframe of data was not clear. For this period, three incidents had been reported. The incidents included appropriate actions; for example, refresher manual handling training for a crew member who had sustained an injury when moving a patient.
- During our inspection, we were informed of an incident that involved a confused patient being taken to a wrong address. This had occurred in August 2017 and was a patient journey under the service's Sussex contract. The investigation of this incident was comprehensive and included a detailed timeline of events and conclusion identifying how and when the mistake had occurred. We saw that the investigating officer had taken full statements from the members of staff involved. There was evidence of lessons learned from this incident, in relation to safeguarding and communication, and the service issued prompt cards to all staff as a reminder about safeguarding, capacity and reporting requirements. The members of staff involved had also received refresher training in safeguarding and in the service's 'standard operating procedures and policies for patient transport'.
- Two members of staff we spoke with gave examples of incidents they had reported. One incident involved damage to a wing mirror and this member of staff told us the incident was investigated and they received feedback following the investigation. Another incident related to the witnessing of a pedestrian being hit by a motorcycle. Although the member of staff was not directly involved in the incident, they told us they received a debrief from their employer. However, staff were not able to give examples of feedback or learning from incidents they had not directly been involved with. Managers we spoke with acknowledged there were no formal means of feeding back to staff to ensure consistent feedback and learning from incidents.
- The service had a duty of candour policy, which was in date, next due for review in August 2019. 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.
- Duty of candour training was included in mandatory training and the service had a lead for duty of candour, should staff require support or advice in this. Training records showed that 52% of staff had completed duty of candour e-learning training at the time of inspection, although there was no target compliance rate specified. The low level was in part due to the recent contract mobilisations in the service and there were training sessions scheduled for those staff who were not up-to-date.

Patient transport services (PTS)

- Staff we spoke with were not able to clearly explain the term duty of candour; however they showed awareness of the need to be open and honest with patients.

Cleanliness, infection control and hygiene

- The service had an up-to-date infection prevention and control (IPC) policy, which was due for review in August 2019. A paper based version of this policy was kept in the office and was available to staff.
- There were posters to highlight good hand washing practice in the ambulance station and we saw staff using hand-sanitising cleanser to clean their hands.. However, the service did not undertake hand hygiene audits to monitor any missed occasions of hand hygiene and identify areas for improvement.
- Staff had access to hand sanitising gel and kept this on their person throughout their shifts. This was in line with the service's IPC policy. However, at our unannounced inspection, two of the eight road staff we spoke with did not have hand sanitising gel on their person.
- Spare uniforms were available at the base to replace soiled or contaminated uniforms worn by staff during working hours. There was a washing machine and tumble dryer available for staff to wash soiled uniforms.
- During our inspection we observed good uniform compliance, including operational staff adhering to the 'bare below elbows' principle for infection control purposes. However, the service had not undertaken uniform audits to monitor compliance.
- Personal protective equipment (PPE), such as disposable gloves in a range of sizes, was readily available for staff to ensure their safety and reduce the risk of cross contamination. PPE was stocked on all vehicles, with additional supplies stocked in an equipment storage cupboard at the Thurrock station. All PPE we checked was within date.
- The vehicles and base areas we inspected were visibly clean, tidy and free from clutter.
- We inspected one patient transport service (PTS) vehicle at our announced inspection, which was ready to transport patients. At our unannounced inspection, we inspected one PTS vehicle and one high dependency unit (HDU) vehicle which had just returned from staff finishing shifts. All three of these vehicles were visibly clean and contained IPC equipment and PPE.
- Each morning before crews started their shift, the operations manager did a spot check of the vehicles to check they were clean and ready to go out.
- A designated member of staff responsible for deep cleaning deep cleaned vehicles every 28 days, as specified in the IPC policy. We saw the deep cleaning schedule and a folder of deep cleaning records to ensure compliance with this. Vehicles would also be deep cleaned immediately after transporting a patient with an infection risk or where the vehicle had been contaminated.
- We observed a vehicle undergoing a deep clean at the time of our inspection. The member of staff stripped it of all equipment and fittings, and deep cleaning was completed using a steam cleaner. This person was able to explain clearly the process for deep cleaning, which matched the service policy. However, this member of staff told us they had not received yearly refresher training in deep cleaning or infection prevention and control. They told us at the announced inspection that they had only had training when they commenced their employment in 2013. We raised this concern on the day of inspection and the service addressed this immediately. Following our inspection, the service provided an up to date certificate for this member of staff in mandatory health and safety training, completed in November 2017.
- Vehicle cleaning equipment was stored in a locked area within the location. Staff used single-use mop heads to clean vehicles. New mop heads were stored in a closed clean container.
- The vehicle routine cleaning records from January 2017 to October 2017 had been signed by staff to confirm they had cleaned the vehicles, in line with the provider's policy.
- The service had a service level agreement with an external company for the disposal of clinical waste, which was picked up every two weeks. Clinical waste was locked securely in clearly labelled bins, ready for collection.

- Influenza vaccine clinic dates encouraging staff to be vaccinated was clearly displayed on the information board at the office within the Thurrock station, which staff were attending before or after every shift.

Environment and equipment

- The ambulance station included an office area, a control centre, staff room, cleaning area, storage area and an indoor garage with an outdoor area where vehicles were parked. The entry door was securely locked with keypad access for staff and a buzzer. The location had fitted alarm devices to all windows and doors.There was also CCTV in operation.
- The ambulance station we inspected had 14 vehicles with one additional people carrier vehicle. One vehicle was kept off site, at the staff member's home address because it was quicker for them to go directly to undertake transfers from there rather than picking the vehicle up at the station first. However, this was not a risk as it was not a blue light vehicle and did not have any medicines stored on it. We saw this vehicle received regular deep cleans and was compliant with an up-to-date service history. It was included with all other vehicles in vehicle and equipment records.
- All vehicles were hired from an external company and had an up to date vehicle licence tax, ministry of transport (MOT) certificate, insurance certificate and full service history log and London low emission zone compliance checker. The certificates were with the hire company and the service had an electronic and paper copy of records for each vehicle. The service maintained a contract with the hire company to support any ambulance breakdowns. We reviewed the contract and saw this was clearly specified.
- We reviewed the vehicle monitoring log which was comprehensive and tracked when each vehicle was next due for servicing, tax and MOT, including for the vehicle stored off site. All vehicles were within date for each of these.
- Equipment within the vehicles included first aid equipment, PPE, disposable blankets and suction equipment. . All equipment checked was in date. We also checked a range of equipment in the stock cupboard within the ambulance station, including paediatric equipment such as masks and nasal cannula, saw it was all within date, and clearly labelled. Inside the stock cupboard, there was an equipment list showing the quantities of each item that should be there and the daily sign off to confirm it had been checked.
- The service had four automatic external defibrillators (AEDs). An AED is a portable electronic device, with audio and visual commands, which through electrical therapy allows the heart to re-establish an organised rhythm so that it can function properly. All AEDs checked were working and within their servicing date.
- The service had four suction machines and blood pressure monitors. We checked the patient monitoring equipment and saw it was within its servicing date.
- Sharps boxes were not used on the vehicles we inspected and the service manager told us that sharps were not used as part of their work.
- All four vehicles we checked had working manual tail lifts and ramps, and we saw lights were all functioning. However, staff were unable to check tyre pressures on the day of inspection when we asked, as the tyre pressure gauge had been misplaced. However, when we returned for the unannounced inspection, we saw that a new pressure gauge had been ordered.
- Each ambulance had a fire extinguisher secured appropriately in the vehicles. We found fire extinguishers were clearly marked with the next service test date and all were within service date.
- The daily vehicle checks required to be completed before starting a shift included checks of engine oil, coolant level, brake, steering washer and windscreen wiper fluid, lights, tyre tread and first aid contents checks. They also included checks of sufficient equipment stock within the vehicles. We saw these checks were completed for the three vehicles we inspected and road staff were able to explain the checks.
- There were completed risk assessments displayed on the staff board completed in January 2017 in relation to slips and trips, manual handling, vehicle incidents, fire, security of premises and clinical waste management completed with a responsible named staff member and sign off date.
- The staff fridge in the staff rest room had no thermometer or audit completed to show food was

maintained at the correct temperature. We raised this as a concern at the time of our inspection and a manager told us they would address this. When we returned for our unannounced inspection, a thermometer was still not installed; however, a member of staff showed us that it had been ordered.

Medicines

- The service did not keep medicines on site other than oxygen. The service did not have a Home Office licence for controlled drugs as staff were not trained or permitted to administer controlled drugs.
- However, the service employed one paramedic, who worked on an ad hoc basis was also employed with an NHS ambulance service. They carried their own controlled drugs with them, which was permitted without the service itself requiring a licence. They picked up a sharps box from the station before the transfer to take with them. This person was allocated to the higher acuity high dependency unit (HDU) transfers, although there had not yet been any instances where clinical intervention had been required. Therefore this was a safety precaution.
- If patients required take-home medicines to be transported with them, a member of staff would hold these whilst sitting in the back of the ambulance with the patient at all times and the service ensuredthe contracting NHS trust documented this in the patient notes.
- The service had an up-to-date medicines management policy, which did not reflect the existing practices within the service. For example, it referred to the management of controlled drugs, which was not relevant to the service as they did not have a controlled drugs licence; there was also a list of patient group directives (PGDs) for several medicines not used by the service. We raised this with the service leads at the time. They acknowledged the policy did not reflect the type and scope of work they were carrying out and said they would review and amend this.
- Oxygen cylinders were stored securely on the vehicles. There was a clear medical gas warning sign on the unit door. Oxygen cylinders were provided by an external company and were all within the expiry date.

Records

- Each ambulance vehicle had a patient report form which was a record of pick up and drop off times. We reviewed three of these forms on the unannounced part of our inspection and saw they clearly documented this information. Staff then returned these forms to the office upon finishing their shift. No other patient information or records were stored on site. The service was not auditing these forms meaning there was a risk that issues with record keeping may not be identified and actioned.
- We were told that if there was a change to the patient's condition or anythingthe crew felt should be included as part of the patient's notes, they would log into the online system, which was also accessed by receiving NHS acute trusts, to document this information. Road staff we spoke with confirmed they would do this.
- We requested evidence of all these additional online notes from the last three months as we were told they were all recorded and accessible to service managers. However, we only received the evidence for ten consecutive days in November 2017.We were therefore unable to assess these notes fully, although the notes we did receive contained appropriate information, for example, reasons for delayed or aborted journeys, and incidences where the staff found out the patient was carrying methicillin-resistant Staphylococcus aureus (MRSA) on arrival at the trust but had not been told this at the time of booking.
- Each of these entries onto the online system showed the member of staff submitting it, along with the time and date so the patient and journey could be tracked back if any issues arose subsequently.

Safeguarding

- The service had up to date policies and procedures forsafeguarding vulnerable adults andchildren, due for review in August 2019. Staff knew how to access these either in hard copy at the station or online on the staff portal.
- However, there was no information available on vehicles about safeguarding referral information for staff to help inform their decisions while on the road if they required. This was not a risk as the referrals themselves would be made upon return to the station.

- We spoke with three members of road staff specifically about safeguarding. They all demonstrated a good understanding of their responsibilities to report safeguarding concerns and had received safeguarding training to level three for children and adults.
- Three members of control staff described how they would make a safeguarding referral and were aware of the situations when they would be required to do so. All staff told us they would contact their manager or area manager, for advice.
- Staff said they raised any safeguarding concerns directly to the operational manager. The operational manager had received updated safeguarding training at level three for both adults and children and we saw these certificates. However, another service manager, who was the person responsible for operations under the services other base in Sutton and was a safeguarding lead, only had safeguarding training to level two, completed in August 2017, although they were booked onto level three training.
- Training data that we reviewed on site showed 76% of staff were up to date with level three training for the safeguarding of adults and children. Training was a combination of classroom and online learning, and was in line with NHS England and the Intercollegiate Document for Healthcare Staff recommendations.
- We reviewed a safeguarding investigation that was completed in June 2016 for an incident that occurred in January 2016. The registered manager undertook the investigation, which contained all relevant details, evidence of communication with the provider on whose behalf the crew were working at the time. However, the report did not specify any actions such as sharing lessons learned with staff across the service.
- There had been no other safeguarding concerns reported between January and October 2017.

Mandatory training

- We reviewed the training records spreadsheet for 2017 on site and saw variable compliance rates for the 33 staff at the Thurrock site. For example, 79% were up to date with basic life support and manual handling; 70% with IPC; 61% with equality and diversity and mental capacity training; 55% with confidentiality and information governance; 58% with conflict resolution/ personal safety; and 52% with whistleblowing and duty of candour.
- We raised this as a concern at the time of the announced inspection. Managers were aware of this and the reason for the low compliance rates was that the service had recently employed several staff who had come over from another service and were still in their induction period. We saw there were training days booked to address this issue, although it was not included in the risk register.
- The operational manager for the Thurrock site checked the staff skills, training and competencies monthly. The manual flagging system identified clearly on the electronic system when training was required to be repeated.

  Training was delivered through a mixture of face-to-face and online learning. The service used an external trainer for some training including the use of emergency equipment and immediate life support. We saw evidence of this trainer's qualifications to ensure training was effective; including registration with two training organisations and membership of the Association of Healthcare Trainers.

Assessing and responding to patient risk

- There was a set of eligibility criteria established by each contracting NHS trust to assess whether patients could access the service. Control centre staff would check eligibility by telephone. This comprised seven questions around the patient's wellbeing, condition and communication and provided guidance for control centre staff in assessing this.
- The service did not restrain patients or transfer patients requiring specialist mental health support. Staff and managers said that if the contracting provider requested this, the service would be supported from staff from another local service with which they had a contract. This was specified in the contract between the two services.
- Staff gave examples when they had supported patients who were known to have disturbed or aggressive behaviour, or who presented with specific risks. For example, a patient had an arm reflex that meant they hit

out but staff told us the handover they had received from their colleagues gave them sufficient information to ensure they managed the situation without causing embarrassment to the patient, whilst minimising risks for the patient and the crew.

- The service did not have a deteriorating patient policy; however, staff told us that if they had concerns about a patient's condition during transportation they would stop their vehicle and telephone 999 for emergency support.
- Training in conflict resolution was included in the service's mandatory training programme. The mandatory training records showed that 70.2% of staff at the Thurrock base were up-to-date with this. For those who were not up to date, the records showed that a training session had been booked.
- The vehicle for high dependency unit (HDU) transfers had a comprehensive patient review assessment, issued by the contracting ambulance service for HDU work. Staff would complete these alongside the staff from the contracting service.

Staffing

- The service employed 40 staff at the Thurrock base at the time of inspection, comprising a combination of ambulance technicians, emergency medical technicians (EMT), emergency care assistants (ECA), first person on scene (FPOS) enhanced staff, and first aiders at work (FAW). The service also employed one Health and Care Professions Council (HCPC) registered paramedic for transfers requiring a higher level of support.
- The service used one bank staff member who worked two to three shifts a month dependent on their availability.
- From January 2017 to October 2017, across 40 staff employed at the Thurrock site, there were 43 days of sick leave. There was no target rate for sickness specified.
- We spoke with the person responsible for organising rotas about how they ensured sufficient staffing levels and skill mix. They told us they accounted for roughly 10% of staff being on annual leave when planning rotas to ensure shifts were covered and there would be an average of 23-24 staff on rota for a given week. We reviewed the rotas for October 2017 and saw staffing levels had been sufficient to safely meet patient needs, with no unfilled shifts. Crew staff we spoke with also confirmed this.
- The staffing rota included details about each staff member's shift patterns, including staff who could not work on specific days. This meant the service was able to effectively plan according to staff shift patterns to ensure patient needs were met.
- Staff confirmed they received sufficient rest time between shifts.
- Control centre staff explained that some crew staff were travelling long distances from home and organised their allocated jobs to ensure they were on the side of London closer to the base to return back home at a reasonable time at the end of the shift.

Anticipated Resource and Capacity Risks

- There was a site-specific business continuity plan in place, last reviewed in July 2017. This specified triggers for the plan, including total or partial loss of the workplace; total or partial loss of personnel; and total or partial loss of electrical power, computer systems, telephony or other resource, with no reasonable expectation of it being restored in the short term. The plan set out the responsibilities of staff and managers and the manager we spoke with was able to explain this.

Response to major incidents

- Major incident training was not included in mandatory training and the service did not have a major incident policy. The organisation was not part of the immediate resilience response but would be directed by NHS crews. Control centre staff explained part of their role would be to support the crews in stressful situations and talk with them to support them.

Are patient transport services effective?

Evidence-based care and treatment

- Staff induction had included an introduction to local policies and procedures to help staff carry out their work in accordance with policy and good practice
- We spoke with the operational manager who confirmed the policies were on an internal computer drive, which

we saw. There was also a hard copy folder of all policies kept at the station. Vehicle crews and control staff had access to the computer at the station. However, they did not have direct access to all policies when on the road

- Policies referred to national guidance and best practice, such as guidance issued by the Department of Health.
- We reviewed policies on site and found they were all in date. All policies had a checklist for review and approval to be signed off before they came into effect, including a clear rationale for the policy; consultation with relevant stakeholders; and whether statements in the policy were 'clear and unambiguous'.
- There was no formal system in place to ensure staff were updated on changes to local policies or national guidelines as team meetings were not taking place. Managers told us they would put up notices on the staff noticeboard; however, staff we spoke with could not explain howupdates were shared with them. We raised this with managers on the day of the announced inspection and, following the inspection, they formalised a staff meeting schedule which would provide a forum for sharing updates.
- The service did not have a comprehensive local audit schedule, although there were individual audits around infection prevention and control (IPC), vehicles and equipment, and key performance indicators (KPIs). However, the results and actions from these were not shared with staff in any documented way, for example through team meetings.
- We raised this with service managers on the day of our announced inspection and they were aware they needed to implement a more comprehensive audit schedule to cover all aspects of the service. They said this had not yet been done because of the recent significant increase in workforce and changes in the service due to new contracts but now the position was more settled it was a focus for them over the next few months. This was documented in an action plan and the service had recently recruited an audit and compliance lead who was commencing employment in the next few months.

Assessment and planning of care

- Staff were made aware of patients' conditions, journey details and any additional information, through the online bookings made by the contracting NHS acute trust. They would plan transport accordingly, for example by ensuring they had paediatric equipment with them in the event of a child being transferred, or by requesting the registered paramedic in the service to carry out the higher acuity high dependency unit (HDU) transfers. These notes would also make crews aware of any protection plan in place.
- The back of staff ID cards had a reminder to staff to always check patients' discharge bracelets and confirm the patient's full name, home address and destination address to ensure they had the correct details and were going to the correct destination. Staff we spoke with confirmed they would follow this.
- Patients' nutrition and hydration needs were considered and there were some arrangements such as bottled water in the vehicles, which could be given to the patient if required.

Response times and patient outcomes

- The service measured response times in line with KPIs, which were set individually by each contracting NHS trust. KPIs were an agenda item in monthly meetings with the contracting acute trust. We saw meeting minutes between the service and the trust where performance was discussed.
- We requested the monthly performance reports for each contract for August, September and October 2017, but only received the reports for the service's Sutton contract and not for the contract operating from the Thurrock base. The monthly performance reports included a breakdown of all journeys in terms of type of journey and whether it was booked on the day or in advance. It also showed the rate of journeys that were aborted. For example, in September 2017, 3.7% of journeys were aborted. There was a breakdown of reasons for aborts, such as 'patient too ill to travel' or 'duplicate booking', so this demonstrated the service was monitoring its own performance relating to aborted journeys. However, the performance report did not show the number of delayed transfers. We requested this information for both sites from which the service was operating in order to assess performance in terms of response times. The service did not provide this, and there was no reason given for the lack of information.

- Staff reported incidences where they were delayed or where they had to abort a journey through the service's online reporting system.
- Operational staff we spoke with told us they did not have concerns about patient delays as they were uncommon, except on particularly busy days. They said that if there was a delay to a patient pick up they would report it to their manager and also inform the contracting trust of the delay.

Competent staff

- All staff received a local induction to the service, which included site orientation, vehicle familiarisation, equipment training and a review of policies and procedures. All staff we spoke with confirmed that they had received an induction to the service.
- Prior to recruitment, new staff were required to provide evidence of their qualification certificates, disclosure and barring service (DBS) checks and driving license. All crew staff were required to produce a valid full UK driving license at the commencement of their employment and at six monthly intervals thereafter. These were validated against the UK Government driving license checking website.
- Six of the 15 first person on scene (FPOS) staff at the Thurrock site were overdue their refresher training for FPOS, but we saw there was an upcoming date set for this.
- The service used a licensed advanced driving instructor who conducted driving assessments and driving license checks randomly and in response to reported incidents. If managers had any concerns about a staff member's driving, the instructor could also do ad hoc driving assessments, but managers said this had not been required so far for any staff
- On our review of staff files, we saw an example of a staff non-compliance report form when a member of staff had not achieved one aspect of their role. They had met with the operational manager who clearly outlined the actions and improvements required to ensure this member of staff was compliant in all aspects of their role in the future
- New recruits were allocated a mentor as part of a buddy system for their first four weeks of employment. This enabled new staff to feel supported,
- We were concerned that staff were not receiving annual appraisals. We spoke with eight members of staff at our unannounced inspection, all of whom had started employment within the previous six to twelve months. None of these staff had received an appraisal in this time, although they said they felt supported. We raised this as a concern with service managers on the day of our unannounced inspection. The managers told us they were aware they needed to implement a formal documented appraisal system. This had not yet been formalised because of the recent significant increase in workforce and changes in the service due to new contracts but now the position was more settled they were working towards implementing this. This was on the service's risk register.

Coordination with other providers and multi-disciplinary working

- When staff transferred patients between services, they received a formal handover from staff at the hospital. However, ambulance staff told us they did not always receive complete and accurate information about patients from contracting providers.
- Staff consistently told us they would challenge and ask questions if there had been a poor handover from a contracting provider, and gave examples of where they had requested further information about a patient before transporting them, which they would then document on the online record system.
- The service had monthly meetings with each contracting NHS trust to monitor key performance indicators (KPIs) and discuss activity, incidents and complaints. We reviewed minutes of these meetings from August 2017 to November 2017 and saw evidence of good communication between the services. The minutes also included actions to address any queries or concerns.
- Results of the eligibility assessment were collated and then stored on the service's electronic system for each patient who had been assessed. This meant the contracting trust could see this information.

Access to information

- Staff accessed patient information as bookings came through the service's online portal. Staff consistently told us the portal system worked well in terms of

accessing information about bookings during their shifts However, they told us they were reliant on the contracting provider to provideaccurate and full information.

- The central office had a staff information board, which had a do not attempt cardiopulmonary resuscitation (DNACPR) instruction from the subcontracting acute trust, which staff were required to sign to confirm they had seen before transporting patients with a DNACPR in place. This was in accordance with the service policy on transporting patients with a DNACPR in place. Staff we spoke with were aware of this requirement and told us they always checked to ensure the DNACPR was current and in date.
- Any issues with access to information were discussed as part of the monthly meetings with contracting services. For example, meeting minutes from November 2017 for the contract operating from the service's Sutton site documented the concern that about 600 GP practice addresses missing in relation to the service, in order to address this gap with the contracting trust.
- Staff were aware of how to access policies. We asked six members of staff where policies were available. They all reported that they were kept in a folder at the ambulance base and were also available online. All road staff regularly came into the station so would be able to access these as needed.
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Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mandatory training compliance data we reviewed on site showed that 60.6% of staff had completed mental capacity training for 2017, although it was not clear what the target compliance rate was.
- The service had an up to date policy on consent, which had last been reviewed in July 2017. This included definitions and guidance on assessing capacity and specific situations where consent may be more complex, such as in the case of patients presenting disturbed behaviour or paediatric patients. Staff we spoke with showed a good understanding of the need for consent from patients.
- Staff were able to explain the consent process for children as specified in the policy. This included seeking direct consent from the child in instances where the child has been assessed by a healthcare professional as having sufficient understanding of what is involved in the transfer. Staff could give examples of when they had involved children in the conversation with their parents or carers prior to transfer.
- If a patient refused transport, the crew staff would ask again clearly to make sure they had understood, and if they continued to refuse they would not transport the patient but would inform the contracting service immediately and also report it in an incident report form.

Are patient transport services caring?

Compassionate care

- We were unable to observe any patient journeys because crews did not return to base between patient journeys but stayed out with the vehicles for the entire shift. However all staff consistently displayed a caring and patient-focused approach to their work.
- We reviewed 266 completed feedback cards from patients who were transported by the service from January-October 2017. The feedback demonstrated that 100% of patients would recommend the service to friends and family.
- Comments on the feedback cards we reviewed on site showed patients felt staff were caring. They included statements such as; "wonderful, pleasant, caring staff" and two staff were named as being "great ambassadors for the company which delivered a wonderful service".
- Staff gave examples of how they maintained patients' privacy and dignity, for example by using clean blankets and ensuring they closed the vehicle door before moving or repositioning patients. We saw that each vehicle had a supply of extra linen to support patient dignity when transporting patients.

Understanding and involvement of patients and those close to them

- Staff in the control centre kept patients and their families informed as part of the eligibility process.

Patient transport services (PTS)

- Control centre staff told us they kept patients and/or their relatives updated if there were likely to be any delays.

Emotional support

- Although we were unable to observe staff and patient interactions directly, we spoke with ambulance staff in the service about what they would do when transporting a patient in receipt of end of life care. All staff we spoke with demonstrated a consideration for the emotional wellbeing of the patient and the family.

Supporting people to manage their own health

- Staff and managers displayed a patient-centred approach where patients were and supported through communication with staff to maximise their independence.
- The service had contracts with other local patient transport services on whom they could call in the event that a patient required more specialist care, in order to best support patients.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- Service delivery was based on contracts with a number of NHS health service providers who required patient transport services in their locality and wider community.
- The service held weekly telephone calls and monthly face-to-face formal meetings with the contracting organisations to assess performance in terms of meeting demand.
- Meeting minutes between the service and the contracting NHS trust from November 2017 documented that shift patterns were being adjusted 'to support the influx of late discharges'. The minutes also stated that ad hoc vehicles would be used after 7pm if all allocated resources were being used, to meet the needs of patients in a timely way.

Meeting people's individual needs

- Dementia awareness training was included as part of the service's mandatory training module on the Mental Capacity Act to help staff meet the needs of patients living with dementia. At the time of inspection, 70% of staff were up to date with this training.
- Staff were able to give examples of where they had recognised and responded to individual needs; for example, explaining clearly to a patient living with dementia how they were going to move them and checking the patient agreed to this before moving the patient.
- The service used one specialist bariatric vehicle with bariatric equipment. Staff said they would risk assess patients who needed to use this vehicle prior to transfer to ensure they could meet their needs. This could be backed up by a support vehicle containing bariatric moving and handling equipment such as a hoist, as specified in the service policy on 'meeting the needs, comfort and safety of the patient'.
- The service had sufficient numbers of wheelchair access vehicles to meet the needs of patients who required them.
- At the time of our inspection, the provider did not have access to translation services to help staff meet the needs of patients whose first language was not English. They would rely on carers or relatives interpreting for them. However, the service told us they were intending to introduce communication cards for patients who had communication difficulties. They told us were also working towards installing new screens in vehicles, with information for patients in nine different languages. We saw action plans and correspondence in relation to this. They were hoping to implement this by February 2018.
- There were no specific resources to meet the needs of children, such as pictorial communication cards, although children formed a very small proportion of the patient journeys.

Access and flow

- Patient journeys were booked by contracting acute NHS Trusts through an online system. The control centre at the station then allocated journeys to staff. The service transported patients from their place of residence to hospital appointments and vice versa, and also between hospitals for high dependency patients.

- Vehicles were tracked by the control centre through the online system to enable control room staff to ensure the service was meeting demand and that staff were arriving on time. We saw this system in use and it showed timeliness of pick up and drop off times for each vehicle. However, as reported under the effective domain, we were unable to review data showing the rate of delayed journeys (for example, over the course of a month or a year).

Learning from complaints and concerns

- The service had a complaints policy and procedure, due for review September 2018.
- The policy stated that all complaints would be acknowledged either verbally or in writing within three working days, and the complainant provided with the contact details of the person responsible for investigating their complaint. The complaint would then be graded in terms of severity and the timescale for investigation and response depended on the grading. For complaints rated 'green', the full response timeframe was 25 days; 35 days for 'amber' complaints and 45 days for 'red' complaints.The policy specified that all complaints should be brought to resolution within six months of receipt of the complaint, in accordance with legislation.
- There was a dedicated patient experience team independent of front-line staff, who were responsible for handling complaints and concerns
- However, the service was not carrying out audits of this to check compliance with the set timescales.
- Complaints were recorded by service leads on the same electronic document as incidents. This enabled managers to have a good overview of complaints. In October 2017 there had been two complaints raised. One was a patient booked incorrectly. The other was described a 'communication issue', but there was no additional detail to explain this, or explain what actions had been taken to minimise this type of complaint in the future.
- Information provided prior to inspection stated that learning from complaints would be 'disseminated in daily verbal crew briefings, crew notices and continuing professional development training modules'. However, on the day of inspection, managers and staff confirmed that crew briefings were not currently taking place, although staff said they received feedback where they had been directly involved in a complaint and could give examples.
- At our announced inspection, we noted there was no information on the vehicles to advise patients about how to feedback or raise complaints. However, when we returned for our unannounced inspection, these had been ordered and we saw a copy of a leaflet for patients clearly explaining how to raise a complaint or concern. Staff told us that if patients wished to give feedback or make a complaint they would explain how to do this verbally, which the member of staff would write down on a paper form stored within the vehicle and submit at the station; or online, by letter, or on the phone.

Are patient transport services well-led?

Leadership / culture of service related to this core service

- A managing director and four directors, supported by an operational manager and call centre manager, led the service. The managing director and operational manager were registered paramedics and had both worked for NHS and independent ambulance services.
- The culture of the service was positive and team-based.Staff told us they felt proud to work there, including staff who had been recently employed as part of the service's recent step-in contract. For example, one member of staff said, "I love my job and I have been given the opportunity and support to progress", and another said they had "no concerns" and that they were happy there.
- Staff consistently told us that managers were approachable and visible and could identify the different managers and their respective responsibilities. They told us they felt well supported, including during a recent significant growth of workforce and contracted work. Staff gave examples of how they were supported; for example, childcare arrangements were taken into account when developing the rota, to take account of particular staff circumstances and needs.
- Service leads told us how they had focused on integrating new recruits into the team and making them

feel welcome during a recent period of growth and transition for the service. They had also opened the role of team leader to existing staff who wanted to progress and we saw a notice advertising this in the staff room.

Vision and strategy for this this core service

- The service had a mission statement "to deliver a high quality, patient focused experience that exceeds expectations" based on "ensuring that our levels of safety, training and infection control allow us to provide unrivalled levels of patient care"
- Ambulance staff and managers displayed the values of patient safety and high quality care when speaking about their work, strategy and motivations.
- The service was focusing on stabilising the new contracts they had taken on, namely the NHS provision from the Sutton site, and a step-in contract in place since September 2017, which was operating from the Thurrock site. The service was introducing measures to ensure they had adequate oversight of their work, for example by rolling out a comprehensive audit schedule and appraisal schedule for all staff, and employing an audit and compliance lead.
- Managers told us the vision was to grow the service in a measured way, only taking on contracts they had the capabilities and resources to carry out effectively.

Governance, risk management and quality measurement

- We requested the minutes of governance and board meetings, however managers told us that the schedule had only recently been formalised because the board was newly formed, so we were unable to view minutes of these meetings.
- We had concerns over lack of documentation of governance arrangements including records of meetings as there was no audit trail or minutes to confirm what was discussed or any actions arising from them. We raised this as a concern with the service at the time of the announced inspection, and following our inspection, the service formalised their monthly meeting schedule to include individual monthly meetings for the board; operations; risk management; clinical governance and policy review.
- We were concerned that incidents were not being collated to identify themes and trends over time to ensure managers had sufficient oversight of this. We raised this with the service at the time of inspection and they acknowledged that such a system was required due to recent growth of the service, in order to effectively monitor and reduce incidents. Prior to this recent growth the service had a much smaller workload and demand so it had been easier to monitor incidents. However, when we spoke with managers they were able to explain incidents and learning, so the concern was in relation to the formal documentation of this as the service grew.
- Service managers told us their main risks were growth beyond capability with overtrading; staffing levels, ensuring staff had the right competencies and values; and financial commitments to suppliers. They were able to give reasons for these risks and explained how they were closely monitoring these, for example by assessing their governance and financial position and capacity carefully before taking on new contracts.
- We reviewed the service's risk register, which comprised 15 risks both operational and corporate. Each risk had mitigating actions; for example, to address the potential risk of 'inability to respond to service requests due to non-availability of staff', there was a mitigating action to recruit approximately 50 staff before March 2018. Each risk had an owner and target date for compliance specified, and risks were rated appropriately in accordance with their level of impact.
- However, there was no specific risk identified in relation to taking on the new contracts, for example, around stabilising the workforce and ensuring all new staff were up to date with training and aware of local policies and procedures.
- Service managers told us they kept most of their risks active on the risk register because they wanted to maintain a cautious approach to risk in the service.

Public and staff engagement

- There were a number of initiatives for staff engagement in the service which promoted staff wellbeing. For example, staff told us about social team activities including meals out, bowling and go-karting. The service also ran a 'breakfast club' free of charge for staff.

- There were no regular staff meetings taking place due to recent change and growth in the service. We raised this with managers at our announced inspection. They told us they were working to introduce weekly staff meetings now the workforce was more established. Following our inspection, the service informed us they were in the process of introducing a schedule for formalising weekly team leader engagement meetings and staff representative meetings.
- Apart from the patient feedback cards, there were no other systems for public and patient engagement with the service.

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

- Senior managers informed us of the development over the last three months of a new adapted vehicle design for more effective patient transport experience. We saw the design and plans for this, which included integral lifts, which were safer and ran more smoothly, and specially designed seatbelts where the mechanism was more streamlined into the floor to remove trip hazards. Managers also hoping this adapted design would improve infection control and cleanliness due to more streamlined equipment inside the vehicle. The designs also included information screens with different language options. The service was working towards introducing this in February 2018.
- The service was working with three local job centres, supported by the contracting trust, as part of an ongoing recruitment drive in line with their growth. They said there had been a positive response to this initiative.
- We reviewed the service's approved business cases for the period October 2016 to October 2017, which included employing an office manager and a compliance manager, as well as installing additional office space in the station, and securing five more patient transport ambulances.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must implement systems or processes to ensure learning and actions from incidents are shared with all staff at the service.
- The provider must ensure all staff receive mandatory training to enable them to effectively carry out their roles, and that this is regularly monitored.
- The provider must ensure all staff receive yearly appraisals to assess their performance and competencies, to support them in their roles and to address any concerns they may have.
- The provider must improve documentation and governance processes, including implementing formal meeting minutes in order to have comprehensive records of discussions and any actions arising from meetings.

Action the hospital SHOULD take to improve

- The provider should introduce a deteriorating patient policy.
- The provider should introduce a clinical quality dashboard to provide an overview of safety and quality in the service at any given time.
- The provider should ensure policies, notably the policy on medicines management, accurately reflect the nature of the service's work.
- The provider should implement staff meetings to share information for example, learning from incidents and policy updates.
- The provider should collate and audit incidences of delayed transport to monitor and improve services for patients.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— (a)assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); Regulation 17 (1) and (2)(a) There was no system for collating and monitoring incidents to identify themes and trends in incidents in order to effectively monitor and reduce incidents. There were no systems or processes to ensure feedback and learning from incidents was shared with all staff, such as team meetings. Staff were not able to give examples of feedback or learning from incidents they had not directly been involved with. Managers we spoke with acknowledged there were no formal means of feeding back to staff to ensure consistent feedback and learning from incidents. The service did not have a comprehensive local audit schedule to assess, monitor and improve different quality and safety aspects (although there were individual audits around IPC and vehicles, KPIs). However, there was an action plan to address this following our inspection.

This section is primarily information for the provider

Requirement notices

We had concerns over lack of documentation of governance arrangements. Meetings were not being formally recorded at the time of inspection to ensure discussions, issues and actions were documented and followed up.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent skilled and experienced persons must be deployed. They must receive such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. Regulation 18(1)(2)(a) At the time of our inspection, staff were not all receiving annual appraisals. None of the staff we spoke with had one in the last 12 months and there was no system (e.g. a spreadsheet) to monitor when all staff had last received an appraisal and when the next one was due. Staff were not all up-to-date with mandatory training. Mandatory training compliance rates were low for some modules, including (but not limited to) conflict resolution/personal safety, and whistleblowing and duty of candour. Therefore there was a risk that staff did not have the required training to carry out their roles competently and safely.