

Health Transportation Group (UK) Limited

HTG (UK) Limited

Inspection report

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

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills, however not all staff had completed it.
- The service monitored agreed response times so that they could facilitate good outcomes for patients, however they did not always meet them.
- The service did not always make sure staff were competent for their roles.
- Patients could not always access the service when they needed it, in line with national standards.
- Leaders did not always operate effective governance processes to fully assess, monitor and improve the quality and safety of the service.

However:

- The service had enough staff to care for patients and keep them safe. Staff 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 provided care and treatment based on national guidance and evidence-based practice.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment.
- The service took account of patients' individual needs and made it easy for people to give feedback.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff felt respected, supported and valued.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Requires Improvement



Summary of each main service

Our rating of this service stayed the same. We rated it as requires improvement. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to HTG (UK) Limited

HTG (UK) Limited, which was formerly registered with the CQC as Thames Ambulance service, is operated by Health Transportation Group (UK) Limited.

The service provides a non-emergency patient transport service from the Canvey Island, Essex, Location and several satellite sites. The service transports patients from hospital to home or other care providers. The service also transports patients from home to outpatient appointments, renal dialysis units and chemotherapy units.

The service is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely.

The service provides transport to adult and children patients across Mid and South Essex. The service carried out 160,400 patient journeys from April 2022 to March 2023. Of these, 51,514 were renal dialysis patient journeys, 26,654 were patient hospital discharge and 82,086 were patient outpatient appointments. The service also completed 146 patient journeys with children during the reporting period.

The registered manager for this service had been in post since March 2023.

The service was previously inspected in May 2019 and was issued with a requirement notice and rated requires improvement.

How we carried out this inspection

We carried out a short notice announced comprehensive inspection of the service on the 28 March 2023. We spoke with 10 members of staff, reviewed patient transport booking records, staff training and personnel files, and policies and procedures for the service

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

The team that inspected the service comprised a CQC lead inspector and another CQC inspector.

The inspection team was overseen by Hazel Roberts, Deputy Director.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure safe recruitment practices are followed and that all staff have an appropriate Disclosure Barring Service (DBS) check, appropriate references, and appropriate employment checks. (Regulation 17(2)).
- The service must ensure they operate effective governance processes to fully assess, monitor and improve the quality and safety of the service. (Regulation 17(2))
- The service must ensure there is an effective system in place for managing and reviewing competency for staff delivering induction and training. (Regulation 18(2))
- The service must ensure to notify CQC whenever there is a change to their statement of purpose, within 28 days of making any changes. (Regulation 12(3) (Registration))

Action the service SHOULD take to improve:

- The service should ensure all staff complete mandatory training.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Patient transport services

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

Is the service safe?

Requires Improvement 

Our rating of safe stayed the same. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills, not all staff and had completed it.

Staff received and generally kept up-to-date with their mandatory training. The service set a 95% compliance target for all mandatory training. Staff based at Canvey Island location achieved 92% compliance overall. Staff at the two satellite locations achieved 98% and 99% compliance overall. There were 7 modules where the compliance target had not been met at Canvey Island location, which were basic life support (86%), autism and learning disabilities (93%) manual handling (74%), fire safety (92%), infection prevention and control (90%), and mental capacity, consent and DoLS (90%). Southend satellite site staff were non-compliant for autism and learning disabilities (83%).

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Information showed staff at Canvey Island Location had 96% compliance in dementia awareness and 98% in autism and learning disabilities training. Staff at the other two satellite locations achieved 100% compliance for dementia awareness. Staff compliance rate for autism and learning disabilities at the satellite sites was 100% and 88%.

Managers did not always monitor mandatory training and alert staff when they needed to update their training. During the inspection we saw that there were various out of date training modules. For example, BLS training required an annual refresher. However, 11 members of staff had out of date BLS training. In addition, 6 members of staff had not completed manual handling training in the last 2 years.

Managers told us that they had a training plan in place to bring all staff up to date with their mandatory training. This included the introduction of patient transport service (PTS) mentors to facilitate face to face training and increase the training compliance rate.

Patient transport services

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Recruitment and selection policy and employment checks to prompt safety were not always followed.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and vulnerable adults formed part of the mandatory training programme. All staff completed level 2 training for both adults and children safeguarding. This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018) and the Intercollegiate Document safeguarding children and young people: roles and competencies for healthcare staff (January 2019).

Compliance rate for safeguarding adults and children level 2 at the Canvey Island location was 95% and 100% at the two satellite sites.

The service had a named safeguarding lead who was trained to level 4 safeguarding adults and children. All staff we spoke with knew who the safeguarding lead was and how to contact them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were able to explain how to make a safeguarding referral, how to escalate this and were aware of the safeguarding leads in the organisation. Between February 2022 and March 2023, the service made 32 safeguarding referrals.

The service had up-to-date policies for safeguarding adults and children. The policy contained up to date contact details for the local authority and clear guidance on the process staff should follow if they suspect abuse or harm. Staff had access to the safeguarding policy.

Staff generally had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The service had a recruitment and selection policy and employment checks to prompt safety. However, this was not always fully implemented and embedded in practice. For example, staff did not always have Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

In April 2022, 30 members of staff were transferred from a different ambulance service to HTG. At the time of our inspection only 4 out of the 30 had valid DBS check in place. Of the remaining 26, 7 had DBS application process started. This was not in line with the service's policy for recruitment and DBS checks.

Following our inspection, the provider told us that all staff had an up-to-date DBS certificate.

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, vehicles and the premises visibly clean, however cleaning audits were not always completed.

All areas were clean and had suitable furnishings which were clean and well-maintained.

Patient transport services

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We viewed the vehicle cleanliness monthly audit from February 2022 to March 2023. The audit report had gaps which indicated that the audits were not always completed every month to monitor the vehicle cleanliness.

The service had an infection prevention and control regime in place which consisted of daily cleaning of the vehicles, internally and externally, by the ambulance crew. In addition, each vehicle would have a deep clean, internally and externally, every 12 weeks in the form of a service level agreement with an independent contractor.

We were told ambulances were cleaned by the crew after use, if there were bodily fluids spilled then a deep clean would take place.

The audit for Canvey Island location showed that there was no audit completed in March and September 2022. For the rest of the reporting period the audit showed that the location was compliant with the cleaning audit for the months of June, August, October and December 2022.

The audit for Chelmsford satellite location showed that there was no audit completed in June and September 2022. For the rest of the reporting period the location was compliant for the months of June, August, November, December 2022, January, February and March 2023.

The audit for Southend satellite location showed that there was no audit completed in December 2022. For the rest of the reporting period the location was compliant for the months of November 2022 and February 2023.

We raised with managers the high rates of non-compliance with the vehicle cleaning audits. They told us that due to the absence of a site manager at the Southend satellite location some of the audits were missing. We were also told the non-compliance issues were now being addressed and followed through using an action plan.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact.

Staff hand hygiene audits were completed monthly as part of the infection prevention and control internal audit. Audit results from February 2022 to March 2023 showed August, September and October showed full compliance with hand hygiene.

Infection Prevention and Control formed part of the mandatory training programme. Compliance rate at the Canvey Island location was 90% and at the satellite locations Chelmsford and Southend compliance was 98% and 100% respectively.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff carried out daily safety checks of specialist equipment. Equipment we examined in the 4 ambulances were in good working order and had up to date servicing. This included essential emergency equipment, such as the defibrillator and suction. Medical gases were stored securely and were within date.

Patient transport services

The service had enough suitable equipment to help them to safely care for patients, which included training equipment for in house staff training. This included a specialist stretcher which was automated to move in and out of the vehicle, ensuring patient safety and comfort.

Oxygen was securely stored on site in a separate locked storage facility. We observed that ambulances had equipment available for patients of different ages and sizes, including children.

Staff disposed of clinical waste safely. The service had a separate area to store clinical waste and sharps. We saw a local service agreement with a specialist company to remove and dispose of clinical waste and sharps.

The service employed an external contractor to carry out electrical systems maintenance, fire safety assessments and portable appliance testing.

Fire safety equipment was fit for purpose and in date. This included fire extinguishers, alarm system and emergency lighting.

The service had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. The staff were provided with guidance documents which were kept on each vehicle which detailed clearly how to manage any deterioration.

All patient referrals were made through the call centre in Lincoln. This process included a risk assessment to ensure safety was maintained and included information such as mobility requirement and any infectious diseases. Ambulance care assistants completed risk assessments for each patient using the information loaded to their mobile device by the call centre staff.

Ambulance care assistants were empowered to complete their own dynamic risk assessment at any stage of the patient journey and were able to escalate where appropriate.

Staff shared key information to keep patients safe when handing over their care to others, including family members, hospital and care home staff.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, staff a full induction. The service did not always follow their recruitment policy.

The service had enough staff to keep patients safe. Managers could adjust staffing levels daily according to the needs of patients. Managers made sure all staff had a full induction and understood the service.

Patient transport services

At the time of our inspection the service had 172.98 whole time equivalent (WTE) staff against a staff requirement of 208.5 WTE. Managers told us that they used a pool of bank staff to cover any vacancy. The service also had a line of recruitment underway. During our inspection we saw the required numbers of staff were available to transport and care for patients safely. Planned and actual staffing levels were reviewed daily.

The service had a recruitment policy that set out the standards it followed when recruiting staff. As part of our inspection, we reviewed staff employment files. Most records we reviewed contained evidence that recruitment checks were undertaken prior to employment. These included proofs of identification, references and with the appropriate criminal records checks through the Disclosure and Barring Service (DBS). However, 26 members of who were transferred from another service in April 2022, did not have an up-to-date DBS check completed. This was not in line with the service's recruitment policy.

Managers told us that all drivers had their driving licence and availability to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency. We saw evidence that the provider checked staff driving licence regularly.

The service did not use agency staff to cover any vacant shifts. The service utilised bank staff to cover any sickness or vacancy.

The service had sickness rates of between 2% and 8.6% between April 2022 and March 2023 against a target of 4.5%. Managers reported to the Integrated Care Board (ICB) as agreed within their contract on staffing sickness and vacancy rates.

Managers made sure all bank staff had a full induction and understood the service.

Records

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

Patient notes were comprehensive and all staff could access them easily. Ambulance care assistants had access to patient notes on mobile devices and included patient risks such as poor mobility or travel sickness before collecting any patient.

We reviewed 6 patient records on the provider's computer system and found accurate documentation which included an assessment by control room staff and further consideration by ambulance care assistants.

Records were stored securely; all mobile devices were password protected. Patient notes were updated by ambulance care assistants and downloaded to their patient record through the mobile device.

Medicines

The service did not store or administer medicines, however it used medical gases.

The service did not store, prescribe or administer any medicines. Where patients were transported with their own medicines, these remained the responsibility of the individual and stayed on their person or in their bag.

Patient transport services

The service carried medical gases, such as oxygen to support patients that were prescribed medical gases. There was a policy in place to provide guidance for the safe transportation of medical gases. In the vehicles that we inspected we found that oxygen cylinders were stored in a safe and secure manner.

Spare oxygen cylinders were stored appropriately in a storage room with good ventilation. The cylinders were kept in a cage which was locked and appropriate signage in place.

Managers told us all ambulance care assistants completed medical gases training at induction. The training matrix provided by the service showed that all staff had completed their induction at the start of their employment.

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.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff were aware of their responsibilities in raising concerns, recording safety incidents, and near misses. Staff were able to give us examples that if there were any incidents, they would phone the office to inform management and would fill out a reporting incident form. Staff we spoke with told us that incidents and further information was disseminated down to the front-line staff.

Ambulance care assistants received feedback from investigation of incidents, both internal and external to the service.

Incidents were discussed at meetings and managers communicated themes and learning from other areas. Learning from incidents was communicated to staff by emails and posters on notice boards.

Between February 2022 and March 2023, the service reported a total of 327 incidents. Of these 70 were clinical incidents and 257 were non-clinical. All incidents were rated according to the level of harm.

Is the service effective?

Our rating of effective stayed the same. We rated it as 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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff could access policies and procedures remotely via the service's electronic management system. We reviewed a sample of policies including the Incident reporting, deteriorating patient, safe use of oxygen, complaints, and recruitment. Policies were generally comprehensive and in date. Policies and forms were also printed and available in vehicle packs.

Patient transport services

Control room staff assessed every referral to check patient eligibility for the service and described awareness of eligibility criteria for patient transport service to ensure they transported appropriate patients.

Ambulance care assistants were made aware of any patient specific needs such as mental health or disability by reviewing notes on their mobile device. Ambulance care assistants also received a handover when collecting patients from hospitals or care homes.

Nutrition and hydration

Patients had access to water during the journeys.

Staff told us that they planned all journeys to account for patient's hydration, nutrition and toileting needs. Ambulance care assistants ensured that patients with long journeys had been to the toilet before leaving.

Patients had access to water on vehicles if required.

Response times

The service monitored agreed response times so that they could facilitate good outcomes for patients, however they did not always meet them. They used the findings to help make improvements.

The service monitored their performance against Key Performance Indicators (KPI) that were agreed under their contract with the Integrated Care Board (ICB).

Information provided following the inspection showed that the service completed 148,826 patient transport journeys from April 2022 to February 2023.

The Key Performance Indicator (KPI) as set by the ICB who commission the service has not been met in the last 12 months for any of the performance measures.

The KPI for patients to arrive at their dialysis appointment was up to 30 minutes before their appointment time. Information provided by the service showed from April 2022 and March 2023 on average 66.5% of patients arrived on time against a target of 85%.

The KPI for patients to arrive at their outpatient appointment was up to 60 minutes before appointment time. Data from April 2022 and March 2023 showed on average 67.6% of patients arrived on time against a target of 85%.

The KPI for patients to be collected for planned hospital discharge was within 120 minutes. Data from April 2022 and March 2023 showed on average 62.8% of patients were collected on time against a target of 85%.

The KPI for patients to be collected from outpatient appointments was within 45 minutes of their completed appointment. Information provided by the service following our inspection covering December 2022 to February 2023 showed that on average 54.31% of patients were collected within time against a target of 85%.

The service collected end of life patients from all areas of local hospitals including emergency departments and dialysis units. Data from February 2023 showed 39 end of life (fast track discharges) journeys were completed within KPI. However, 35 end of life patients waiting times ranged between 15 minutes to 2 hours.

Patient transport services

During our inspection we reviewed data and information which demonstrated that response times were being closely monitored and an improvement plan with a trajectory was in place. This was regularly monitored by the senior service leaders and through monthly oversight meetings with the ICB.

Competent staff

The service did not always make sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Ambulance care assistants were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Ambulance care assistants received appropriate training for their roles.

Managers gave all new staff a full induction tailored to their role before they started work. Ambulance care assistants completed a structured induction plan including classroom learning and driving assessments. New call centre staff completed a detailed induction programme that included scenarios, job shadowing of existing colleagues and spent time with ambulance care assistants. All new ambulance care assistants had regular probation reviews and were supported by a peer mentor.

The service had a provider level clinical educator which supported local staff who performed the role of trainer/educator. Information provided by the service showed that the previous trainer who was in post until October 2022, had several of their mandatory training modules that were out of date for several years. For example, basic life support refresher training was due for an update in November 2019; manual handling was due in July 2019 and safeguarding adults level 2 was due July 2020.

The current trainer was in their role since October 2022. However, they only completed their Quallsafe First Response Emergency Care (Level 3 RQF) on the 24 March 2023. Therefore, we were not assured that the service fully monitored competency of trainers to ensure that they were qualified to support the learning and development needs of other staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. Information provided by the service following our inspection confirmed appraisal rates of 91% at the Canvey Island location, 96% at the Chelmsford satellite site and 86% at the Southend satellite site. This was against an organisational compliance target of 95%.

The service found it difficult to arrange full staff meetings due to differing shift patterns and potential negative impact on patients. Staff representatives met with senior staff at regular intervals and records were shared with all staff. Senior managers made sure staff received key messages by different methods to provide updates such as newsletters, posters in the staffroom and email.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The service had peer mentors in place to support ambulance care assistance to develop their skills and knowledge.

Managers identified poor staff performance promptly and supported staff to improve. Managers described an emphasis on informal conversations where appropriate with a clear guideline and process for formal performance management supported by the HR team.

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.

Patient transport services

Ambulance care assistants worked with local hospitals, care homes and other agencies to discuss incidents and improve patient care. Ambulance care assistants were made aware of any patient requirements or other important information such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

The service employed a patient transport liaison officer at the local NHS acute hospitals to provide support with transport bookings and to improve the patient discharge process through communication with ward staff.

The service held monthly review meetings with local NHS hospitals and were keen to strengthen their relationship to learn from incidents and improve the patient experience.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff we spoke with understood how and when to assess whether a patient had the capacity to make decisions about their care. The service provided consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

Ambulance care assistants gained consent from patients for their transport in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff told us most patients with advanced dementia or learning disability were often supported by family members or carers.

Ambulance care assistants training compliance for combined consent, Mental Capacity Act and DoLS was 94% at Canvey Island location and 100% at Chelmsford and Southend satellite sites.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Ambulance care assistants were discreet and responsive when caring for patients. Staff told us that they ensured patients were adequately dressed before starting journeys and patient transport vehicles were equipped with blankets to maintain patient dignity if required.

Staff took time to interact with patients and those close to them in a respectful and considerate way. One renal patient told us that staff were kind and compassionate.

Patient transport services

Ambulance care assistants followed policy to keep patient care and treatment confidential. Patient information was stored on mobile handheld devices that were password protected. No patient records were used during the transfer process.

The provider actively requested feedback from patients to measure and improve their service. Information we reviewed following our inspection showed between February 2022 and March 2023 there were 942 friends and family test results submitted. 52.4% of the respondents felt that they were safe and cared for. While 52% stated that staff were courteous and caring.

Ambulance care assistants demonstrated awareness of how to challenge any inappropriate behaviour and would raise an incident for managers to investigate and consider appropriate action to take.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us that staff were very kind, even when they expressed frustration towards them.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The service ensured that ambulance care assistants received training on end of life care in order to support patients that were being discharged from hospital for end of life care in the community.

Staff we spoke with had patients wellbeing and best interests at heart and understood they could be transferring patients for treatment that was challenging or upsetting. They stressed the importance of treating patients as individuals with different needs.

Understanding and involvement of patients and those close to them

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

Staff told us they spoke with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Senior managers closely monitored patient feedback and contacted patients who responded with any unsatisfactory feedback to make improvements.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Patient transport services

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. It also worked with others in the wider system and local organisations to plan care.

The service provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. This included patients attending hospital admissions, outpatient clinics, hospital discharge or those requiring treatments such as chemotherapy or renal dialysis.

Managers planned and organised services so they met the changing needs of the local population. Journeys for regular patients were planned to meet the contract with the Integrated Care Board (ICB). In addition, the service accepted short notice transport bookings from local NHS hospitals to facilitate patient discharges. This resulted in patient transport vehicle journeys being recalculated throughout each day, minimising impacts on patients where possible.

Ambulance care assistants followed the process for cancelling journeys if patients were not at home but reported this to control and attempted telephone contact with the patient before cancelling.

Facilities and premises were appropriate for the services being delivered. The main site was in Canvey Island, the call centre was in Lincoln and satellite sites in Chelmsford, Southend, Barking and Orsett Hospital.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Ambulance care assistants were aware of the provider's policy on meeting the information and communication needs of patients with a disability or sensory loss for care funded by NHS. Any patient communication or disability information was recorded in patient notes. Patients could be accompanied by a family member or carer to support them.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. Ambulance care assistants had access to interpreter services and call centre staff arranged this for pre-booked journeys. Ambulance care assistants could access interpreter services.

The service provided staff with dementia and autism and learning disability awareness training as part of the mandatory training modules.

Access and flow

Patients could not always access the service when they needed it, however the service monitored and rescheduled journeys to meet patient needs.

Managers monitored waiting times but could not ensure patients could access services when needed and often did not receive transport within agreed timeframes. Senior managers reviewed the service performance against Key Performance Indicators (KPI) with the local Integrated Care Board (ICB). This included concerns related to delays in patients arriving for and being collected after treatment.

Patient transport services

The service provided transport for all areas of local NHS hospitals, including emergency departments. We reviewed information that we requested following our inspection in relation to patient delays. In February 2023, the service met the KPI of arriving in time for renal dialysis appointments for 69.4% of patients. The figure for the same period for outpatient appointments was 70.2%

Staff and managers worked hard to reduce delays for patients. This included reviewing the staff rota and changes were made for the rotas to cover the periods of demand which included spreading the workforce more evenly so that there were more evening and weekend cover. In addition, the senior managers attend daily touchpoints with senior hospital site teams and the ICB to understand current system pressures and implement changes wherever possible.

Control room staff proactively contacted patients to advise them of delays and rescheduled patient journeys to be more efficient where possible and reduce impact on patients.

Data provided following the inspection showed that there were 4690 journeys cancelled in January 2023 and 3995 in February 2023. The main reason for cancellations were cancelled appointments by hospitals (1647 January and 1135 February). However, 320 journeys in January and 433 in February 2023 were cancelled by the transport provider. Control room staff proactively contacted ward staff or patients and transport was re-booked.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Patients, relatives and carers knew how to complain or raise concerns. Patients used different ways such as direct to ambulance care assistants, through the call centre or to the local hospital.

All vehicles showed information about how to raise a concern or give feedback.

Staff understood the policy on complaints and knew how to handle them. Ambulance care assistants were provided with information about how to deal with complaints. Managers were available for support when required.

Managers investigated complaints and identified themes. Information provided after the inspection showed 490 complaints were received from April 2022 to February 2023. Late collections in/outbound and non-arrival/cancelled transport were the main themes for the complaints.

The service had put a number of measures in place to drive improvements including dedicated discharge vehicles, introduction of additional wheelchair accessible vehicles, and appointing control team leader to manage the planning and control function.

Complaints were allocated to senior managers to investigate before a response was provided in line with their policy.

Complaints were recorded on a tracking system which provided reminders to ensure that final responses were provided to comply with their policy. If patients or families were unhappy with the response provided, they were signposted appropriately to escalate further.

No complaints were referred to the ombudsman in the last 12 months.

Patient transport services

Managers shared feedback from complaints with staff and learning was used to improve the service. Senior managers distributed a monthly learning document which covered incidents and learning from the previous month. The monthly documents included other information such as number of complaints with identified themes.

Is the service well-led?

Requires Improvement 

Our rating of well-led stayed the same. We rated it as requires improvement.

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.

There was a clear management structure with defined lines of responsibility and accountability. The service had a contracts manager for the location who was the CQC registered manager and held overall responsibility for the leadership of the local service. Daily operations of the service was supported locally by station managers who were based at the main location and satellite sites. The service also had support from HR business officer. All staff we spoke with were clear about their roles and accountabilities.

Staff felt supported by their immediate line managers and the senior leadership team.

Leaders understood the challenges around quality and sustainability and were able to identify the actions needed to address them through gathering relevant information on which to base any decisions on where the service needed to improve.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a vision for what it wanted to achieve which was based on “achieving excellence in everything we do”, by being “the provider of choice delivering timely, effective, efficient and high-quality services”.

The service’s vision was underpinned by its values; patients first, staff focused, responsible and accountable.

The strategy, over the next 3 years, to achieve the vision was to continue to provide a responsive and efficient service in the face of increasing demand and expectation by being flexible to adapt and respond to the challenges.

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.

Staff we spoke with showed compassion and care for the roles they performed and the people they cared for. It was also clear there was a genuine commitment from the managers to improve the service.

Patient transport services

Staff told us of a good team working culture, staff helped each other and felt they were able to raise concerns without fear of retribution. There was a strong emphasis on the safety and well-being of staff. Managers were on-call to provide support to staff. Staff were encouraged to raise concerns with managers.

The service had processes in place to take action to address behaviour and performance that was inconsistent with the vision and values.

Governance

Leaders did not always operate effective governance processes to fully assess, monitor and improve the quality and safety of the service. 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 some systems and processes in place for effective governance. However, during our inspection, we found some gaps in the oversight of mandatory training, safer recruitment processes, submitting statutory notifications and updating their statement of purpose with the CQC.

The mandatory training matrix showed various overdue training modules including manual handling and basic life support (BLS). Managers told us that the manual handling training has been an issue for a while. For example, 4 members of staff had completed manual handling training in 2018 and were due for a refresher in 2020, however this was still not completed. Similarly, BLS training for 9 staff members was overdue. This lack of timely oversight and action meant leaders lacked assurance that staff providing services were always skilled to do so.

Although the service had a provider level clinical educator, with the right qualifications to support local trainers, managers did not always monitor competency of trainers to ensure that they were qualified to support the learning and development needs of other staff.

Staff did not always have Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. This was not in line with the service's policy for recruitment and DBS checks.

The service had regulated activities taking place from two additional satellite sites, Barking and Orsett Hospital. We were told by the manager that these two sites have been operational for 12 months prior to our inspection. The service did not update their statement of purpose to the CQC to declare the addition of the two satellite sites, this was in breach of their registration with the CQC.

The service reviewed their policies and procedures regularly and all policies we reviewed were in line with national guidance.

We reviewed senior managers meeting minutes and the monthly clinical governance report to the board. We saw that all aspects of governance were reviewed which also included an activity report, incidents, and complaints.

Leaders had frequent meetings with local NHS transport managers to promote coordinated, person centred care.

Staff told us they were clear about their roles and understood what they were accountable for, and to whom.

Patient transport services

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a programme of internal audit to monitor quality, operational and financial processes. They had processes in place to manage performance. Issues arising from audits were escalated through clear structures and processes. However, audits were not always completed in the timeframes set by the service.

The service had a risk register which detailed risks associated with the clinic and business continuity. Risks, actions, mitigations and designated responsibilities of staff were recorded clearly. We saw that the risks identified were reviewed regularly and any mitigations recorded. All risks were rated according to likelihood and impact, and actions to reduce risks were documented.

The service had a business continuity plan that took potential risks into account when planning services, for example fluctuations in demand, and disruption in the service due to staff absence.

Risks and performance were discussed regularly at meetings and took into account issues highlighted by incidents, complaints and other occurrences.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure.

Staff had access to the organisation's computer systems and could access latest guidance and policies for the service.

Information Governance was included as part of the staff induction training programme, which ensured that staff were aware of the requirements of managing patient's information and that information was managed in line with the General Data Protection Regulations (GDPR).

All computer terminals and mobile devices were password protected to prevent unauthorised access to patient information.

Data or notifications were submitted to external organisations as required such as commissioners or local NHS trusts. We saw evidence that the service had regular meetings with their commissioners.

Engagement

Leaders and staff generally engaged with staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

At the time of our inspection, the service had not conducted a staff survey for over 2 years. Since the inspection managers told us that they had redeveloped and will be sending out a staff survey to formally gain staff feedback on the service.

Staff told us they receive regular emails from managers informing them of any changes or working arrangements. Staff said they were listened to and had regular contact with senior staff.

Patient transport services

Managers told us about positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. For example, they told us about having dedicated transport liaison staff at the local trust and dedicated vehicles to improve hospital discharge rates.

The service had a patient feedback form and staff were encouraged to provide these to patients. There was a limited response from patients that had been transported.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Managers were committed to improving the service. Managers were receptive to feedback from the inspection team both during and following our inspection and provided some assurance of immediate actions they were taking. For example, managers took immediate action to address the gaps in staff DBS checks.

Managers were passionate about the service they provided and there was a clear focus on learning with a view to continuous improvement. Specific example of this was the introduction of peer mentors at each location with focus on staff training and development to ensure sustainability and a suitable mix of staff skills and competence to deliver the services.