

A F J

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

A F J is operated by A F J Limited. The service provides non- emergency patient transport services.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 3 December 2019.

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.

We rated this service as **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However;

- The service did not monitor the responsiveness of the patient journeys.
- The services patient eligibility criteria did not contain details on who the service could safely transport.

Heidi Smoult

Deputy Chief Inspector of Hospitals Midlands, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

AFJ was a small independent ambulance service which provided non-emergency patient transport services only. Although registered as a patient transport service; patients conveyed by the service were not acutely unwell which meant vehicles were not equipped in the same way conventional ambulances might be. The service employed a registered manager, three other managers and 16 patient transport staff.

Summary of findings

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Good 

A F J

Services we looked at

Patient transport services

Summary of this inspection

Background to A F J

A F J is operated by A F J Limited. The service opened in 2014. It is an independent ambulance service which provides non-emergency patient transport services to Birmingham City and the surrounding areas.

Although registered as a patient transport service; the service did not transport acutely unwell patients. The patients transported were being discharged from hospital, to their own homes or to community placements. The service also had a temporary contract to transport babies and their mothers from one building to another on a local acute hospital site. Therefore, vehicles were not equipped to the same level as an emergency ambulance. All vehicles were staffed with a crew of two.

The registered manager of the service had been in post since 2014. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is managed.

This was A F J's second CQC inspection. During the previous inspection that we published in August 2018 we identified a number of areas for improvement. Throughout the report you will find reference to these and the changes the provider has made.

Our inspection team

The inspection team was comprised of a CQC lead inspector, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Zoe Robinson, Inspection Manager.

Information about A F J

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the provider's headquarters where the service was provided from. There were no other registered locations.

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 A F J's second CQC inspection. During the previous inspection that we published in August 2018 we identified a number of areas for improvement. Throughout the report you will find reference to these and the changes the provider has made.

Activity- patient journeys completed (July 2019 to October 2019)

- July - 43 journeys
- August- 143 journeys
- September- 301 journeys
- October- 452 journeys

Fourteen patient transport drivers and a registered manager, head of patient transport service, governance lead and training lead worked at the service, on a full time basis.

The service has six patient transport vehicles. All vehicles had the capability to transport a patient on a stretcher or in a wheelchair and had seats for patients to sit in.






Track record on safety

- No never events
- No clinical incidents
- No serious injuries

Summary of this inspection

- No complaints

Patient transport services

Safe	Good 
Effective	Requires improvement 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are patient transport services safe?

Good 

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. All staff undertook yearly face to face comprehensive mandatory training to enable them to meet the needs of the patients they transported. The service had 18 mandatory training courses. The mandatory training compliance rate was 99%.

The mandatory training was comprehensive and met the needs of patients and staff. Training courses included dementia awareness, manual handling and emergency first aid at work.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had processes in place to monitor staff compliance with mandatory training. The service had recently employed a trainer who was reviewing mandatory training to ensure it met all staff needs.

The service had driver assessments that was completed by a qualified trainer. Before staff were permitted to work for the service they undertook a driving assessment to ensure they were competent.

Safeguarding

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

The service had not made any safeguarding referrals in the year preceding our inspection.

Staff received training specific for their role on how to recognise and report abuse. During our previous inspection that we published in August 2018 we told the service they must ensure all staff were trained in safeguarding children level two. At the time of our inspection all staff working for the service had completed safeguarding adults and children level two. The service had plans to train staff up to level 3 adults and children safeguarding.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with during the inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so.

During our previous inspection we also told the provider they should ensure their safeguarding policy included specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity. At the time of this inspection there was an in date safeguarding policy available for staff. This policy contained up to date guidance and included specific elements of safeguarding relevant for this provider.

The head of patient transport services was the safeguarding lead for the service. They had completed level 3 adults and children safeguarding training and were due to undertake level 4 training in December 2019.

Patient transport services

Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded.

Cleanliness, infection control and hygiene

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

During our previous inspection of this service that we published in August 2018 we told the provider they should ensure all staff followed its infection control policy regarding the use of gloves in non-clinical situations. During this inspection we saw staff used gloves and hand gel appropriately.

All staff had completed infection prevention and control awareness and legislation training and all had completed infection prevention and control policy awareness. The head of patient transport was the infection control lead who staff could go to if they had any queries or concerns.

Areas and vehicles were clean well-maintained. During the inspection we saw that vehicles were visibly clean, equipped with appropriate equipment including spillage kits, antibacterial wipes and personal protective equipment for staff. We saw cleaning schedules were fully completed and up to date for the vehicles inspected.

Crews were responsible for wiping down the vehicles following patient use. Before the vehicles were used in the morning they were cleaned. The service was in the process of having a wash bay built, this would allow staff to clean the vehicles more easily.

Equipment carried on board ambulances included clinical wipes and clinical waste bags to aid staff to maintain a hygienic environment.

In the event of a bodily fluid spill in a vehicle, vehicles we looked at during this inspection contained a spill kit which were in date.

Since the last inspection the service had started a contract with an external cleaning company. They conducted a

swab analysis of the vehicles every three months. Following this a deep clean was then undertaken for all vehicles. These audits showed that the deep cleans improved the cleanliness of the vehicles.

Staff were responsible for ensuring that they complied with the service's dress code and that clothes were laundered appropriately. There was a policy in place which explained the expectations for staff.

As part of staffs' three monthly supervision hand hygiene and uniform spot checks were completed, we saw this when we reviewed records.

There had been no reported healthcare associated infections during the preceding twelve months.

For the eight patients who responded to the patient questionnaire for November 2019, all were satisfied with the cleanliness and the appearance of the crews.

Environment and equipment

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

The service had six operational vehicles in use, they also had two additional vehicles for use in the event of a breakdown or increase in work demand.

The vehicles in use received a six weekly mechanical inspection and any identified maintenance needs were completed. This helped to ensure vehicles were in safe working order.

The ambulances were kept either in the garage or in a secure area outside the providers office. Before taking an ambulance out on a transfer, each driver also carried out a road worthiness and equipment check. Records we reviewed confirmed the checks were documented by staff and stored in the main office.

Staff ensured patients wore their seatbelt at all times during time in the ambulance. Patients' luggage was secured during the journey.

The provider was owned by a business that also had a garage. This garage carried out all servicing and vehicle safety check work. We saw appropriate vehicle safety

Patient transport services

checks, service and insurance documentation for all the vehicles. Staff told us the vehicles they used were well maintained and if they had any concerns they would get the vehicles checked by the garage.

The service had a breakdown procedure. This procedure advised staff to call the office or manager in the event of a break down. The service provided us with assurance that they had access to 24 hour seven days a week breakdown support.

Equipment on board the ambulances included vomit bowls, a basic first aid kit, hospital standard pillows and blankets, drinking water and a fire extinguisher. We saw daily ambulance checklists were completed confirming the correct amount of equipment was on board each vehicle.

Oxygen was stored appropriately on and off the ambulance. There was enough oxygen masks on board the vehicle.

We inspected three vehicles and found all were visibly clean and fit for purpose. All equipment inside was visibly clean and storage was well organised.

All staff that completed the employee feedback questionnaire in November 2019 said that they had the correct equipment to carry out their duties.

Assessing and responding to patient risk

Staff were aware of patient risk and acted appropriately to minimise risk.

Appropriate procedures were in place to assess and respond to patient risk, including appropriate responses to vehicle breakdown.

The service would gather information about the patients from the requesting service. This included their name, age, where they were being transported to and if they had any specialist needs. This information was used to monitor the patients that the service transported.

Staff shared key information to keep patients safe when handing over their care to others. For patients requiring additional support, staff from the hospital would travel with the patient to manage their health needs.

Staff we spoke with had a good awareness and understanding of how to manage a deteriorating

patient, they explained they would call an NHS ambulance or transport a patient to an Emergency

Department. All staff were trained in emergency first aid.

Staff told us how they used reassurance and de-escalation techniques for people who might be unsure of what was going on. The service did not transport anyone detained under the Mental Health Act, 1983.

Referrals could be made to the service between eight in the morning and eight at night. If referrals were received within this time a crew could be made available within two hours.

Staffing

The service had enough staff with the right skills, training and experience to keep patients safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels to ensure demand for services could be met.

The service had enough staff to keep patients safe. The service had 14 patient transport crew members employed at the time of our inspection and six bank crew members. The service also employed four managers; the current registered manager, a head of patient transport services, a quality and compliance lead, an ambulance care coordinator and a training lead. All employed staff were full time.

The ward manager could adjust staffing levels daily according to the needs of patients. Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times. Actual staffing levels met planned staffing levels at the time of our inspection.

All vehicles were staffed with a crew of two. There were four crews of two staff members who operated Monday to Friday who were based at a nearby hospital. The manager and training lead would also go out with the crews if required.

If there was an increase in demand for services bank staff would be used to fill the shifts. If demand for services increased, then more staff would be recruited.

Records

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

Patient transport services

All crews took a 'crew pack' with them when they went on their journeys. This contained a vehicle daily check sheet, patient job sheets, demographic forms, patient surveys and the complaints process and forms.

Patients' individual care records were well managed and stored appropriately. Staff completed a patient transfer record for each job they completed. The transfer record we looked at included staff details, times, collection and transfer addresses. The form was legible and included all the information required by the company.

Records were stored securely. On their return to their base, staff securely stored the completed transfer form in the company's office in a locked cupboard.

Staff told us they transferred patient hospital records where appropriate with the patient. This included any Do Not Attempt Cardiopulmonary Resuscitation forms (DNACPR forms). A DNACPR form is a document issued and signed by a doctor, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR) should an emergency arise. We saw staff checked patient records as part of the handover process at the sending hospital or establishment.

Medicines

The service used systems and processes to safely administer, record and store oxygen.

Due to the nature of this service, staff did not carry or have access to on-board medications except for oxygen.

We saw that oxygen was stored appropriately and safely. Staff were trained to administer oxygen, this was updated every 12 months. Staff recorded they had administered oxygen on the patient job sheet.

If patients were being discharged from hospital with their own medication then this would be carried on board the ambulance with the patient and handed over to staff at the receiving end of the journey.

During our last inspection of this service published in August 2018 we told the service they must ensure they had a medicines management policy and procedure for the administration of oxygen. During this inspection we found the provider had a medicines management policy and a procedure for the administration of oxygen. This procedure detailed different scenarios and the responsibilities of different staff members.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.

There were no never events or serious incidents reported by this service in the year preceding our inspection. Never events are serious incidents that are wholly preventable as 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.

Incidents were reported on a paper based reporting form and were then compiled on a database on the computer. There had been three incidents in October 2019. Two were to do with a clamp that required modification for the neonatal work and the other was to do with a vehicle fault. We saw these were investigated and steps taken to prevent a recurrence in the future. Staff we spoke with during the inspection told us when incidents happened managers were very supportive and worked to help rectify issues.

All staff that completed the employee feedback questionnaire in November 2019 said the organisation encouraged them to report errors, near misses and incidents.

Records we looked at showed that incidents were discussed during staff team meetings, management meetings and the governance reports.

During our previous inspection that we published in August 2018 we told the provider it must ensure they have a duty of candour policy in place. During this inspection we found that the provider had a duty of candour policy in place. This policy stated responsibilities and timescales for these to be undertaken.

Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, is a Duty of Candour regulation introduced in November 2014. This regulation requires the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.

Because no incidents had occurred in the preceding twelve months that met the threshold for the Duty of Candour to

Patient transport services

be applied, we were not able to fully assess the provider's compliance with this regulation. Staff were aware of the term duty of candour and could explain to us the need to be open and honest when incidents occurred.

Are patient transport services effective?
(for example, treatment is effective)

Requires improvement 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Since the last inspection the service had developed a patient eligibility criteria, however, this did not include information for the booking service on who could be safely transported by the service.

During our last inspection of this service that we published in August 2018 we told the provider they must have a patient criteria to assess patient eligibility for the service. During this inspection we found that the service had a patient eligibility criteria for hospitals to use when booking patient journeys. This criteria detailed who was eligible to use the service and who was responsible for assessing if patients could use the service. However, the criteria did not provide guidance to referring staff on who not to accept for referrals, such as patients detained under the Mental Health Act. This did not ensure that patients who were referred to the service could be transported safely and staff could meet their needs.

There was an effective system to demonstrate that policies in place had been developed, reviewed, and updated to reflect current practice. Policies included reference to national documents and best practice guidelines. Staff could access policies when they were at the headquarters and these were kept in files.

The service conducted a number of audits; patient feedback audit, staff training records audit, daily vehicle inspection records, vehicle decontamination, vehicle compliance records. This helped to ensure that staff were

following policies. Where learning was identified this was fed back to the staff members involved, if any wider learning was identified then this would be shared with the whole team.

The service did not transport any patients detained under the Mental Health Act (1983).

Pain relief

Staff monitored patients regularly to see if they were in pain.

The service did not administer any pain relief.

Throughout patient journeys staff made sure that patients were comfortable and helped aid comfort using blankets and pillows.

Response times/patient outcomes

The service did not monitor the responsiveness of the patient journeys. However, the service monitored some patient journey information so that they could improve patient experience.

The service did not monitor the responsiveness of patient journeys. The service did not collect any data on response times, for example they did not collect any data on how long patients had to wait following the journey being booked to being picked up.

From May 2019 to October 2019, A F J carried out 1,026 patient journeys. From May to July the service carried out 130 journeys, then the service increased its capacity and did 143 journeys in August, 301 journeys in September and 452 journeys in November.

The service monitored the number of patients who were transport by wheelchair and stretcher, the number of patients who required oxygen and the number of patients with an active Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. This information was used to monitor the patients that the service transported.

The service also monitored the time that patients were on vehicles. Staff completed patient record sheets to log patient journey times. The manager of the service regularly reviewed the sheets to ensure there were no delays.

The service did not have any formal service level agreements in place at the time of the inspection. The work was organised between staff at the hospital from which

Patient transport services

discharge would be taking place and A F J staff. The hospital would inform staff when there was someone who required transport for their discharge and staff would then go and collect them. If there was a transfer that was required out of the usual hours, then the hospital would contact the registered manager who would ensure there was a crew available at the required time.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staffs' work performance to provide support and development.

We checked three employment records. All employment records looked at contained up to date information, references including disclosure and barring checks (DBS) and stored copies of training certificates and driving licence details and checks. All staff records were securely stored.

Managers conducted three monthly supervisions with staff by shadowing a journey. Managers also conducted this supervision after the member of staff had been with the service for one month to ensure they were competent and happy in their role. Managers conducted yearly appraisals with staff, at the time of our inspection 100% of eligible staff had completed their appraisal.

Staff were experienced and had the right skills and knowledge to meet the needs of patients. When staff started working for the service they shadowed shifts to begin with, then they progressed to buddy shifts. Following this before the individual would be signed off they completed a competency check.

The service had recently employed a training manager who had begun looking at the training the service provided and had plans to improve it in the future to ensure staff were fully competent.

Multidisciplinary working

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

Staff who transported the patient accepted bookings direct from the hospital where the patient was being discharged from. They then gathered additional information such as any specific needs from the staff in the hospital. This was written on the patient transport notes.

Staff told us staff who had been caring for the patient being transferred were able to travel with the patient if they wanted to and if it improved the experience for the patient.

The service worked well with the trusts that they worked for. Staff we spoke to at the trust told us how helpful the crews were and how they had become embedded in the team there. Managers of the service had regular calls and meetings with the trusts to ensure both parties were happy with the current arrangement.

Health promotion

Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.

Patients were not permitted to smoke on or by the ambulance.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

During our previous inspection of this service that we published in August 2018 we told the provider it should have a Mental Capacity Act (2005) policy or consent policy in place. During this inspection we found the service had a consent policy that included reference to the Mental Capacity Act. All staff had received training in this policy.

Throughout the inspection we observed staff speaking with patients and asking them for consent throughout, for example, asking them if it was ok to put their seatbelt on. Staff did not record consent, however due to the nature of the services provided this was not necessary.

The service does not currently transport any patients who are detained under the Mental Health Act. However, this is something that they are looking to do in the future.

The service had occasionally transported informal mental health patients, if this was the case then there would be a nurse present from the service they were transporting for.

The service did not use any form of restraint in the year preceding our inspection.

Are patient transport services caring?

Patient transport services

Good 

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The service trained the ambulance care assistants in safe moving and handling of patients. This ensured staff maintained patient dignity during patient transport.

We observed staff providing care that was compassionate. Patients were treated with respect and dignity and had their privacy respected at all times.

We observed staff introducing themselves to patients and their loved ones and they made sure that everyone knew who they were and what they would be doing.

Staff maintained patients' privacy and dignity, by using clean blankets to cover them.

Staff took their time to interact with patients and allowed them to move at their speed. During the transportation they drove with care to ensure the drive was smooth for patients.

During the inspection all journeys we observed staff treated the individuals with kindness and compassion throughout the journey. There was one patient that was transported who had additional communication needs, staff treated this individually calmly and friendly, so they were included in the transfer.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Managers and staff created a strong, visible, person-centred culture and were highly motivated and inspired to offer the best possible care including meeting patients' emotional needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress.

During the inspection we observed a patient journey, during this we saw staff supporting the patient to transfer from their hospital chair to the wheelchair. They were encouraging and supportive throughout and helped ease the patient's apprehension.

Staff had sufficient time to provide emotional support to patients. Staff also described how they would support those close to patients using the service by engaging them in the process and allowing them to travel with their loved one.

During the inspection we spoke with staff working in the hospital that worked with A F J. They told us staff were very supportive to patients and their families. They gave us an example of where they had brought a toddler with her mother and had involved her in the journey throughout.

Understanding and involvement of patients and those close to them

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

Staff could describe how they met the needs of patients. We saw staff explain to a patient why and where they were being transferred to. This was done in simple terms and a friendly respectful manner, which helped the patient to understand.

During the inspection we observed a journey in which the patient had additional physical needs, staff made sure the patient was comfortable throughout and supported them with extra pillows.

During the inspection all journeys we observed, staff kept patients fully involved in what was happening and what to expect. They explained the journey processes clearly and calmly and helped alleviate nerves.

During the inspection we spoke with staff from one of the hospitals that worked with A F J. They told us the staff were

Patient transport services

fantastic, they always introduced themselves and were very friendly and helpful. They also told us how impressed they had been that they had learnt about different pieces of equipment specific for the client group.

Staff told us how they aimed to support everyone who accessed their service to receive a safe transport. The service had identified that more bariatric and mental health transport services were required in the local area and were working on training staff and preparing to introduce this.

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

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services, so they met the changing needs of the local population. The service was planned and delivered to meet the needs of the communities it served. Leaders in the service were focussed on developing services that met the needs. They also had bank staff available who could enable the service to be reactive to increasing needs.

At the time of our inspection the service did not have any formal contracts or service level agreements. This was an area that the managers of the service had identified to focus on for the upcoming year. The service did have regular informal meetings and telephone calls to make sure both sides were happy and aware of any changes required.

The service could offer a UK wide service to transport patients who required longer journeys than other providers would deliver.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service was tailored to each patient's individual needs and risk levels. If required patients could be transported on their own and at suitable times to meet their needs. For example, staff could vary their shift to be able to transport a patient earlier or later than usual transfer if required.

Staff told us of occasions where arrangements had been made for a carer or relative to also travel with the patient, ensuring that an appropriate vehicle was allocated to ensure seating arrangements were suitable.

Patients were able to carry personal belongings with them; these were secured during the journey.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. During our previous inspection of this service that we published in August 2018 we told the provider it should have access to an interpreter. During this inspection we found the provider had secured a contract with a telephone translation service that staff could dial into if they required it. Some staff were also trained in British Sign Language.

The service was looking to transport bariatric patients up to 800kg in the future. At the time of our inspection the service was putting in the infrastructure to support this such as the vehicles and staff training.

All six of the vehicles had been adapted to allow them to convey patients who needed to travel in a wheelchair or on a stretcher.

Staff were aware of how they would support vulnerable patients including patients living with dementia or with a learning disability. Staff confirmed they had received dementia awareness training. Records we looked at showed that 97.6% of staff working in the service at the time of our inspection had completed the training.

Staff worked closely with the hospitals they transported patients for to enable them to have smooth transfers.

Access and flow

Patient transport services

People could access the service when they needed it and received the right care in a timely way.

In the last four months the service had focussed on increasing the number of patient transport journeys it undertook. In July they completed 43 journeys, which increased to 143 in August, 301 in September and 452 in October. This was a result on working with more providers and getting more work from the providers that they worked with.

In August 2019 the service had started working with a local trust during building refurbishments. The service was responsible for transporting babies in incubators and new mothers from one building to another. The success of this had resulted in more work being undertaken for the trust.

During the inspection data provided to the Care Quality Commission suggested the service had seen an increase in the number of aborted journeys, one in July, ten in August, 48 in September (15% of all journeys booked) and 78 (17% of all journeys booked) in October. The main reasons reported for these cancellations included; incorrectly allocated by the hospital and the patient not being ready for the transport. The service had not investigated why such high proportions of journeys were being cancelled and how they could improve this in the future. Following our inspection the service looked at the cancellations and 90% were found to have been cancelled by the trust booking the journeys the day before and so had been incorrectly recorded as cancellations.

Data was collected from staff completing job record sheets, which were reviewed internally by the office manager to inform resource planning and shared with the senior team.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

The service clearly displayed information about how to raise a concern in patient areas. During our last inspection of this service that we published in August 2018 we told the service it must ensure that information on how to make a complaint was available and accessible for everyone who used the service. During this inspection we found that information relating to how a member of public could make a complaint was available on the vehicles.

The service had a complaints policy. This outlined the time frame for complaints to be investigated in and a full written response to the complainant should be provided within ten working days.

The service also had patient feedback forms for patients to feedback on services but did not want to make a formal complaint.

The service had not received any complaints in the year preceding our inspection, so we were not able to explore how previous complaints had been managed or assess patient complaint themes.

Are patient transport services well-led?

Good 

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Since our last inspection there had been a new leadership team employed. There was a new head of patient transport services, a new patient transport trainer and a new quality and compliance lead. All had started working for the service one to two months before our inspection. The individuals that had been recruited all had experience and skills in their areas of expertise. They had all started working to improve the service and changes could be seen as a result.

Leaders of the service understood and managed the priorities and issues the service faced. All leaders in the service were focussed on growing the business while also keeping the patient and staff at the heart of any changes. They told us how they were focussed on delivering a quality service for people.

Patient transport staff working for the service spoke highly of the managers of the service. They said they were visible and approachable and were easy to reach when needed. They also spoke highly of how they worked to improve services.

Vision and strategy

Patient transport services

The service had a vision for what it wanted to achieve. The vision and objectives were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision underpinned by strong patient-centred values. The company's vision was 'to be known as the best non-emergency patient transport provider, with the most compassionate front-line staff, delivering the best care possible'. The values were; a family, compassion, responsibility, respect, pride and excellence.

Staff we observed displayed these values in their work and interactions with patients.

The service had clear yearly objectives that were divided into; patients, employees, shareholders and community targets. These targets had clear indicators to show when these had been achieved.

Managers of the service were focussed on increasing the amount of work available to them. The service had increased its work since the last inspection and the managers had clear visions of where they would like to see the growth in the future. Leaders communicated with the wider health economy to identify future areas for development.

Culture

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

We observed a positive culture throughout the service. Staff we spoke with were proud of the work that they carried out.

Staff told us that all of the managers were supportive and approachable. There was an open door for staff to speak to them at any time. There were also different ways for staff to share their ideas or concerns.

Staff we spoke with said they felt part of a team and were committed to providing an excellent service and supporting individual differences.

The new leadership team that were employed said that when they started they were focussed on getting to know staff. This was achieved through team meetings and by going out to meet with staff.

Governance

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

The service had developed its governance strategy since our last inspection. The strategy followed the Care Quality Commissions five domains. The same items were used in the staff meetings, manager meetings and governance reports. This allowed information to easily flow up and down the communication channels.

The service held monthly staff meetings. We reviewed minutes from the team meeting in September and October. Topics discussed included, incident reviews, safeguarding concerns and audit results.

The service did not have any formal performance meetings with the trusts it served, however, managers met to discuss how things were going and any changes required going forward. The service had plans to develop this into more formal performance meetings in the future.

The service had also developed the information it gathered. They had introduced new audits and had plans to further strengthen data collection in the future.

The service had a range of policies and standard operating procedures. Policies and procedures were reviewed yearly and we saw evidence that the policies we looked at had been reviewed. Staff were aware of the policies and procedures in place and how to access them.

All staff working in the service were clear about their roles and responsibilities. Staff were clear on who to contact in different situations and who they would go to for advice or to raise concerns.

Management of risks, issues and performance

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact.

Patient transport services

They had plans to cope with unexpected events. However, the service did not manage performance effectively and the patient eligibility criteria did not contain details on who could be transported safely.

During our last inspection of this service that we published in August 2018 we told the provider they must have a patient criteria to assess patient eligibility for the service. During this inspection we found that the service had a patient eligibility criteria for hospitals to use when booking patient journeys. This criteria detailed who was eligible to use the service and who was responsible for assessing if patients could use the service. However, the criteria did not provide guidance to staff on who not to accept for referrals, such as patients detained under the Mental Health Act. This would ensure that patients who were referred to the service could be transported safely and staff could meet their needs.

During our previous inspection that we published in August 2018 we told the provider it must ensure the risk register is up to date and accurately reflects the risks to the service. Since our last inspection the service had developed a new risk register. This split the risks up into three categories; clinical, operational and technical. All risks were clearly identified, had dates reviewed and when to next review them, identified leads and control measures put in place to manage them. All main risks identified related to the use of equipment in different circumstances.

Staff during the inspection told us that financial pressures would not stop them acquiring any new pieces of equipment or training if it helped to improve the patient experience.

The service had an in-date business continuity plan. This covered what to do in the event of an incident occurring that would result in the disruption of the running of the service. It covered four risks which were; blockages of ambulances, vehicle breakdown, staff sickness and availability of stock issues.

The service did not manage performance effectively. The service did not monitor the response times to patient journey bookings and did not monitor how long patients were waiting to access the service. More detail on this point is contained within the response times/patient outcomes section of the effective domain.

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Since the last inspection the service had started to gather more information to understand performance. Information gathered was easily available and compiled into monthly governance reports. The service had plans to develop this further in the future and include more metrics in the governance reports.

Patient transport records were paper based and were stored securely in the main office after completion of staff shifts.

Patient information was managed in line with data security standards. Staff were aware of how to handle patient identifiable information and we observed this during our inspection.

Public and staff engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

During our previous inspection of this service that we published in August 2018 we told the provider that it must engage with patients sufficiently to assess the quality of its services. During this inspection we found that the service had made it easier for patients to feedback following their journeys. All crews had patient feedback forms available on vehicles and gave these out to patients where appropriate. The new forms consisted of five tick questions. For November 2019 the crews had eight patients' feedback. All said they would recommend the service to their friends and family, all said the crews introduced themselves and all were satisfied with the journey.

During our previous inspection of this service that we published in August 2018 we told the provider it should have general staff meetings to ensure that staff received regular and consistent information and updates. During this inspection we found that the service had implemented staff team meetings.

Patient transport services

The service had given out an employee feedback questionnaire in November 2019. They had four responses which equalled 20% of staff employed. The results showed that all were enthusiastic about their jobs, were satisfied and knew what their responsibilities were.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services.

During the inspection staff told us that managers in the service were positive about change and that they could

raise any new ideas they had and these would be considered. Staff also told us how responsive leaders of the service were at implementing change and getting new equipment when needed.

The registered manager was driven towards developing a sustainable business which could adapt to meet the needs of the local population. The provider was seeking new opportunities to expand the service, but there was careful consideration given to ensuring expansion only occurred where the provider could source the right staff with the right attitude and ethos.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure they monitor the effectiveness of the service including the response times to patient bookings (regulation 17 (1)).

Action the provider **SHOULD** take to improve

- The provider should ensure its patient criteria includes guidance for referring staffing on patient suitability. (regulation 12 (2)(a)).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>Regulation 17(1)</p>