Transcare Services (UK) Ltd

Transcare Services UK Ltd

Quality Report

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Date of inspection visit: 20 February 2018
Date of publication: 04/03/2019

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

Transcare Services (UK) Limited is an independent ambulance service provider based in Keighley, West Yorkshire. The service is registered to provide patient transport services. Transcare Services UK Ltd offers ambulance transport on an 'as required' basis and provides pre-planned transport. Ambulance services are provided to an NHS trust and an ambulance service trust.

We inspected this service using our comprehensive inspection methodology. We carried out a scheduled comprehensive inspection on 20 February 2018. The service had one registered base which we inspected.

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

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

The main service provided by this service was patient transport.

Services we do not rate

We regulate independent ambulance services, but at the time of the inspection we did not have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Staff were knowledgeable about how to report incidents to ensure the safety of people using the service.
- The service ensured a minimum of two staff were allocated to each patient transfer depending on risk and need. The staffing levels and skill mix of the staff met the patients' needs.
- Systems were in place to ensure vehicles were well maintained. Staff maintained consumables and stock to ensure stock was in date and fit for purpose.
- All equipment necessary to meet the various needs of patients was available.
- Services were planned and delivered in a way that met the needs of the local population. The service took into account the needs of different people, such as bariatric patients or people whose first language was not English. Journeys were planned based upon their requirements.
- We observed appropriate hand hygiene, and infection control processes.
- The service had a system for handling, managing and monitoring complaints and concerns.

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

- Staff were not up to date with training in duty of candour, safeguarding and infection control to ensure they were safe to carry out the duties they were employed to perform.
- Deep cleaning records were not provided and audits did not take place. The provider needed to ensure the patient transport drivers had the correct cleaning equipment at home and were following the correct infection control processes when deep cleaning their vehicle at their residential address.
- A vision and strategy for the service had not been developed.
- Team meetings did not regularly take place.

Summary of findings

- Appraisals did not take place.

Following this 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 four requirement notices that affected patient transport services. Details of these are at the end of the report.

Ellen Armistead
Deputy Chief Inspector of Hospitals (North), on behalf of the 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)		The main service was patient transport services. **We inspected but did not rate this service, we found that:** • Staff knew how to report incidents, deal with complaints, recognise and report safeguarding concerns in relation to adults and children. • The vehicles we inspected was visibly clean and serviced appropriately. Equipment was serviced and appropriate for patient use. • Staff described a positive working culture and a focus on team working, saying they could approach the management team at any time to report concerns. They got positive feedback when they had done a job well. **However we also found:** • Staff were not up to date with training in duty of candour and safeguarding to ensure they were safe to carry out the duties they were employed to perform.

Transcare Services UK Ltd

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to Transcare Services UK Ltd

Transcare Services UK Ltd is operated by Transcare Services (UK) Limited is an independent ambulance service based in Keighley. The service primarily serves the communities of West Yorkshire. However, patients are transported across the UK as required. The service predominantly provides patient transport services for adults and also provides bariatric transport with the one vehicle equipped with bariatric equipment. Bariatric equipment is designed to be stronger, sturdy and larger to suit the needs of obese people.

The service provides medical patient transport services to NHS trusts. The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

We last inspected Transcare Services UK Ltd in January 2014. Suitable arrangements were in place to ensure people using the service were provided with effective, safe and appropriate personalised care.

The service has had the same registered manager in post since 2014. This person is also one of the managing directors.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Transcare Services UK Ltd was established in 2014 by the current managing directors. The provider offered adult patient transport services 24 hours a day, 365 days a year from its ambulance station in Keighley, West Yorkshire. It supported general non-emergency patient transport journeys, including hospital discharges and patient transfers, amongst others. The majority of the provider's activity occurred between 12 noon and 8pm Monday to Friday with some occasional evening and weekend working. Patients with mental health needs were not transported by Transcare Services UK Ltd.

During our inspection, we spoke with the driver manager and two ambulance crew. The health and safety/quality systems managers was also present throughout the inspection. We were unable to speak with any patients. We conducted random spot checks on one ambulance and inspected cleanliness, infection control practices and stock levels of equipment and supplies.

We looked at four patient records and reviewed other documentation including policies, staff records, training records and call log sheets.

The CQC has not completed any special reviews or investigations of this service.

Activity (September 2016 to September 2017)

We requested information in relation to the number of patient transport journeys undertaken from the period of January 2017 to January 2018. The provider informed us that from June 2017 to December 2017, there had been 1087 patient journeys.

Track record on safety:

- No never events.
- No serious clinical incidents or serious injuries.
- No complaints.

Patient transport services (PTS)

Summary of findings

Are patient transport services safe?

We found the following areas of good practice:

- Staff were knowledgeable about reporting incidents.
- Reliable safeguarding systems were in place, to protect adults, children and young people from avoidable harm.
- Staff were aware of the requirement to notify the CQC when there was an allegation of abuse concerning a person using the service.
- The ambulance and the station were visibly clean and staff followed infection control procedures. Staff used hand sanitiser gel in clinical areas to maintain good hand hygiene and used personal protective equipment.
- Systems were in place to ensure ambulances were well maintained with equipment to meet the needs of patients.
- Systems were in place to identify, assess and manage patients whose condition deteriorated.

However,

- System and processes were not in place to implement the statutory obligations of duty of candour.
- Records confirmed staff were not up to date with all aspects of mandatory training.
- Deep cleaning records were not provided and audits did not take place, to ensure the patient transport drivers had the correct cleaning equipment at home and was following the correct infection control processes when deep cleaning their vehicle at their residential address.

Incidents

- The service had an accident and incident reporting policy. The policy described how accidents and incidents should be reported. It made reference to a company incident reporting form and that all incidents were to be reported immediately.
- Staff recorded the incidents via a paper record. However, the ambulance we inspected did not contain accident and incident reporting forms. From June 2016 to December 2017, the service had recorded two vehicle accidents, there had been no clinical incidents or near misses.
- The provider informed us they would share any lessons learnt following incidents with the wider staff team.

Patient transport services (PTS)

- Staff we spoke with were able to describe the procedures for reporting incidents. They stated they were confident to report any accidents, incidents or near misses. Staff who worked remotely told us they would speak with the driver manager.
- The service reported that there were no never events in the last 12 months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Vehicle accidents and equipment defects were recorded on a separate defect report. We saw examples of minor accidents, which managers had discussed with staff. A vehicle audit was completed every four weeks, where defects had been recorded. About 12 to 15 defects were recorded in a year.
- The service had a duty of candour policy (2016). Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for a registered person to ensure staff act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. Staff did not receive training in duty of candour.
- Despite their lack of training, the provider told us staff would be open and honest with people if things went wrong and would immediately seek support if a patient experienced avoidable harm.
- The duty of candour principles are only applicable if care and treatment has led to moderate or severe patient harm. There were no incidents reported by the service during the last 12 months that had resulted in moderate or above patient harm that would trigger the duty of candour process.

Cleanliness, infection control and hygiene

- The ambulance we looked at was uncluttered and visibly clean. The ambulance station was tidy and well organised. There was no excess equipment so the areas were not cluttered, making them easy to clean.
- There was an infection control policy in place. Crews were required to ensure their vehicle was fit for purpose, before, during and after they had transported a patient. Decontamination cleaning wipes were available on the ambulance and we were informed that staff cleaned surfaces, seats and equipment after each patient use.
- The crew assigned to the ambulance each day completed the day to day cleaning of the vehicle. We found the daily cleaning sheet record on the ambulance had been completed consistently and these day to day cleaning standards had been audited. The staff team informed us that vehicles were taken to a local valeting centre to deal with unforeseen vehicle soiling.
- The provider informed us that all deep cleaning of the vehicle was done at a patient transport driver's home. Deep cleaning records were not provided and audits did not take place. The provider needed to ensure the patient transport drivers had the correct cleaning equipment at home and was were following the correct infection control processes when deep cleaning their vehicle at their residential address.
- Staff followed infection control procedures, including washing their hands and using hand sanitiser gel after patient contact.
- Hand washing facilities were available at the ambulance station.
- There were arrangements with the local hospitals for disposing of used linen and restocking with clean linen.
- The service followed operational procedures in relation to infection control. Staff told us that if a patient was known to be carrying an infection, they were not transported with another patient. The ambulance would be cleaned afterwards in accordance with infection control policy and procedures.
- Staff had access to personal protective equipment such as gloves and aprons to reduce the risk of the spread of infection between staff and patients. Crews carried a spill kit on their ambulances to manage any small bodily fluid spillages such as blood or urine, and reduce the cross infection risk to other patients.
- Staff did not routinely have to manage clinical waste. However, clinical waste bags were carried on the ambulance and full bags were disposed of at the hospital. The ambulance station had facilities for depositing and disposing of clinical waste through an external contractor.

- Staff were provided with sufficient uniforms, which ensured they could change during a shift if necessary.Staff were responsible for cleaning their own uniforms, unless it had been heavily contaminated and was disposed of as clinical waste.

Environment and equipment

- The premises were clean and tidy with adequate space to safely store the ambulances. In addition, the unit had a suitable office space for taking bookings and there were facilities for staff, cleaning and separate storage areas.
- The key for the ambulance was kept with the driver as they took the vehicle home after the end of a shift. There was secure access to the building and within that to the offices.
- Managers told us that all drivers had their driving licence and eligibility to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency. We saw evidence of these checks. Ambulances were covered by a current Department for Transport safety test certificate as required and a central log was kept at the station. Managers also ensured the ambulance vehicle was covered by a first Department for Transport safety test certificate after one year as required in law. Records showed that drivers had the correct licence category, Category B for the weight of the ambulances driven.
- Transcare Services UK Ltd had one ambulance for the transport of patients. Systems were in place to ensure that the ambulance was maintained, serviced, cleaned, insured and taxed appropriately. The service maintained a contract with an auto recovery service to support any ambulance breakdowns. Alternative transport was arranged or NHS ambulance services were called to transport the patient in the event of a vehicle breaking down.
- Where the ambulance was off road awaiting repair, this was clearly displayed on the ambulance to prevent staff from using the ambulance. Ambulance defect report forms were provided on the ambulance, which included a description of the fault or defect, action taken to resolve, and further action required. Staff informed us they reported any defects directly to the managers. We saw completed records during our inspection.
- There was a system for reporting equipment defects and staff had received appropriate training to use equipment safely. The ambulance had an on-board wheelchair available for patient use. These were secured with fasteners. Equipment had been safety tested; stickers showed when the equipment was next due for testing and records were available to support their suitability for use. The seatbelts and trolley straps were in working order in the ambulance we checked.
- The ambulance was not equipped with a tracking device. A mobile phone was provided in the ambulance where staff received messages from the driver manager.
- The ambulance was fully equipped, with disposable single use equipment which was stored appropriately and in-date.

Medicines

- Emergency medicines were not carried on the patient transport service ambulance and patient transport service staff did not administer medicines. Patients or their accompanying carers were responsible for administering their own medicines whilst in transit.Patient transport staff would ensure medicines provided by the hospital for patients to take home would be stored securely in a bag on the ambulance.
- Oxygen cylinders were carried on vehicles. An appropriate health care professional had to prescribe the oxygen so staff could administer it or the patient had to have a home oxygen order form in place. We saw completed documentation when staff had administered oxygen to patients and all staff had received training in how to administer oxygen.
- Medical gases were managed properly. The service kept medical gas cylinders in a locked cage in a location outside the office area. Storage of medical gases was secure and there were signs to alert staff and visitors to the flammable nature of the gases. Full and empty cylinders were appropriately segregated.
- Oxygen cylinders were appropriately stored on the ambulance. Oxygen stock was replaced frequently by a medical gas company.

Records

- Patient transport drivers received work sheets at the start of a shift which included the basic details of the

journey to be completed. We looked at four records and these included collection times and addresses. Patient specific information such as relevant medical conditions, mobility and if an escort was travelling with the patient, patient's health and circumstances were assessed by the NHS hospital trust and this information was given to patient transport drivers during the handover process.

- A records management policy was in place.
- The local NHS hospital trust provided ambulance crews with patient details such as 'do not attempt cardio pulmonary resuscitation' (DNACPR) information and any special notes or instructions, which stayed with the patient. The booking process meant people's individual needs were identified and took into account the level of support required, the person's family circumstances and communication needs.
- Patient information was stored in the driver's cab out of sight, respecting patient confidentiality.
- Records were held securely in the station office. Storage was in locked filing cabinets and through password protected computer systems.
- Staff personnel files were stored on site in locked filing cabinets. We were told only the administration staff and managers had access to these files to ensure the confidentiality of staff members was respected.

Safeguarding

- Reliable systems, processes and practices were in place to protect adults, children and young people from avoidable harm and abuse. The service had appointed the driver manager as the safeguarding lead for vulnerable adults and children and all safeguarding concerns were reported to them. There were safeguarding alert forms available for staff to complete to record safeguarding concerns, which were handed to the driver manager.
- The safeguarding lead was aware of their responsibility in making a safeguarding alert to the responsible local authority safeguarding team and aware of the legal requirement to notify the CQC.
- We checked the files of the three staff employed by this provider. None had completed level two safeguarding training. This was highlighted as a concern at the time of inspection. The provider informed us safeguarding training was in the process of being booked for staff. All three members of staff were not left unaccompanied and always worked as part of a double crew.
- There was a safeguarding policy in place. The policy informed staff of what to do if they suspected a child or adult at risk of abuse.

Mandatory training

- The service had a mandatory training programme. Mandatory training was delivered through face to face training. Training consisted of primary care attendant training which included, training in patient handling, basic life support and infection control training. We found that all staff had completed mandatory training with the exception of infection control training.
- Patient transport services staff who drove the ambulances completed an in-house driving assessment on commencement of employment and would undertake a further assessment once they felt confident to transport patients.
- Senior management were able to review records to see the training staff had completed and when training was due for renewal. They were aware that staff were due training in duty of candour, safeguarding and infection control.

Assessing and responding to patient risk

- Patient transport service staff requested detailed information on risks posed when transporting patients at the time of the booking. Basic risk assessment screening questions were asked at this time.
- When transporting patients, patient transport service staff would use their first aid knowledge to assess if a patient's condition was deteriorating which was also covered in their basic life support training. Staff had the skills and were knowledgeable on escalation processes to ensure the safety of patients.
- If patient transport service staff required clinical advice they would divert to a hospital. There was an escalation process in place for the management of deteriorating patients. Staff informed us they would stop the vehicle as soon as it was safe to do so, call the driver manager

for advice and inform the organisation where the patient was collected from. They would then support the patient until help arrived from 999 emergency services.

Staffing

- The service employed three patient transport service drivers and a driver manager.
- The driver manager led the service with the support of the two directors. All three members of patient transport staff employed were permanent employees.
- The driver manager maintained a log of all planned shifts on a weekly basis. This enabled the provider to keep accurate staffing records for employee costs and plan shift rotas in advance to provide effective staff cover. It also ensured that staff attended patients who had the correct skills and training.
- At the time of our inspection, the driver manager explained they had very few issues with staff sickness or retention, due to the casual nature of the work. The driver manager always built capacity into the shift rotas based on the contract demand to allow for any sickness absence and ensure staff cover was in place at all times.
- There was a process in place for the ambulance crews out of hours and in case of emergencies. They had a direct number to the driver manager. Staff we spoke with knew how to escalate concerns when working out of hours.

Response to major incidents

- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services and would generally include the involvement, either directly or indirectly, of large numbers of people.
- As an independent ambulance service, the provider was not part of the NHS major incident planning. However management staff informed us they would be utilised to transport patients home if the NHS hospital trust had a major incident.
- The provider assessed that current means of communication for instance mobile phones, land lines and other telecommunication was robust enough to allow partner agencies to make contact during a major incident.
- The provider also used their own business continuity plan to manage major incidents.

Are patient transport services effective?

We found the following areas of good practice:

- The service had systems and processes to monitor how the service was performing.
- Systems were in place for the planning of patient journeys and the care patients required.
- Policies were accessible as a hard copy for staff to readily access and on the computer system.

Evidence-based care and treatment

- The service had a set of up to date evidence based policies and procedures in place. They were used to guide staff in their daily work. Policies were accessible as a hard copy for staff to readily access and on the computer system.
- The policies and procedures referred to best practice guidance including from the Department of Health and the Joint Royal Colleges Ambulance Liaison Committee.
- The NHS ambulance trust set or assessed patient's eligibility to travel on patient transport in line with the guidelines in the Department of Health 'Eligibility criteria for patient transport services' document. The eligibility criteria were set nationally and it was the responsibility of the providers booking patient transport to make sure it was used for patients who met the criteria which Transcare Services UK Ltd complied with.

Assessment and planning of care

- The patient transport service provided non-emergency transport for patients who required transferring between hospitals, transfers home or to another place of care. During the booking process, basic journey information was gained regarding the collection address and discharge destination.
- Patient transport staff did not transport a patient if they felt they were not equipped to do so, or the patient needed more specialist care. Patient transport service staff were not clinically trained, but did seek advice from clinical staff at the hospital as necessary or the manager

on call for the service. If a patient was observed or assessed as not well enough to travel or be discharged from hospital, patient transport service staff made the decision not to take them.

- Where necessary, health professionals accompanied patients on the journey to or between hospitals to ensure they were transported safely and according to their individual needs.
- If distance or rural journeys were scheduled, the journey would be pre-planned with stops for toileting, refreshment food and drink. The ambulance held bottled water to provide for patients as required during a journey.

Response times and patient outcomes

- From June to December 2017, there had been 1078 patient journeys. The journeys were categorised as a mixture of planned and 'same day' bookings. The level of activity was increasing each month and managers reviewed data in relation to themes and trends to ensure the correct level of provision was provided. The provider did not have any formal performance targets to meet, however they informally monitored response times on a daily basis.
- Staff called the driver manager to report any difficulties, so the manager was always aware of any issues that may be causing delays.
- When booking staff recognised that the service did not have the staff capacity or the ambulance at the correct location to accept a job, they would refuse it and could suggest the referrer contact the local NHS ambulance service or other providers. The provider told us this rarely happened.

Competent staff

- All new PTS staff were required to undertake a set induction programme plus a workbook that refreshed and tested knowledge on safeguarding, manual handling, infection control and health and safety. Personnel files showed staff had completed the induction training. One staff member was in the process of completing the induction programme.
- During the induction process, staff accompanied a two-person crew for three days to observe and learn.If a new member of staff felt they wanted a longer period of being the third crew member, this was at the discretion of the manager. Staff were observed during the induction process for a four week period and at the end completed a formal review with the driver manager.
- All staff were required to complete an in-house driving assessment on commencement of employment which was carried out by the by the driver manager. This included an observation of their driving skills. However, the service had no arrangements in place for ongoing checks for driver competence, such as spot checks or observations by a driving assessor, who had not undertaken a training course. The management team told us if they had a concern about the standard of a crew member's driving they would address any poor practice. Any additional staff training or refresher training may then be identified.
- Appraisals had not been carried out for the four members of staff for 2015 to 2016. This was discussed with the driver manager and they informed they would introduce an appraisals process for all for staff.

Coordination with other providers and multidisciplinary working

- Staff at the local NHS hospital trust reported effective working relationships with patient transport service staff. They provided a testimonial regarding the service provided by Transcare Services UK Ltd. They informed us that service delivery had improved since Transcare Services UK Ltd took over the provision. They informed us that patient satisfaction, particularly in regards to waiting times had improved. We observed effective co-operation between different providers to coordinate patients' transport around their care, treatment and discharge.

Access to information

- Information was obtained from hospital staff and entered onto the patient journey forms. These included collection times and addresses.
- A 'live' satellite navigation system was provided to ensure the ambulance was reaching jobs as requested. Staff confirmed this was an effective system and acted as a safety mechanism.
- Feedback from the hospital was that handovers between the patient transport service staff and hospital staff were detailed, professional and appropriate. The

management team reported they had effective working relationships with the hospital staff as they generally visited the same wards and departments on a regular basis.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a policy in place covering the Mental Capacity Act and we saw evidence to suggest that staff had read and understood the policy. We were also assured that staff knew when to complete a mental capacity assessment.
- Verbal consent to treatment was recorded on patient record forms. If patients lacked capacity they were accompanied by a health professional during the journey.

Are patient transport services caring?

Compassionate Care

- We did not observe any direct patient care as we did not travel with the crews during this inspection. However, we received 14 comment cards from patients who had used the service.
- All 14 comment cards told us the staff were sensitive and kind and they received a good service. They particularly noted how staff had spoken with them, explaining what was happening at each stage of the journey.
- From discussion with staff they took the necessary time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff described how they maintained patients' privacy and dignity.
- We did not see any evidence of dissatisfaction with the service from the comment cards we received.
- Wherever possible vulnerable patients, such as those living with dementia or a disability, could have a relative or carer with them while being transported.
- All staff we spoke with were passionate about their roles and were dedicated in providing excellent care to patients.

Understanding and involvement of patients and those close to them

- Patients were involved in decisions about their care and treatment. Patient transport service staff gave clear explanations of what they were going to do with patients and the reasons for it. Staff told us they checked with patients to ensure they understood and agreed.
- All 14 comment cards we received, described having confidence in the staff providing their care.
- Staff provided clear information to patients about their journey and informed them of any delays.

Emotional support

- Staff understood the need to support family or other patients should a patient become unwell during a journey.

Are patient transport services responsive to people's needs?

We found the following areas of good practice:

- The service took account of the particular needs of patients and ensured flexibility, choice and continuity of care.
- The service had a system for handling, managing and monitoring complaints and concerns.
- Staff knew how to advise a patient if they wished to make a complaint.

Service planning and delivery to meet the needs of local people

- The main service was a patient transport service which provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, renal dialysis patients, outpatient clinics, being discharged from hospital wards or referrals from care homes and private individuals.
- The service had two core elements, pre-planned patient transport services, and 'ad hoc' on the day services to meet the needs of patients. Most bookings were on the day bookings. Workloads were planned around this.

Patient transport services (PTS)

- Patient transport services were provided for a local NHS acute hospital trust and an ambulance trust and the provider had recently secured a third contract. The service supported them to meet demand by having regular telephone conversations.
- The managers managed all bookings from 7am to 4pm and then an on-call system was provided for crews. Patient transport services crews worked from 12noon to 8pm and could be on standby if required. All jobs were allocated a week in advance to staff where possible.

Meeting people's individual needs

- Patient transport service staff ensured patients were not left at home without being safe and supported. Some patients were discharged from hospital and had a package of care to be arranged at home. If the support person or team had not arrived when the patient came home, patient transport service staff called the hospital to find out where they were. Staff told us that patients would not be left alone until either the care team arrived, or the patient was safe in the care of their family or carer.
- Staff told us that, at the time of booking, the question was asked if the patient required a relative or carer to support them. Staff told us this service was put in place to meet the patient's individual needs and level of risk. This ensured that an appropriate ambulance was allocated to ensure seating arrangements were suitable.
- The ambulance had equipment to support larger patients. Staff confirmed they were competent to use this equipment, which was generally planned in advance so staff were aware of the patient's needs.
- If long journeys were scheduled, the journey would be pre-planned with stops for toileting and refreshments. The ambulance held bottled water to provide for patients as required during a journey.

Access and flow

- Patients could access their care in a timely way. The provider was able to ensure that resources were where they needed to be at the time required. From taking a booking to providing the ambulance service, the provider informed us that they aimed to be there within the hour. Although this was not a formal performance target set by the local NHS trusts they were providing services to, Transcare Services UK Ltd met this internal target all the time, though no formal monitoring took place.
- Timings were monitored by the commercial manager. If a journey was running late, the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.
- Patient transport requests were received on an intermittent rather than a contractual basis and the service responded at short notice. Long journeys or night transfers were required to be pre-planned.

Learning from complaints and concerns

- Staff knew how to advise a patient if they wished to complain and written information of how to make a complaint was present on the ambulance.
- The service had a system for handling, managing and monitoring complaints and concerns and outlined the process for dealing with complaints initially by local resolution and informally. Where this did not lead to a resolution, complainants were given a letter of acknowledgement within two days followed by a final response within one working week.
- The service had not received any complaints from patients within the last 12 months.

Are patient transport services well-led?

We found the following areas of good practice:

- Managers we spoke with had a good understanding of the commercial aspect of patient transport services.
- Patients could access their care in a timely way. The provider was able to ensure that resources were where they needed to be at the time required.

However:

- Team meetings did not regularly take place.

Leadership / culture of service

Patient transport services (PTS)

- The leadership team consisted of two managing directors, a commercial manager, a driver manager and three patient transport staff. The managers looked after the welfare of the staff and were responsible for the planning of the day to day work.
- Staff told us that team meetings were not held, mainly due the challenge of getting a staff team together. They usually met individually with the driver manager if needed. There were limited opportunities for staff engagement and to make suggestions on how the organisation could improve the services.
- The driver manager told us learning was cascaded to staff. Noticeboards in the ambulance station displayed staff briefings, education updates, alerts regarding equipment and information on staff wellbeing.
- Staff told us that all the managers were supportive and approachable.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues.

Vision and strategy for this this core service

- The management team and staff spoken with told us their priority was to provide the best possible service to patients across the country.
- The management team we spoke with had a good understanding of the commercial aspect of patient transport services, ensuring they remained competitive. This was demonstrated by the service trying to secure new contracts.

Governance, risk management and quality measurement

- The service had some assurance through the audits that had taken place that risks were being tracked, managed or mitigated. For example, the audits regarding infection control and day to day vehicle cleaning. However, no other formal audits had taken place for other areas.
- We were provided with the business continuity plan which also served as a risk register. This outlined ten risks including severe weather conditions, staff shortages and vehicles being out of service. Some action points were identified under each of these, and the document described risk assessment to further support these.
- There had been two operational meetings in October and November 2017 to discuss the running of the organisation.
- Recruitment systems showed that pre-employment checks for patient transport service staff were in place prior to undertaking employment. Proof of identification and enhanced Disclosure and Barring Service (DBS) checks were recorded in staff files.
- Fit and proper persons assessments were in place. There were two directors at the time of the inspection, one was the regulated manager that had been through the appropriate checks with regards qualifications, competence, skills, experience, employment history and physical or mental health conditions. The other director established the original in 1972. The commercial manager was in the process of replacing the regulated manager with an application underway for the regulated manager position and would have to fulfil the fit and proper interview along with a full DBS that had been completed and certificated.
- A written diarised rostering system was used to plan shifts and ensure staff adhered to the European working time directive. Shortfalls in cover were shown on this system and staff could request to work additional shifts. The diarised rostering tracked sickness and holidays. If a short notice booking was received, the service would not accept it if they could not supply two staff. We were informed that staff were allocated time for rest and meal breaks by the registered manager.

Public and staff engagement

- The provider informed us they completed annual patient surveys. In January 2018, 17 patients were surveyed over 14 days. Very positive results were achieved with patients informing they were satisfied with the service.
- Staff were able to access information such as duty rotas, policies and procedures electronically.

Innovation, improvement and sustainability

Patient transport services (PTS)

- There was genuine positivity about the future of the service with a desire for the service to expand.
- Senior managers considered the sustainability of the service during contract negotiations.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure staff receive the appropriate training, including safeguarding, to enable them to carry out the duties they are employed to perform, that is relevant and at a suitable level for their role, updated at appropriate intervals.
- The provider must implement an effective appraisal process.
- The provider must introduce deep cleaning records and audit deep cleaning processes.

Action the hospital SHOULD take to improve

- The provider should consider providing staff with training in duty of candour.
- The provider should consider introducing team meetings.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not keep deep cleaning records or undertake audits in relation to the deep cleaning of vehicles.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider had not ensured staff had received appropriate training (including safeguarding) and appraisal, to enable them to carry out the duties they are employed to perform that is relevant and at a suitable level for their role. **This was breach of regulation** Regulation 18 (2)(a)