Starcross Trading Ltd T/A Bears

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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

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

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

Summary of findings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Starcross Trading Ltd T/A BEARS is operated by Starcross Trading Limited. The service provides emergency and urgent care and a patient transport service.

British Emergency Ambulance Response Service (BEARS) was founded in 2009 and is an independent ambulance service providing a range of different patient transport services based in north west London. This includes the transfer of high dependency patients, patients receiving Extracorporeal Membrane Oxygenation (ECMO), non-emergency transfers secure/mental health patient transfers and a paramedic service. ECMO stands for Extracorporeal Membrane Oxygenation and is a form of life support that provides both cardiac and respiratory support to persons who heart and lungs are unable to provide an adequate amount of gas exchange to sustain life. The service provides transport for both adults and children and young people. Journeys are made to various locations within London and longer journeys occur on a regular basis. The service has vehicles operated by emergency care assistants, emergency medical technicians and paramedics.

The service provides patient transport services (PTS) and emergency and urgent care (EUC) services. EUC patient transfers are between hospitals.

The provider is registered for the regulated activities:

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

The service performs contracted work with two London NHS Trusts and ad-hoc work for various other hospitals within London. The service also does ad-hoc work for other independent ambulance providers based on agreed set rates. The service also subcontracts some work out to smaller independent ambulance services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 11 and 12 February 2020.

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

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

We last inspected this service in May 2018 but at the time we did not have the legal duty to rate independent ambulance services. However, following this inspection we rated the service good overall for both core services.

The main service provided by this service was PTS. Where our findings on PTS – for example, management arrangements – also apply to EUC, we do not repeat the information but cross-refer to the PTS core service.

We rated it as **Good** overall because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The provider had systems, processes, and practices to keep people safe and safeguard them from abuse. Staff were aware of and knowledgeable about these processes. The safeguarding lead was now trained to the recommended level.
- The service had improved their use of Patient Group Directives (PGDs) since the last inspection. These were now only in place for appropriate staff.
- The service had introduced training around information governance since the last inspection. Patient records were completed to a good standard and audited to ensure good compliance.

Summary of findings

- The secure services division had improved the completion of patient record forms for patients who required restraint during transport. There was now evidence of risk assessment and decision making in patient notes. This included an incident report form being completed.
- The service had improved the way they recognised deteriorating patients.
- The service encouraged staff to report incidents and staff investigated incidents and took actions to improve services.
- The service's had reviewed its policies and these were now in date. This had improved since the last inspection.
- The service had improved their service level agreements with subcontractors and procedures were in place for auditing services to ensure quality of care.
- We observed effective multidisciplinary working between BEARS staff and staff at the various hospitals they worked with.
- The service performed well against their key performance indicators and discussed these on a regular basis with hospital staff
- Staff treated patients and relatives with compassion, kindness, dignity and respect. We observed staff acting in a professional and courteous manner at all times. Patient feedback was positive.
- Staff reported a positive working culture within the service and found leadership supportive and caring.
- The provider had improved their processes for Disclosure and Barring Services (DBS) checks to ensure it was safe for staff to work with patients.
- The service had further developed its in-house electronic information system to include staff rota, audits and equipment checks. This allowed management to have good oversight of the services performance.

However;

- The safeguarding policy was not up to date with the most recent national guidance. The service updated the policy following our inspection.
- Incidents around restraints during secure service transfers were not included in the main incident report log. The service took immediate action to ensure this took place going forward.
- We found two occasions where sedated patients were transported without a registered professional. The service updated their booking process during our inspection to ensure this was completed going forward.
- We found staff records did not always show evidence of interview notes and reference checks were not always completed.
- Whilst we found good risk management within the service we found no evidence in the board minutes this was discussed at an executive level.

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, to help the service improve. We also issued the provider with one requirement notices. Details are at the end of the report.

Nigel Acheson

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	Urgent and Emergency services were a small proportion of activity. These services included high dependency transfers between hospitals. Arrangements for patient transport services (PTS) and urgent and emergency care were mostly the same. Where arrangements were the same, we have reported findings in the PTS section. We rated the urgent and emergency service as good overall for the same reasons set out in the PTS summary of findings below.
Patient transport services	Good 	The main service was patient transport services (PTS). The service had vehicles which could be used for PTS and/or high dependency services. The arrangements for PTS and urgent and emergency care were the same. Therefore, we have reported most of our findings in the PTS section of the report. We rated PTS as good overall because staff treated patients and relatives with compassion, kindness, dignity and respect. There were systems, processes and practices to keep patients safe and safeguard them from abuse. Compliance with mandatory training was good and we found good multidisciplinary working between BEARS staff and hospitals. The service's leadership had made improvements since we last inspected, around secure services and monitoring of disclosure, barring services (DBS) checks and service level agreements. However, we did find some inconsistencies in the quality of staff records such as reference checks and interview notes not always being completed.

Summary of findings

Contents

Good

Starcross Trading Limited T/A BEARS

Services we looked at;
Emergency and urgent care and Patient transport services.

Summary of this inspection

Background to Starcross Trading Ltd T/A Bears

Starcross Trading Ltd T/A BEARS is operated by Starcross Trading Limited. The service opened in 2009. It is an independent ambulance service in North West London and transports patients across the whole of the United Kingdom working across different boroughs and populations. It also provides secure patient transfers including those for patients living with mental health conditions.

The service has 60 vehicles used for both Patient Transport Services (PTS) and Emergency and Urgent Care (EUC) Services. EUC patient transfers are between hospitals. Vehicles include:

- 26 High Dependency Vehicles - this includes the Extracorporeal Membrane Oxygenation (ECMO) vehicles. ECMO is a technique of providing prolonged cardiac and respiratory support to persons whose heart and lungs are unable to provide an adequate amount of gas exchange or perfusion to sustain life.
- Six paramedic vehicles
- 13 secure vehicles for secure and mental health transfers
- Nine PTS cars
- Three Wheelchair access vehicles
- Three response cars

The service has contracted work with two NHS trusts and does ad hoc work for several other NHS and independent hospitals and independent ambulance providers'. Journeys are made to various locations within London and longer journeys occur on a regular basis. The service has vehicles operated by emergency care assistants, emergency medical technicians and paramedics.

Most of the providers work is PTS (78%) with EUC making up a smaller part of the service. Arrangements for the provision of PTS and EUC were mostly the same and because of this we reported most of our findings for EUC in the PTS report.

BEARS registered with the Care Quality Commission on 12th April 2011 and the registered manager has been in post since October 2017.

When we inspected the service in October 2017 and May 2018 we did not have the statutory power to rate it. However, in 2017 we told the service that it must make improvements in relation to medicines management, the use of restraint in secure services and record keeping and governance around this. We issued requirement notices in relation to these areas of concern. Following the 2017 inspection the provider made improvements and provided an action plan to address our concerns. We inspected the service in May 2018 to check for improvements and found no regulatory breaches.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspection manager, a CQC inspector and two specialist advisors with expertise in patient transport services. The inspection team was overseen by Nicola Wise, Head of Hospital Inspections.

Summary of this inspection

How we carried out this inspection

We carried out a short notice announced inspection of the Emergency and Urgent Care (EUC) and Patient Transport Services (PTS) core services using our comprehensive methodology on 11 and 12 February 2020.

To get to the heart of patients' experiences 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.

Information about Starcross Trading Ltd T/A Bears

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the services only location. We spoke with 25 staff including; registered paramedics, patient transport drivers and management. We spoke with two relatives and we did not speak with any patients. We also received 20 patient comment cards, which patients had completed before our inspection. During our inspection, we reviewed 37 sets of patient records. We inspected six ambulances and observed patient journeys.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice, and the most recent inspection took place in May 2018, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (January 2019 to January 2020)

- There were 36,759 patient transport (PTS) journeys undertaken
- There were 10,286 emergency and urgent care (EUC) journeys undertaken
- There were also 307 bariatric journeys which were a mix of PTS and EUC transfers.

Staff were classed as either active employees or non-active employees. Non-active employees included staff on long term sickness or maternity leave who would require training on their return.

There was a total of 167 members of staff:

- There were nine trainee ambulance care assistants (ACA)
- There were a total of 37 ACAs. Of these 34 were active employees, one was an active self-employed ACA and one was a non-active ACA.
- There were a total of 12 PTS drivers. Of these 10 were active employees, one was an active self-employed PTS driver and one was a non-active PTS driver.
- There were 38 secure services drivers; all of these were active employees.
- There were 12 emergency care assistants. Of these 11 were active employees and one was a non-active employee.
- There were a total of seven emergency medicine technicians (EMT). Of these all seven were active and three were self-employed.
- There were a total of 15 paramedics. Of these one was active and employed, 13 were active and self-employed and one was self-employed and non-active.
- There were a total of 36 administration staff. Of these 27 were active employees, four were active and self-employed, four were non-active and one was non-active and self-employed.
- There was one registered mental health nurse who was active and self-employed.
- The accountable officer for controlled drugs (CDs) was the paramedic lead.

Track record on safety (January 2019 to January 2020)

- There were no Never Events
- 73 Clinical incidents
- No serious injuries
- Six complaints

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Requires improvement	Good
Patient transport services	Good	Good	Good	Good	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Emergency and urgent care

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

Information about the service

The main service provided by this ambulance service was Patient Transport Services (PTS). PTS makes up 78% of the work the service undertakes. Emergency and Urgent Care (EUC) takes up 22% of the work the service undertakes.

Where our findings on Emergency and Urgent Care (EUC) – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the PTS section.

Summary of findings

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Two weeks prior to our inspection the service had implemented yearly refreshers.
- The provider had systems, processes and practices to keep people safe and safeguard them from abuse. Staff were aware of and knowledgeable about these processes.
- The service had introduced training around information governance and had redesigned the environment so that the control room was now in a more private location of the office for patient bookings.
- The secure patient transport services had improved their documentation around the use of restraints to reflect the mental health code of practice. This meant there were records kept to show patients were not deprived of their liberty and that the use of restraint was risk assessed before use.
- The service had introduced early warning scoring into the urgent and emergency care services. This assured patients at risk of deteriorating were recognised.
- The service had enough staff, with the right qualifications and skills, training and experience to deliver safe and effective care.
- Staff understanding of both consent and decision making requirements were good.
- Staff treated patients and relatives with compassion, kindness, dignity and respect.

Good

Emergency and urgent care

- The service had introduced language flags into staff badges to show patients what other languages staff could speak. There was also improved access for patients who English was not their first language and communication aids available for those with communication difficulties.

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

- Staff completed Incident reports for episodes of restraint and documentation was good. However, these were not included in the services incident reporting log.
- Staff had little or no involvement with the development of the service's strategy. The service strategy was contained in four strategic aims. However, there was no information available to show how the service expected to meet these aims. We were told this was still under development.
- Recruitment processes were not always effective in providing assurance that all staff employed were fit and proper persons. For example, we found some staff had no records of interview notes, some had incomplete reference checks and one staff were hired based on a personal recommendation.
- The service's board meeting minutes were often brief and did not include discussion of risks, finances and service development. Management told us these discussions did happen but there was no evidence to support this.

Are emergency and urgent care services safe?

Good

We rated it as **good**.

Mandatory training

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

Staff received training in safety systems, processes, and practices. This was delivered as part of the service's mandatory training of staff. There were processes to monitor training compliance by staff.

Training was delivered as a mixture of face to face training and online completion by staff. Staff were sent reminders when mandatory training was due via the staff portal.

The service required emergency medical technicians (EMTs or Techs) to have completed the Institute of Health Care (IHCD) EMT course. All EMTs had completed this course.

Staff working in the Emergency and Urgent Care (EUC) services were required to attend Basic Life Support Training and a medical gases course. Compliance for this was 84% and 94% respectively.

See the Patient Transport Service (PTS) section for further findings.

Safeguarding

See the Patient Transport Services (PTS) section for main findings.

Cleanliness, infection control and hygiene

See the Patient Transport Services (PTS) section for main findings.

Environment and equipment

The service had suitable equipment and premises and looked after them well. Equipment was appropriately maintained as per recommended guidance.

For ECMO vehicle transports the hospital were required to provide a fully trained team. The service was contracted to drive the ECMO team. The patient was under the specialist consultant and ECMO teams care at all times. The trust provided all necessary equipment and BEARS was not contracted to have any responsibility over the use of equipment supplied by the hospital. ECMO stands for Extracorporeal Membrane Oxygenation and is a form of life support that provides both cardiac and respiratory support to persons who heart and lungs are unable to provide an adequate amount of gas exchange to sustain life.

Staff were trained in the use of equipment via the safe systems of work mandatory training. Staff could show us how to appropriately use and test equipment.

See the Patient Transport Service (PTS) section for further findings.

Assessing and responding to patient risk

Staff completed and updated risk assessment for each patient.

We reviewed the management and recognition of the deteriorating patient policy. This provided staff with guidance on what to do in the case of a patient deteriorating during transfer.

Since the last inspection the service had introduced the use of National Early Warning Scoring 2 (NEWS2) assessments. NEWS scoring helped staff to identify of patients who were at risk of deteriorating. Where staff identified patients with high NEWS2 scores they were required to alert control and the patients clinical teams. They were also required to call 999 immediately for support.

We reviewed 12 records and found patient observations were documented and reassessed during the journey as required. Where required NEWS was documented in the patient records.

See the Patient Transport Service (PTS) section for further findings.

Staffing

The service had enough staff with the right qualifications, skills training and experience to keep people safe form avoidable harm and to provide the right care and treatment

The registered manager told us there had been a high turnover in people supporting the EUC services. This was due to a high number of staff failing to complete the required courses for ACA staff. To address this the service introduced a trainee ACA grade to support the development of crews and improve retention.

We looked at the provider's sickness rate for the whole service and this was 3.5%.

In order to help improve recruitment, the service had introduced a 'Refer a Friend' scheme paying a bonus to staff upon the successful induction of a new member of staff and again once they had completed shadowing and probation.

Only staff trained in emergency and urgent care covered high dependency journeys. These jobs were received in advance which meant the service had time to allocate the right skill mix of staff to the journey.

See the Patient Transport Service (PTS) section for further findings.

Records

Staff kept records of patients' care and treatment and which included all key information required to keep patients safe.

The patient care records (PCRs) for high dependency (HDU) patients were audited daily to assess compliance. We saw that any areas for improvement were identified from these audits and shared with staff.

The PCR audit rated every record as to whether they were completed to a high, medium or low level of quality. Between January 2019 and December 2019, the majority of medical records were rated as high quality (between 72% and 89%). The remaining records were either cancelled jobs (between 0% and 3%), medium quality (between 8% and 16%) or low quality (between 2% and 9%). Every record audited gave staff some feedback via the service's in-house electronic information system. Those of low quality were identified and staff were provided with information as to what they needed to do to improve the PCR quality.

We reviewed 12 PCRs for HDU patients and found they were completed to a good standard. Information was completed fully and records were signed and dated. We saw patient observations, pain scores and allergies were documented. Where required, staff used National Early Warning Scores (NEWS2) to monitor patients who were at risk of deteriorating. We found staff completed notes of care to a good standard.

See the Patient Transport Service (PTS) section for further findings.

Medicines

The service followed best practice with regards to medicines management

Medicines management was the responsibility of the paramedic manager with input from the clinical governance team. To order prescription only medication the paramedic manager prepared the order and this was signed off by the medical director or clinical governance team. The medical director was a medically trained doctor and worked in healthcare services.

Each day there was a controlled drugs audit and checks were conducted to ensure paramedic bags were still tagged and restocked. We looked at paramedic bags and saw they were tagged to prevent tampering. At the last inspection the service did not keep a record of tag numbers as an extra level of security. During this inspection we found the service had this record in place.

At the last inspection we found paramedic bags had a range of drugs available but there was no list of contents. At this inspection we found there were lists of contents on each bag which stated the drug name and expiry dates of the drugs.

At the last inspection we found the service was using patient group directives (PGDs) inappropriately as they had them in place for ambulance care assistants. PGDs are documents permitting the supply of prescription only medicine to groups of patients without individual prescriptions. At this inspection we found the service was using PGDs appropriately. They were only in place for paramedics and EMTs.

We reviewed the patient group directives (PGD) and medication standard operating procedures. These were the master copies, all of which were in date and signed and authorised by the clinical governance manager (paramedic), company medical director, responsible pharmacist, compliance manager and the managing director.

There were medicines standard operating procedures (MSOP) in place for the use of nitrous oxide with oxygen (this is a gas used for pain relief), oxygen, glycerine trinitrate, aspirin, adrenaline 1:1000, Ipratropium bromide were authorised for emergency medical technicians and BEARS approved (non-registered) healthcare workers. Amiodarone, prednisolone, tranexamic acid, water for injection

We asked for clarification around who was authorised to give the medicines and were informed only emergency medical technicians (EMT) and paramedics were approved to give medicines under the PGD. The exception being oxygen and nitrous oxide with oxygen, which were approved for all to administer via an MSOP. The front sheet of the PGDs had not been updated to reflect the accuracy of those who were authorised to give medicines, and we were told by the registered manager that this would be rectified. We reviewed the medicines management policy and this confirmed only EMT and paramedics were approved to give medicines.

We saw within the medical gas risk assessment reference was made to the training matrix regarding medical gases. The training information provided to us showed that staff had been trained in this topic.

Controlled drugs (CD) were stored safely and securely and locked away at all times. The service showed good practice with regards to the storage of CDs. There were alarms, CCTV and access could only be gained via fingerprint and door code. The medicines manager also received a text every time the door was opened.

The service showed us the controlled drugs usage audit report which highlighted the usage of the controlled drug morphine within the service. Since September 2017 morphine had been used on 17 occasions. Patient observations including pain scores had been taken at least twice for all 17 occasions where morphine was used. In 15 out of 17 cases the patients pain score had been reduced following the use of morphine. The report concluded that clinicians had a good understanding of how to store, handle and administer morphine.

Good

Emergency and urgent care

The service conducted a drug room temperature report and identified some areas for improvement. The audit noted that temperatures were not always recorded and signed. The service put some actions in place to address this. The first paramedic on duty was now required to document the temperature at the start and end of their shift. The duty manager was now checking this was completed every day. We checked the fridge temperature records and saw these were all within the expected range.

Medicines waste was disposed of via medicines wastage bins. We found the service had disposed of one CD which was signed by two members of staff. We saw the service had disposed of two prescription only medicines (POM) and this was documented on the electronic information system. One member of staff had signed for the POM disposal.

See the Patient Transport Service (PTS) section for further findings.

Incidents

See the Patient Transport Service (PTS) section for further findings.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Good

We rated it as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance

We reviewed the provider's policies and found them to be detailed, clear and in date. Policies referenced guidance from the National Institute for Health and Care Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

There were policies and protocols in relation to children, including information regarding Fraser and Gillick Competency.

The service had introduced the deteriorating patient policy since the last inspection. This provided staff with guidance on what to do to assess patients at risk of deteriorating and included the use of National Early Warning Scores (NEWS2).

There were a number of audits in place for the Emergency and Urgent Care (EUC) services. This included monthly audits of drugs usage and controlled drugs usage and daily audits of patient records and drug room temperatures. However, we were told hand hygiene audits were ad-hoc up until recently and going forward would be completed on a monthly basis.

See the Patient Transport Service (PTS) section for further findings.

Pain relief

The service could provide timely and effective access to pain relief.

There was access to pain relief for patients via the use of patient group directives (PGDs) within the service. There was clear guidance via the medicines management policy on which staff could and could not administer pain relief.

Patients had their pain needs assessed and recorded on the patient records. We reviewed 12 patient records and saw pain scores were documented. Where required this was completed more than once during the journey.

If patients had communication issues there were alternate methods to assess pain in these patients. Such as by the use of faces or pain scoring numbers.

Where patients were in severe pain they could be offered morphine as a pain relief options. The use of morphine was audited and 15 out of 17 occasions where morphine was used showed a reduction in the patients pain score.

Response times

See the Patient Transport Services (PTS) section for main findings.

Patient outcomes

The service and its commissioners monitored key performance indicators

Good

Emergency and urgent care

The use of controlled drugs audit showed that 15 of the 17 occasions where staff had used morphine patient pain score improved. Therefore the usage of the controlled drug had a positive effect on patient outcomes.

See the Patient Transport Service (PTS) section for further findings.

Competent staff

The service made sure staff were competent for their roles.

Staff who worked in the high dependency vehicles attended two different driving courses. One was a two day course called 'Introduction to Ambulance Driving and Introduction to Emergency Driving'. Compliance for this course was 100%. Staff also attended an 'Accredited Level 3 Certificate in Emergency Response Ambulance Driving' and compliance for this was also 100%.

We requested appraisal rates for staff who work within the EUC services, which included the paramedics and emergency medical technicians (EMTs). We were told only one paramedic and three EMTs were currently eligible and compliance for both was 100%. The registered manager told us the reason that these staff were employed by BEARS. The remaining paramedics and EMTs were self-employed or new starters. We were told the service conducted reviews of these staff called a contractor service review. The registered manager told us this was similar to the appraisal process and currently 10 out of 13 staff had received these. The remaining three staff were new starters and were not due their reviews at the time of the inspection.

See the Patient Transport Service (PTS) section for further findings.

Multidisciplinary working

See the Patient Transport Services (PTS) section for main findings.

Health promotion

See the Patient Transport Services (PTS) section for main findings.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

See the Patient Transport Services (PTS) section for main findings.

Are emergency and urgent care services caring?

Good

We rated it as **good.**

Compassionate care

See the Patient Transport Services (PTS) section for main findings.

Emotional support

See the Patient Transport Services (PTS) section for main findings.

Understanding and involvement of patients and those close to them

See the Patient Transport Services (PTS) section for main findings.

Are emergency and urgent care services responsive to people's needs?

(for example, to feedback?)

Good

We rated it as **good.**

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people and various locations they served

The provider only undertook pre-planned high dependency journeys. These were booked directly via the NHS trust's booking process or booked as part of the high dependency contract for pre-planned or "on the day" journeys directly from wards or patients (with approval from wards or clinic) for transport to attend the hospital or clinic.

Each booking was assessed against an eligibility criteria as agreed with the trust and a risk assessment

questionnaire. This ensured the service allocated the correct grade of crew for the journey which was in line with their scope of practice. For pre-planned journeys, the booking was checked for accuracy and confirmed via a "call ahead" ensuring attendance to minimise unnecessary journeys.

In response to the recent coronavirus (COVID-19) outbreak the senior leadership had sent out a clinical bulletin to staff with information about the virus and practice the staff should follow. The service had also reviewed the contents of their infection, prevention and control bags and updated the bags to provide additional pieces of personal protective equipment (PPE) for the staff. For example, over sleeves and overshoes. The service had also developed a video for staff showing them how to use the PPE appropriately.

See the Patient Transport Service (PTS) section for further findings.

Meeting people's individual needs

See the Patient Transport Services (PTS) section for main findings.

Access and flow

See the Patient Transport Services (PTS) section for main findings.

Learning from complaints and concerns

See the Patient Transport Services (PTS) section for main findings.

Are emergency and urgent care services well-led?

Requires improvement

We rated it as **requires improvement.**

Leadership

See the Patient Transport Services (PTS) section for main findings.

Vision and strategy

See the Patient Transport Services (PTS) section for main findings.

Culture

See the Patient Transport Services (PTS) section for main findings.

Governance

See the Patient Transport Services (PTS) section for main findings.

Management of risks, issues and performance

See the Patient Transport Services (PTS) section for main findings.

Information management

See the Patient Transport Services (PTS) section for main findings.

Public and staff engagement

See the Patient Transport Services (PTS) section for main findings.

Innovation, improvement and sustainability

See the Patient Transport Services (PTS) section for main findings.

Good

Patient transport services

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

Information about the service

The main service provided by this ambulance service was Patient Transport Services (PTS). Where our findings on PTS – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the PTS section.

Summary of findings

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Refresher training was now on a two yearly basis and the service was moving towards yearly refresher training.
- The provider had systems, processes and practices to keep people safe and safeguard them from abuse. Staff were aware of and knowledgeable about these processes.
- The service had introduced training around information governance and had redesigned the environment so that the control room was now in a more private location of the office for patient bookings.
- The secure services had improved their documentation around the use of restraints to reflect the mental health code of practice. This meant there were records kept to show patients were not deprived of their liberty.
- Staff knew what to do if there was any patient at risk of deteriorating. Staff would either call 999 or escalate to the nearest accident and emergency department.
- The service had enough staff, with the right qualifications and skills, training and experience to deliver safe and effective care.
- Staff understanding of both consent and decision making requirements were good.
- Staff treated patients and relatives with compassion, kindness, dignity and respect.

Good

Patient transport services

- The service had introduced language flags into staff badges to show patients what other languages staff could speak. There was also improved access for patients for whom English was not their first language and communication aids available for those with communication difficulties.

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

- Incident reports were completed for episodes of restraint and documentation was good. However, these were not included in the service's incident reporting log.
- We found good practice with regards to the disposal of controlled drugs. However, we found only one staff member signed when a prescription only medicine was disposed of. The service took immediate action to ensure two signatures were documented going forward.
- Staff had little or no involvement with the development of the services strategy. The service strategy included four strategic aims. However, there was no information available to show how the services expected to meet these aims. We were told this was still under development.
- Recruitment processes were not always effective in providing maximum assurance that staff were fit and proper persons. For example, we found some staff had no records of interview notes, some had incomplete reference checks and one staff were hired based on a personal recommendation.
- The service's board meeting minutes were often brief and did not include discussion of risks, finances and service development. Management told us these discussions did happen but there was no evidence to support this.

Are patient transport services safe?

Good

We rated it as **good.**

Mandatory training

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

At the last inspection staff received refresher training every three years. The service had changed this and staff received refreshers of mandatory training modules every two years. Two weeks prior to our inspection the service had implemented yearly refreshers. This ensured staff knowledge was kept up to date and in line with current national guidance. The registered manager told us the service was going to move towards having yearly refresher training.

Since the last inspection the service had moved all mandatory training in-house. The service was now an accredited training centre.

There were 11 mandatory training modules that staff were required to complete prior to their appointment for all road crew. Compliance with mandatory training was good. Overall compliance was above 90% in fire safety (99.3%), health and safety (100%), infection, prevention and control (99.3%), moving and handling people (100%), dementia (98.7%), Mental Capacity Act and Deprivation of Liberty (99.3%), Safeguarding Children (99.3%), safeguarding adults (99.3%), conflict management and resolution (98.7%), data protection (100%), counter fraud in the NHS (90.8%). Training was completed either face to face or online.

Road staff also completed clinical manual handling, driving course, oxygen, medical gases and safe systems of work training. We reviewed training records and saw there was good compliance with the majority being 100%.

Secure services staff were required to complete additional mandatory training in the use of disengagement and restraint. Compliance was 100%.

Emergency Care Assistants (ECAs) and Ambulance Care Assistants (ACAs) were required to complete First Responder Emergency Care 3 (FREC 3) qualification. ECAs were then required to complete FREC 4. Compliance for FREC 3 was 100% and compliance for FREQ 4 was 100%.

All staff were required to complete Basic Life Support (BLS) training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

All crews were required to obtain a handover prior to transporting a patient. This enabled the staff to ascertain important information about the patient including any safeguarding issues. Crews were still required to inform control of any issues that might affect the safe transfer of a patient.

We found that the safeguarding children and young people policy referenced the 2010 version of Working Together to Safeguard Children guidance which meant that the service was not using up to date relevant national guidance. The policy made no reference to the Working Together to Safeguard Children 2018 guidelines and therefore did not contain current guidance. Following the inspection the service updated the policy to include the most up to date national guidance.

The service's safeguarding procedure set out what actions staff had to follow on identifying a safeguarding concern. Staff were to contact the police where a person was at risk of immediate threat or danger or liaise with the control room in all other instances. According to the procedure the manager would then need to complete a safeguarding referral to the relevant local authority.

National guidance from Safeguarding Children and Young People: Roles and Responsibilities for Healthcare Staff (2019) recommends staff should be trained to level two and the safeguarding lead to level four. Staff were trained to safeguarding adults one and two (99.3%) and safeguarding children level one and level two (99.3%). At the last inspection the registered manager was the safeguarding lead and was trained to level two. The registered manager had now completed level three and level four training so was meeting the national guidance.

We asked staff about safeguarding process and procedures. Staff were able to describe what would constitute a safeguarding concern and how this should be reported. Staff told us they would immediately alert control and report to the relevant person if required.

The service's incident log showed that between January 2019 and January 2020 there were 15 safeguarding incidents reported. We identified several safeguarding referrals within the incident folder and saw these were completed to the expected level and had been shared with the local authority.

When we inspected the service in 2017 we found the secure service's staff had used mechanical constraints on some patients. Patient Care Records (PCRs) did not document enough information with regards to these decisions and no risk assessments were in place to show the restraint was proportionate. When we re-inspected in May 2018 we found the service had given appropriate consideration to the Mental Health Act Code of Practice within the secure services. The service had introduced risk assessment and sections on the PCR to document multidisciplinary around the use of restraint.

At this inspection we reviewed 25 records for mental health transfers. We found documentation included risk assessment and information as to why decisions were taken to use any form of restraint. We found only one record out of 25 had minimal information.

Cleanliness, infection control and hygiene

The service controlled infection risk well. However, the service had only started conducting hand hygiene audits recently.

The service had established systems in place for infection prevention and control, which were accessible to staff. These were based on the Department of Health Code of Practice on the prevention and control of infections, and included guidance on hand hygiene, use of personal protective equipment such as gloves and aprons, and management of spillage of body fluids.

Infection prevention and control training was provided in three forms to staff: online training; induction; and as part of shadowing. Compliance with infection prevention and control training was 99.3%.

Vehicle deep cleans were automatically scheduled on an eight weekly basis with swab testing taking place pre and

post clean to show cleaning was effective. In the event of a patient incident, the service ensured an interim deep clean was completed prior to the vehicle being used again. We reviewed the deep clean records and saw they recorded the due date for the next deep clean for all vehicles. Vehicles were swab tested to ensure cleaning effectiveness.

All vehicles were provided with a sealed dedicated infection prevention and control bag. These contained a range of items including goggles, overshoe covers, gloves, face masks and clinical waste bags. When this bag was used the seal was broken and the bag was returned to base and restocked. In response to the recent coronavirus (COVID-19) outbreak the service had included additional items. In the bags for staff to use if required.

The service had recently started a formal hand hygiene programme and used ultraviolet lights to check hand hygiene of staff. The new audit checked whether staff were bare below the elbows, carried hand sanitiser and washed their hands using the right technique. So far the service had checked 47.7% of staff for compliance with hand hygiene. Compliance with staff carrying hand gels was 62%. The registered manager told us that hand hygiene gels were readily available in a box in the office for staff to take. We were told a staff bulletin regarding hand hygiene was also being sent out to staff to remind them to carry hand gels. Hand gels were also handed out to staff who were not carrying them at the time of the audit.

There were bins on vehicles available for clinical waste and the service had facilities onsite for the safe disposal of clinical waste. Ambulances' clinical waste bags were secured to prevent spillages.

There was a policy on the management of clinical waste which complied with the Health and Social Care Act Code of Practice on the prevention and control of infections. This states that providers should have policies in place for the safe disposal of clinical waste.

We inspected six of the service's vehicles and found they were visibly clean and tidy.

At the start of each shift staff were required to complete a vehicle and equipment check list. As part of the checklist staff were required to check and tick whether the vehicle had been cleaned. We saw staff completed these forms.

We observed staff following infection control procedures, including washing their hands of using alcohol gel after patient contact. Staff wore uniforms and adhered to the principle of 'bare below the elbows' as a way of minimising the spread of hospital-acquired infection. Staff had access to personal protective equipment (PPE) such as gloves and aprons.

We saw there were mops, cleaning products and wipes available for vehicles.

There were good procedures for the storage of sharps (small sharp instruments often used to penetrate the skin, for example a small needle to take blood). We noted sharps bins were not overfilled and were disposed of safely.

Environment and equipment

The service had suitable premises and equipment and looked after them well. Equipment was appropriately maintained as per recommended guidance.

There were 60 vehicles in the service's fleet. The oldest vehicle in the fleet was registered in 2015 and the newest purchased in 2019. We were told the vehicles would be replaced for a number of reasons including too many mechanical issues. The service had a number of new vehicles on order.

Vehicle MOTs and servicing were monitored via an electronic database. All vehicles owned by the provider were monitored via the company's in-house electronic information system. The database recorded all vehicle information including date of purchase, MOT information and vehicle tax information. Other information about the vehicles was also inputted such as mileage and CO2 output. The electronic system automatically scheduled MOT renewals and health checks for vehicles.

All vehicles in the fleet were class B vehicles (up to 3500kg) except the specialist ECMO vehicle which was a class C vehicle (between 3500kg and 7500kg). ECMO stands for Extracorporeal Membrane Oxygenation and is a form of life support that provides both cardiac and respiratory support to persons who heart and lungs are unable to provide an adequate amount of gas exchange to sustain life.

Vehicles were managed to minimise the risk of unauthorised access. The rest of the fleet required staff to sign out vehicles that they would be driving at the beginning of each shift. Supervisors were provided with the keys to individual lockers which contained the vehicle keys, portable electronic device, satellite navigation and cables. On return at the end of the shift all items and keys had to

be signed back in. Secure vehicles could be signed out for four days which meant they could be parked at the staff member's home overnight. However, staff were required to complete the vehicle checklist each day and return to base each day, before taking the vehicle home if appropriate.

Staff were trained to secure hospital-provided incubators and pods. There was training around safe systems of work for connecting and clamping correctly.

Vehicles were stocked with all equipment, consumables and any other items as per the vehicle loading lists. Vehicles were visually checked for any damages and dents which were documented on the daily sign in/out sheet before being deployed.

The Head of Operations actively monitored and reviewed vehicle performance and replacement cycle. Vehicles were visually checked for any damage and dents which were documented on the daily sign in/out sheet before being deployed.

Any defects reported during daily checks by the Vehicle Make Ready Team (VMRO) or ambulance staff were recorded via the daily vehicle check list. If required, a vehicle could be replaced with one of the services resilience vehicles. Any defects were recorded via the electronic defect log. This system recorded the defect from notification to completion via a closed loop system. The electronic system provided a full audit trail and the defect log was added to the unique database record for the vehicle. This allowed the Fleet and Head of Operations to be able to actively monitor and review vehicle performance and replacement cycle.

The service identified issues with hospital equipment being brought onboard and being left on vehicles. As a result of this the service had introduced tagging of the ambulances' cupboard compartments. When this was opened the seal would be broken and staff would be required to check all equipment was stocked up prior to the door being resealed. It also meant any equipment which was left by hospitals was identified and removed.

The Control Centre was able to track each of the vehicles via an online map which was displayed within the office. Control were able to see where the vehicle was and which job the vehicle was currently on. Control were made aware when jobs were completed.

All vehicles in the fleet had CCTV both internally and around the perimeter of the vehicle. This provided an extra level of security for staff and patients. The register manager told us these cameras could be checked when investigating incidents. There were signs on the outside and onboard vehicles to inform patients and members of the public that CCTV was in operation on the vehicles.

Secure vehicles were fitted with panic alarms which could be activated by staff in the event of an emergency. If activated, these alarms would send an email to the control centre in real time. The control centre would then call the drivers for further information. The secure vehicle system allowed a live feed to be streamed back to the office for viewing and management of incidents. Control could also see information on where the vehicle was when the alarm was activated via the vehicle tracker.

We checked various pieces of equipment and saw that they had all been serviced and there were stickers identifying when the next service was due. The service showed us the asset register which enabled them to monitor when equipment was due for servicing. This was in line with best practice.

The service stored oxygen canisters at the vehicle base and within vehicles. We found these were stored upright and securely to prevent them being tampered with.

At the last inspection we found one defibrillator which was not stored securely in a vehicle. This posed a risk for patients when the vehicle was moving. During this inspection we checked six vehicles and found all defibrillators were stored securely.

Since the last inspection the service had changed the layout of the building to improve patient confidentiality. Previously control was at the front of the building next to reception. The service had moved control to the back of the building into a closed office. This meant patient bookings were taken in a more confidential way.

Assessing and responding to patient risk

Staff completed risk assessments for each patient. They kept clear records and asked for support where necessary

The service used an electronic booking system which contained a comprehensive checklist to assess patient risk and ensure patients booked in could be transferred safely. The checklist had several tabs which control room staff

filled out to ensure that all information could be gathered to understand specific patient needs. This included information such as the patient's mobility and whether the patient had steps at their home address and required equipment to transfer from their home to the ambulance.

We reviewed the deteriorating patient policy which provided staff with information on what do if a patient deteriorated during transfer. Staff we spoke with told us that if a patient deteriorated they would provide first aid, call the emergency services or go to the nearest accident and emergency department. This was in line with the service's policy.

When we reviewed patient records we found an example of staff adhering to the deteriorating patient policy. Staff had driven past someone lying in the street. The staff stopped and took the patients observations and escalated to the London Ambulance Service.

Staff called the office if they were unsure if a patient was fit to be transported. The service had a clinical team who were able to provide clinical advice if required. The clinical team included a paramedic and a nurse and were available 24 hours a day seven days a week.

The provider had a secure services division which provided secure and mental health transport for hospitals. Staff operating these vehicles had received training called 'BTEC Disengagement and Restraint Training'. This was a three day course which taught staff methods of dealing with aggressive patients. They also received a one day training course on the use of restraint.

There was a separate booking form for secure/mental health patients which assessed the risk associated with mental health transfers. For example, it documented information about the patients diagnosis, forensic history and behaviour over the last 24 hours and any recent violence and aggression. This also recorded whether patients were sectioned under the Mental Health Act (2003). The service recorded which section patients were under.

There were various different methods of restraint available for use on the secure services vehicles. This included the secure category B cell vehicle, physical restraint, soft handcuffs and hard handcuffs.

When we inspected the service in 2017 we found patients were being restrained inappropriately. We found the service was not always recording decisions to restraint and there were no risk assessments and MDT involvement in making decisions. We inspected the service again in May 2018 and found the service had improved this.

The service provided information on the number of times restraints were used during 2019.. Between January 2019 and December 2019 the percentage of secure journeys in which any form of restraint was used varied between 5% and 15.9%. The most common used form of restraint was the category B cell vehicle.

The use of restraints was undertaken only for sectioned patients in line with agreed restraint protocols with Service Level Agreements (SLA) with the relevant Trust ensuring all details are recorded via the Patient Care Record (PCR), Restraint Incident Report and the Restraint Risk Assessment and Care Plan. This SLA was designed and implemented following the service's previous inspection to help ensure there was an agreed approach to the management of restraint and mechanical restraint.

The registered manager told us that the restraints was now determined through discussion with the hospital at the booking stage via the Mental Health Booking and Risk Assessment Form. Further assessment took place when the crew arrived on site through discussions with the relevant ward and the crews risk assessment. We were told in cases where a patients aggressive behaviour might escalate during transport that all secure trained crews were trained in de-escalation techniques. Crews were also trained to undertake a dynamic risk assessment to use restraint as a last resort if it placed them or the patient's safety at risk.

We reviewed 25 records for secure services transfers in which a form of restrained was used. Of the 25 records we reviewed we found 24 of these were completed to a good standard. This included a risk assessment of the patient, information as to whether the patient gave consent and had capacity and an incident form to document the reason for the restraint. Information was detailed and gave details as to why methods of restraint were deemed proportionate. This also included information about who was involved in the decision to restrain and times when the restraints were applied and removed. Often there were police and mental health professionals involvement in the decision. Of the cases we reviewed there was one record where the information was brief. The staff had noted the patient was aggressive but it was not detailed enough to show why the restrain was justified.

Good

Patient transport services

We reviewed 20 secure services booking forms. Of these we found two examples where patients medicines within the last 24 hours included a sedative. These two patients had not been transported with a registered mental health professional. The mental health act code of practice states then if patients are sedated then they should be accompanied with a registered mental health professional. For all other forms we reviewed where a sedative was used we saw a registered mental health professional had accompanied the patient. We escalated these two examples to the registered manager. The service immediately changed the booking form. The booking form previously asked for medications in the last 24 hours only. It now had a new section which asked any sedation in the last 24 hours and if the booking staff selected yes it stipulated the patient had to travel with a registered mental health professional. The service had also included a list of common sedatives to ensure booking staff were aware of the names.

We saw that the service had a policy for supporting patients who had an active do not attempt cardiopulmonary resuscitation order (DNACPR). All staff we spoke with were knowledgeable about the protocol they needed to follow.

Staffing

The service had enough staff with the right qualifications, skills training and experience to keep people safe form avoidable harm and to provide the right care and treatment

Information provided to us prior to the inspection showed the provider had 167 members of staff which included management, control and administration staff and ambulance staff.

Staff were classified as either employed directly by the provide or self-employed and either active or non-active employees. Non-active employees included staff who were not currently working for a variety of reasons including maternity leave and long term sickness. These staff were required to be retrained prior to starting working in ambulances again.

There were nine trainee ambulance care assistants (ACA). There were a total of 37 ACAs. Of these 34 were active employees, one was an active self-employed ACA and one was a non-active ACA.

There were a total of 12 PTS drivers. Of these 10 were active employees, one was an active self-employed PTS driver and one was a non-active PTS driver.

There were 38 secure services drivers all of these were active employees. However during the inspection we were told 11 of these staff had been made redundant due to the service's decision to stop providing ad-hoc secure work in Lincoln. This took the total down to 27 staff at the time of the inspection.

There were 12 emergency care assistants. Of these 11 were active employees and one was a non-active employee.

There were seven emergency medical technicians (EMTs). Of these all seven were active and three were self-employed.

There were 15 paramedics. Of these one was active, 13 were active and self-employed and one was self-employed and non-active.

There were 36 administration staff. Of these 27 were active employees, four were active and self-employed, four were non-active and one was non-active and self-employed.

There was one registered mental health nurse who was active and self-employed.

The service had increased the number of staff who were supervisors and team leaders. This was to provide better support to staff on the road and help improve communication. Staff were kept up to date regarding any vacancies and recruitment via the electronic staff bulletin.

Since the last inspection the service had increased the management supporting the service. A head of human resources (HR) and head of audit role had been created. The HR role was filled and the service was currently recruiting for the head of audit post.

Staff were allocated to ambulances depending on their skill and the patients' requirements. This was assessed during the booking.

Staff who worked for external services were required to sign a 'secondary employment' form. This made the service aware if any staff working hours needed monitoring. Staff were given the opportunity to sign a working time directives opt-out form if required. This was for staff who wanted to work longer than the recommended hours.

Staff told us that they received adequate breaks between jobs and if a transfer involved long distances, the two-person crew would take turns in driving. The management were also in the process of signing an agreement for a new space at one of the contracted trusts. This was being done to offer staff a rest area where they could take breaks and have access to drinks whilst on hold for jobs.

Records

Staff kept records of patients care and treatment and which included all key information required to keep patients safe.

Patient information including pick off and drop off locations and key information were communicated via portable electronic devices.

Since the last inspection the service had introduced data protection training to educate staff on information governance. During the inspection we found good practice around record keeping and data protection.

Staff completed Patient Care Records (PCRs) for patient journeys which were then scanned into the computer and stored on the services electronic system. Hard copies were kept for a three month period in locked cabinets and then were disposed of securely. We reviewed records and found they were completed to a good standard. We saw patient records were completed to a good standard and included all required information for each patient.

The Patient Care Records (PCRs) were audited to assess compliance daily. We saw any areas for improvement were identified and shared with staff. For example, in secure services there an example where a staff member had not recorded whether the patient gave consent. Staff were reminded of the importance of this and information was sent out via the clinical communications bulletin.

The PCR audit rated every record as to whether they were completed to a high, medium or low level of quality. Between January 2019 and December 2019, the majority of secure records were rated as high quality (between 87% and 96%). The remaining records were either cancelled jobs (between 2.9% and 10%), medium quality (between 0.3% and 5%) or low quality (between 0% and 0.5%). Every record audited gave staff some feedback via the in-house electronic information system application.

Medicines

The service followed best practice with regards to medicines management

There was a medicines administrations protocol on the safe use of nitrous oxide with oxygen and detail in the medicines management policy around the safe and effective use of medical gases.

We saw within the medical gas risk assessment reference was made to the training matrix regarding medical gases. The training information provided to us showed that staff had been trained in this topic.

Oxygen was stored in a secure area and stored as per national guidance. Oxygen cylinders were appropriately secured on the vehicles. However, oxygen cages were close to parked vehicles. During the inspection the service moved these cages to an area where vehicles could not park.

Incidents

The service managed patient safety incidents well and we found a good incident reporting culture. However, whilst secure services episodes of restraint were reported they were not included in the incident report log.

There was an incident management policy in place which was in date. The policy described the process for incident reporting within the service. This included staff being required to immediately inform control and to complete an incident reporting form. The policy stated that the service would investigate and learn from incidents. Staff were encouraged to report all types of incidents including near misses.

During the inspection staff were able to tell us what process they would follow if they were involved in incidents. Staff told us they were encouraged to report all incidents.

Where there was joint responsibility for the incidents, the service and hospital involved would both investigate this. The service investigated the incident locally and fed this into the hospitals investigation process.

The registered manager told us that they were in the process of reviewing all the incidents and re-categorising those for 2019, so that they would be identifiable by clinical

and non-clinical. Currently the incident reports contains everything, including complaints and safeguarding referrals. This did not make it easy to split information out or to identify trends or themes.

The service kept a log of all incidents which provided details of when the incident occurred and a description of the incident. There was also information within the incident log around actions and lessons learned. In 2019, the service reported 73 incidents.

We saw incident report forms had been completed by staff. These were kept in a folder with supporting information, such as statements and patient report forms. We reviewed 20 of these and selected five to examine in detail, as some information was kept separately on the IT system. Fact finding investigation and reports were seen for these incidents as relevant, and conclusion and recommendations were included. Where action or learning arose from the matter this was identified. For example, we saw additional training was required after an incident related to the securing of an empty incubator within a vehicle. New batteries had been purchased and extra charging stations had been put in as a result of an incident related to lack of battery availability.

Since the last inspection the service had introduced a restraint incident report form which staff were required to complete following the use of any restraint. However, whilst staff did complete these incident forms they were not included within the incident log. We were not assured that these specific incidents were reviewed to look for themes and learning. We raised this concern to the registered manager who took immediate action. We were told all incident forms completed for use of restraint would now also be reported as incidents. A bulletin went out to all staff to tell them of the new process going forward. It reminded staff of the importance of reporting violence and aggression.

Duty of Candour (DoC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

We asked if any incidents had needed to be responded to under the duty of candour regulation and were told there had not been any such cases. However, the registered manager said letters of apology or telephone apologies were made when required. We saw information to this effect had been recorded on the IT system.

All staff attended induction training where duty of candour was discussed. The service had also recently sent a communications bulletin and the policy on duty of candour to staff via their electronic system.. The registered manager told us the service had introduced a duty of candour information card for staff. The service had also recently found a suitable online training course and there was plans for this to go in March 2020.

When we asked staff regarding duty of candour, knowledge was varied. Some staff did not know what we meant by duty of candour. However, they understood the importance of reporting incidents of harm and apologising when things went wrong.

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

Good

We rated it as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance

At the last inspection a number of policies required updating and the service had an action plan in place to address this. We found all policies were in date during this inspection.

We reviewed the providers policies and found them to be comprehensive, clear and in date. Policies referenced guidelines such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). Staff had access to copies of JRCALC guidelines online if required.

Policies could be accessed via the service's electronic system. Paper copies could be printed and accessed if required.

Since the last inspection the service had improved the way they documented restraint in order to follow national

guidance from the Mental Health Act (1983) Code of Practice. Staff were provided with an information sheet regarding the code of practice and documentation around risk assessments were fully completed.

Staff had access to clinical support via the service's clinical governance team. This was a 24 hour seven day a week on-call service which connected staff to either a paramedic or a nurse. Staff could ask for information about national guidance as and when required.

The registered manager monitored the audit register on the electronic system which was a calendar of all audits. This included things such as call recordings, deep clean, Disclosure and Barring Services (DBS) and driving licence compliance and patient records. Where audits highlighted areas for improvement this was sent to the relevant manager to be actioned.

Nutrition and hydration

Staff gave patients opportunities to obtain food and drink during patient journeys.

Staff told us they would carry water bottles for patients on long journeys. They also told us that they would ensure that they took as many rest stops as the patient needed. Prior to a long journey, they would check that a patient had their own food or snacks to take with them.

Staff told is if a patient required food for a journey for medical reasons, this would be recorded in the booking form and would be provided by the provider or carer who made the booking. However, none of the patient journeys we observed required this.

Pain relief

Patients were assessed for pain and could access pain relief in a timely way.

Patients had their pain needs assessed and recorded on the patient records. We reviewed 12 patient records and saw pain scores were documented. Where required this was completed more than once during the journey.

If patients had communication issues there were alternate methods to assess pain in these patients. Such as by the use of faces or pain scoring numbers.

Staff could use medical gases for pain relief if required.

Response times

The service monitored response times and reviewed this information with providers on monthly basis.

The service kept records beginning from the time they were alerted to a patient requiring transportation, time of arrival at the transferring hospital and time of arrival at the destination hospital. Information was recorded on the patient record forms. Ambulance staff reported any delays to the control staff who could make the patients and/or hospital aware.

The service held two contracts with NHS Providers for which they monitored response times. The service met with these providers on a monthly basis to discuss performance and action any areas for improvement.

The service had key performance indicators (KPIs) for the NHS contracted work they provided.

There were five KPIs in place for the secure services contract. These included: outward journeys collected within 60 minutes of booking, ready on pick up time; outward journeys collected within 120 minutes of booking, ready on pick up time; over 120 mins if not pre planned; time on vehicle 10 mile radius 60 minutes; and time on vehicle 10 miles to 20 miles 90 minutes. We reviewed KPI data between February 2019 and January 2020 and found the service achieved their target for all five KPIs in almost every month.

There were seventeen KPIs in place with the other NHS contract for which the service provided both emergency and urgent care and patient transport journeys. These KPIs were looked at as a whole and the two core services were not separated out. A description of the KPIs for this contract can be seen below.

For general work the KPIs were 95% patients arrive at the trust not earlier than 45 minutes and not later than 15 minutes prior to appointment. The services average performance was 95%. The second KPI was 100% of patients arrive earlier than 60 minutes not later than 10 minute and the average performance was 97%. The third KPI was 95% of patients depart the trust within 30 minutes of booking ready to travel and the average performance was 96%. The fourth KPI was 100% of patients depart trust within 60 minutes of booking ready to travel and average performance 98%.

For community work the first KPI was no patient should be brought to the centre before 8.30am and average

performance was 98%, which met the target of 95%. The second KPI was that 100% of patient should not be collected from the centre after 5pm and average performance was 98%. The third KPI was that 95% of patients should be brought to the centre no more than 30 minutes before their appointment time with average performance at 98%. The fourth KPI was that 95% of patients should be brought to the centre no later than 15 minutes after their appointment time and average performance 99%. The fifth KPI was that 100% of patients should be collected within 30 minutes of their appointment finish time and average performance was 97%.

For the ECMO service there were two KPIs which were 100% Response time within 30 minutes vehicle and driver and average performance 100%. Also, 100% Response time within 90 minutes Ambulance and driver and average performance 100%.

For the high dependency service (HDU) there were two KPIs. These were 100% emergency general critical care transfer within 60 minutes of request from the Trust and average performance was 97%. Also100% Elective general critical care transfer within 120 minutes of request from the Trust and average performance was 100%.

For Long Distance transfers the KPI was for 95% of patients to arrive at the Trust not earlier than 45 minutes and not later than 15 minutes prior to appointment and average performance was 97%. Secondly for 100% of patients to arrive at the Trust not earlier than 60 minutes and not later than zero minutes prior to appointment and average performance 98%. Thirdly for 95% of patients to depart the Trust within 30 minutes of booking ready to travel with average performance 95%. Finally, for 100% of patients to depart the Trust within 60 minutes of booking ready to travel and average performance was 98%.

The managing director told us of an example where the service had responded to an issue around KPI performance. There had been an increase in patients needing transferring to dialysis units across the region which had increased the service's workload significantly. In response to this, the service created a control plan in December 2019 which was a spreadsheet that was filled in the night before that included all information about the bookings for all types of vehicles and teams which were allocated to the jobs. This helped to plan the jobs to ensure the right crews were available in the area if required.

KPI performance was shared with staff via the staff information board within the office.

Patient outcomes

The service and its commissioners monitored key performance indicators

The only outcomes measured by the provider related to response times starting with the time they were notified of a patient journey by the NHS trust. Office and ambulance staff recorded journey start and finish times and this enabled them to monitor their own response times. The registered manager told us that the service measured and recorded times at every stage of the patient journey. However, the trusts only required journey start and finish times.

The service provided the contracted NHS Trusts with information regarding performance in relation to KPIs on a regular basis. During these meetings they reviewed performance included KPI and customer feedback. The trust were also able to access the in house reporting system to check performance.

The service asked for feedback from patients regarding their experience of using the service. This was recorded within a database to monitor positive and negative feedback.

Competent staff

The service made sure staff were competent for their roles.

Driving licence checks were conducted six monthly and the service had a computer system which monitored staff driving.

We saw the service process for checking staff records related to safe driving, which included looking at the number of points on their license. Staff who had above nine points were not permitted to drive and therefore could not be employed. Staff were required to report any new driving convictions.

In addition to checks on staff licences, the service undertook random drug testing, which was in line with a local policy, agreed after legal advice. We saw there was a system for staff to agree and sign up to such tests. Results from tests were recorded electronically. Positive testing resulted in additional support, with the aim of trying to

change behaviour, rather than dismissing an individual. The service conducted drug testing to improve patient safety. The registered manager told us that only after support failed would the provider take disciplinary action and potential termination of employment.

The registered manager told us the service had recognised it was sometimes challenging for new starters to come into the ambulance industry with little experience. The service had introduced a Trainee Ambulance Care Assistant (ACA) role. This gave the service the opportunity to assess the staffs skills prior to putting them on the FREC 3 qualification. These staff still completed the company's induction and mandatory training programme. However, they were also given the opportunity to shadow other staff and be mentored whilst out on the road to gain experience. Once management assessed the staff as competent they would be put forward for the FREC 3 qualification and level three ambulance driving course.

The secure services staff had received training in disengagement to support the de-escalation of incidents and episodes, restraint and mechanical restraint. Staff all had received training in understanding and supporting patients who were facing mental health crisis.

Annual performance reviews took place a year to the date when the staff member was signed off as completing their probationary period for staff employed by the service. Self-employed staff did not have a performance review but were expected to demonstrate continuous professional development and had a contract review yearly. We saw evidence of performance reviews in some of the staff files reviewed. At the time of our inspection there were 25 staff who had not had the required review in 2019/20, and this was being addressed with the responsible supervisor for each staff member.

Disclosure and Barring Service (DBS) checks were conducted for each staff member as part of the service's recruitment process in line with service policy. The registered manager used an online update service to check staff members' certificates when they were due for renewal. The system Disclosure Barring Services (DBS) checks had improved since the last inspection. All staff had DBS checks in place.

Staff who were required to operate emergency blue lights received blue light driver training.

Multidisciplinary working

Staff worked together as a team to benefit patients.

Staff worked well together. We spoke with crew who said they would often be paired up with different members of the team which they enjoyed and there was good team working with the fellow crew members and control room staff.

We observed crew communicate well with hospital staff when carrying out patient transfers.

The service had a comprehensive handover policy which explained how staff were required to get a clinical handover which should include details of patient history.

The service had increased the team leaders to staff ratio and increased number of team leaders. Team leaders had specific training delivered by the new Head of Operations to focus on minimising staff frustration and job dissatisfaction. The aim was to improve communications with staff. For example, when policies were updated this would be communicated by the team leaders to their teams.

Health promotion

Staff did not give patients practical advice to lead healthier lives.

Due to the nature of the service provided, staff had limited opportunities to promote healthier lives.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

All staff including the secure services staff had training for Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs). All staff were required to attend the services induction program where they were educated around the relevant policies and procedures.

Staff working with mental health patients received additional training around mental health and the different types of sections of the mental health Act. We saw patient record forms documented which section the patient was under and whether they had consented to the journey. We saw staff also documented whether the patient had capacity.

Good

Patient transport services

The service provided staff with information cards relating to the five principles of the Mental Capacity Act. This helped staff in the recognition and escalation of any concerns so they could get support from the Clinical Governance team and the registered mental health nurse.

We also viewed the service's capacity to consent policy which was comprehensive and in date.

We spoke with staff about mental capacity and they were clear about their responsibilities in relation to obtaining patient consent. Staff told us they would seek advice from senior leaders if anyone was refusing treatment and this would be escalated to the hospital.

At the last inspection we were not assured the service was taking into account the Mental Capacity Act (2005) when making decisions to restrain patients. Previously the patient records did not provide detailed information. At this inspection we found the service had improved their record keeping around restraint. Staff recorded information as to why the decision to restrain was made to prevent harm.

Are patient transport services caring?

Good

We rated it as **good.**

Compassionate care

Staff cared for patients with compassion

We travelled on some of the ambulances during the inspection. We observed staff were caring and compassionate when they engaged with patients. Staff treated patients in a kind and courteous manner during their journeys.

Staff maintained patients privacy and dignity during journeys. We saw that the crew ensured patients were appropriately covered during transfer. Staff checked with patients if they were comfortable and warm enough throughout the journey.

The managing director and registered manager told us that staff were encouraged to think of every patient as a family member and to treat them how they would want their family to be treated within healthcare services.

During journeys staff asked patients to complete comment cards. They were asked if they were willing to complete a patient survey which included the friends and family test.

We looked at the most recent survey and saw there had been 105 responses to the 16 questions. Comments included: "lovely crew", "I like (the provider), it's our favourite transport", "Always on time and polite, very courteous and cheerful staff".

We reviewed the comment cards card folder and found comments were positive about the service and care provided. For example: "The staff built a lovely rapport with my mum, myself and my sister", "Courteous and attentive, a pleasure to be a passenger", "Very friendly and professionals, felt very safe", "Fantastic service and support great, comms and hygiene of ambulance was excellent", and "Very caring to my 90 year old father. Considerate, warm, friendly and professional".

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff we spoke with described how they would often reassure patients who were worried about going into the ambulance.

We saw patients at ease, laughing, smiling and making jokes with the crew during their journeys with the crew and it was clear that the crew quickly developed a rapport with patients they transported.

Understanding and involvement of patients and those close to them

Staff communicated effectively with patients around their care during the journey.

Staff showed respect to relatives, welcomed them to join the patient on the ambulance and treated them as important partners in the delivery of the patient's care.

We observed crews engaged with patients during the handover process and crews ensured that patients were empowered and supported to move independently when transferring to ambulances.

Mental health patients were treated in a non-discriminatory manner by staff.

Good

Patient transport services

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

Good

We rated it as **good.**

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people and various locations they served.

The provider transported patients across London and undertook journeys across the United Kingdom which meant the service did not only serve an immediate local population.

The service had 60 vehicles which were equipped to undertake a range of transfers from high acuity patients to patient transfers and included secure patient transfers.

The main service was a patient transport service (PTS) which provided non-emergency transport for patients. The service undertook a range of patient transport services across London. This included the transfer of high dependency and critical care patients, bariatric patient and paediatric patients. The service also carried out secure transfers of mental health patients. Emergency and urgent care (EUC) was a smaller part of the service. EUC transport journeys were between hospitals. The service planned and provided services in partnership with its commissioners through formal contractual arrangements. The provider also took direct PTS bookings from private hospitals, private organisations and individuals.

The service tracked the locations of its ambulances which helped identify who had finished jobs and was nearest for the next transfers' pickup. Each vehicle had access to satellite navigation systems to enable them to travel efficiently between their destinations.

The service's workload was based on the work that came in from two main contractors. Pre-planned work was allocated the night before on a control plan which could be viewed by control staff and updated in real time. For any same day bookings, hospitals were required to complete a booking form, which was sent to the control team who then allocated the job out.

The service provided transport for NHS trusts as well as providing an ECMO (extracorporeal membrane oxygenation) service and had vehicles specifically designed for ECMO patients.

Meeting people's individual needs

The service did take account of patients' individual needs.

The service now had access to pictorial charts and communications cards on all vehicles to enable communication with patients including children who could not communicate effectively by speaking.

We saw that vehicles were equipped with paediatric harnesses. Children and young people were accompanied by parents and/or carers.

Staff were made aware by the control room team if a patient had communication difficulties or for who English was not their first language. Staff told us they could access an interpretation service by telephone and sometimes patients' relatives and staff were would also help with translation. The service had printed the flags of the countries that staff could speak the language of on staff ID cards so staff with language skills could easily be identified.

The needs of the patient was discussed at the point of booking. The service's booking form contained information such as patient name, hospital number, presenting symptoms, medical history, pick up and booking addresses, care needs and appointment times. Based on the information received, control room staff allocate the job to the appropriate crew.

The service's vehicles had equipment to transport bariatric patients such as bariatric wheelchairs and stretchers.

The service transported patients living with dementia. Staff were provided with dementia training and training around mental health as part of their mandatory training.

We saw that the service had visual or communication aids to help staff communicate with patients who had learning disabilities.

Good

Patient transport services

Staff we spoke with described how they made adjustments for patients with disabilities such as taking additional time to explain steps to a patient who was blind.

Staff had been trained in conflict resolution as a way of equipping them to deal with violent or aggressive patients.

The service tried to allocate the same crews to its regular patients where possible to maintain a degree of continuity of care.

Since the last inspection the service had introduced training for managers, supervisors and Team Leaders on Mental Health First Aid at Work. The registered manager told us there were plans for all other grades of staff to undertake an accredited 'Mental Health Awareness Course'.

The service had recently developed their first 'wheelchair accessible secure vehicle', and was piloting this with one of the contracted NHS Trusts. The service had developed this vehicle in response to patient demand. The new vehicle was a secure category soft cell with wheelchair access.

Access and flow

People could access the service when they needed it.

Patients could access the service in a timely way.

The control centre had a permanent team of staff which meant bookings could be responded to quickly. The service took jobs through the telephone or email. All bookings were made on a paper booking form which would be completed, scanned into the computer system and kept in the office.

Control room staff allocated patient journeys to staff considering the type of journey required and staff skills. They also made sure staff were where they needed to be at the required time.

There was communication between ambulance staff and control room staff in relation to any delays. Control room staff kept commissioners updated on any delays in the service. We observed the control room providing updates regarding any delays to transport services.

The service made contact with patients the day before travel by calling them to remind them about the journey. There was then good communication during the journey in which patients and/or staff were notified if there were any delays.

The service had specific KPIs to monitor the access and flow of the service. Transport data was captured on the service's electronic data management system which contained a KPI dashboard which the managing director monitored regularly. The service also had regular meetings with their commissioners regarding KPIs and response times. However, the service did not measure response times for the vehicles they provided to one of the NHS trusts as it was agreed the trust would manage this themselves.. There was no formal KPI for private journeys but the registered manager told us they did look at response data on a daily basis to ensure response times were adequate.

Staff accepted jobs and completed jobs through their portable electronic device, this information was used fed in to the electronic data management system to calculate whether they were meeting the required KPIs.

The service took bookings 24 hours a day and jobs were booked throughout the week Monday to Sunday as required by phone or email.

Learning from complaints and concerns

The service treated concerns and complaints seriously and investigated them.

The registered manager was responsible for monitoring and investigating complaints. The service reported that between January 2019 and January 2020 there were six complaints about the service. The service's aim was to respond to all complaints within 28 working days.

All complaints were acknowledged upon receipt. The service followed NHS guidelines and requirements within their contractual arrangements around complaint responses. This ensured that the service met the response expectations of the hospital, patients and their families.

To check for any complaints lodged elsewhere the service kept in contact with the hospitals' Patient Advice and Liaison Service (PALS) teams.

The registered manager told us that the service would try to deal with any complaints whilst the patient was still travelling. Where this was not possible, crews would ask for feedback from patients by way of on-board comment cards which could be completed on the spot or taken away and sent in later. These comment cards had information on how to make a formal complaint.

Good

Patient transport services

All complaints were reviewed prior to a final response by the Head of Business and the relevant manager (Head of Operations, Control Room Manager, Service Delivery Manager etc). In addition, the management team reviewed all complaints on a monthly basis to look for any themes. Actions and learning from complaints was shared with staff to improve the service.

Complaints and concerns were also reviewed with the NHS trusts via the monthly contract meetings and within quarterly reviews at board meetings

We reviewed the complaints policy and complaints log. Complaints were recorded on a complaints log which provided information about the complaint resolution and the date the complaint was closed. Most of the complaints were dealt with on the same day. The service sent letters of apology where required.

Any complaints would be fed back to the crew via email or through communications bulletins.

There was now information on how to make a complaint available in the ambulance. Patients were also encouraged to fill in comment cards at the end of their journey. We viewed a sample of comment cards and found them all to be positive.

We reviewed a sample of complaints and found they had been acknowledged and responded to in within the 28 day time frame.

Are patient transport services well-led?

Requires improvement

We rated it as **requires improvement.**

Leadership

Managers in the service had the right skills and abilities to run a service providing high-quality sustainable care.

The managing director had overall responsibility of the service and was supported by the registered manager who was the head of business.

The service had increased the number of senior leaders within the service since the last inspection. When we last visited the managing director had overall responsibility supported by the general manager and compliance manager. Since then the service had introduced a variety of posts. This included a head of Human Resources (HR), Head of Operations, Clinical Governance lead, ICT/ Commercial Manager.

The service also had a service delivery manager and internal relations manager to support the business. We were told an audit lead post had been created but this was vacant at the time of the inspection.

Each division within the service also had a manager to take overall responsibility for that part of the business. This included an accounts manager, yard manager, training manager, ECMO manager, control room manager, secure division manager, clinical procurement manager and a night shift manager.

The service still had team leaders in post for the different divisions who would lead on supporting staff within their division. The service had also introduced the role of supervisors with the aim of improving communication with staff. Supervisors role was to ensure information was shared with staff on the road such as updates to policies and company messages.

Staff were able to identify to us who the leadership of the organisation were and their responsibilities within the organisation.

Staff told us they saw the senior leadership team on a regular basis. Staff spoke positively about the management team.

Vision and strategy

The service had a vision for what it wanted to achieve and was in the process of developing a strategy to support this.

There were three values set out by the service. These were Safety, Comfort and Care and the services managers told us these were guiding principles that applied to every action the service takes. Staff we spoke with were aware of the three values and how they underpinned their work. We saw the values were displayed on the services signs and on the front page of the services information booklet. These were also displayed on the service's website.

The service's vision was to provide a 'best in class' ambulance service to patients by following a three step

business model. The three steps were to get the service quality right first time by doing everything possible to engineer a service to achieve the right quality. To learn how to do it fast and learn how to do it best value for money.

At the last inspection the service did not have a documented strategy. At this inspection we were provided with a document which contained four strategic aims that the provider hoped to achieve in the next five years.

The strategy was not dated and did not list individuals who had developed and agreed the content. The information set out the focus for the next five years, which centred around growth and development, technology, innovation and sustainability.

We asked if the vision and strategy had been discussed with staff, so they could contribute and were told this had not been part of the process. We asked if the vision and strategy had been approved by the board and were told this was yet to happen. We did not see any of the activities which would be required to make the strategy meet its end point. The registered manager told us this was a working process and the next stage would be to develop the supporting actions to bring the strategy to fruition.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

The registered manager told us a fundamental requirement was the development of an open and honest, no blame culture. The service recognised the need to identify organisational and system failures that caused incidents and complaints rather than focusing on blaming individuals. The service aimed to develop a 'just culture', where staff felt able to identify when things went wrong so that improvements could be made. One of the service's objectives was to be a learning organisation.

Staff described a positive working culture where they were valued and supported.

The service encouraged staff to raise any issues or concerns with management. Staff were made aware of the whistleblowing policy. Staff were encouraged to follow the whistleblowing procedure if they had any concerns about wrong doing within the service.

There was evidence that management acted to address behaviour and performance that was inconsistent with the vision and values of the organisation. For example, staff testing positive for drugs and/or alcohol were put on performance management with disciplinary action considered as a last resort.

Governance

The service had effective structures in place to delivery good quality services. However, we found deficiencies in the recruitment process.

There was a board meeting which took place once a month. The senior leaders told us they discussed a range of topics during this including incidents, regulations, medicines management, health and safety, clinical update including training. The managing director and registered manager told us the service was still developing their clinical governance and board. Following the inspection we were provided with an updated agenda for the board that included a section for lessons learnt and internal audit and feedback. However, the minutes from the meeting were brief and did not include a lot of detail as to what was discussed.

The service was reporting and recording incidents. However, there was a disconnect between the secure services incident report forms and the overall incident reporting log. Episodes of restraint in secure services were being reported and reviewed by the secure services manager. However, these were not being reported into the main incident reporting system and therefore we were not assured the service was able to monitor themes and address any common issues. The registered manager took immediate action on this and a bulletin was sent to staff to inform them that any episodes of violence and aggression including use of restraint must also be reported as incidents.

We reviewed the personnel files for the executive leaders and the one non-executive director (NED). Required checks had been carried out, such as Companies House, DBS, driving licence and right to work, and there was evidence of training and offer letters. However, references had not always been taken up for the most recent employer. This included one member of staff who came on a personal

recommendation. The NED file contained evidence of revalidation and details of the four individuals who had been asked to provide a reference. However, we did not see such references within the file.

In our review of other staff files, we noted the recruitment process was not as reliable as would be expected. For example, more than one member of staff did not have any professional reference or character reference, even though they were employed via an agency. At least six other staff members had not had a second reference provided, although there was evidence of these having been requested. Interview notes were not always present or retained in staff files.

The provider was not meeting the regulatory requirements of schedule three which sets out the eight categories of information providers must keep about staff. The eight categories are; proof of identification; DBS; satisfactory of evidence of good conduct in previous employment; reasons for leaving previous employment; evidence of required qualifications; full employment history; satisfactory information about physical or mental health conditions

We reviewed the recruitment policy and whilst it stated references would be requested it did not state how many were required for each staff member. The service was following the policy with regards to other checks and driving assessments.

Following the inspection the service had taken two steps to resolve this issue. The registered manager was conducting a review of all staff files to determine documentation missing. The service was going to use this review to determine the timescale for resolution.

The service was also implementing a "Staff File Control Sheet" which included a list of documents which were required before a staff member could start working. This included completed interview forms and reference checks. A new function was going to be added to the electronic system requiring senior management sign-off to activate any member of staff for training and shadow shifts following review of their Staff File Control Sheet. This would then be followed by a secondary senior management sign-off on completion of all mandatory and grade training.

Following the inspection, the registered manager informed us where staff who did not have reference checks in place had undergone risk assessment prior to starting work for the service. The service was actively chasing reference checks for staff with missing references.

Following the inspection the registered manager informed us that staff with missing interview notes were having the notes recreated. Should any notes not be available the individual will meet with the Head of Business and an up to date risk assessment and mini interview will be taking place.

Management of risks, issues and performance

The service managed risks well. However, the service did not document discussions of risk during the board meeting.

The service also had monthly management meetings for all managers. We noted these had not taken place over the summer and had restarted in October 2019. The meetings gave managers the opportunity to discuss operational aspects of the business. For example, we noted in the October 2019 minutes that the service discussed the management structure and staff well-being. However, there was no standing agenda in place.

The service had improved their processes for working with subcontractors since the last inspection. We reviewed service level agreements (SLA) for three of the external companies which the provider worked with. Information around expectation and standards were clearly stated, along with such matters as audit and inspection, driver duties and practices. We saw there had been subcontractor checks and due diligence had been carried out. The latter was said to be completed every two years.

The risk register was clearly thought out and contained risks which had been rated by concern, using a traffic light colour system.

There were 13 risks on the services risk register at the time of the inspection. This included one risk we identified at the previous inspection around the storage of archived records in an annex in the ceiling.

Each risk had an existing control measure in place and a "summary risk treatment plan" section which described the actions the service were taking. For example, one risk was

around staff being asked to transfer patients with coronavirus. The service identified staff required education and testing of personal protective equipment to check it was fit for purpose.

However, the managers identified that one of the biggest challenges for the service is recruitment and retention of staff. The registered manager said cost constraints played a significant role in the recruitment of new starters and staff attrition. We were told staff often started their careers in PTS service and used this as a stepping stone to frontline services. However, this was not on the risk register. Despite this not being on the risk register the service had taken steps to improve staffing within the service. This included informally increasing staff base wages and a performance bonus scheme. The registered manager told us staffing was not on the risk register because it was a normal working process. The service also did not have a vacancy rate.

We reviewed the board meeting minutes and manager meeting minutes and there was no evidence the risk register was discussed. The registered manager said risks were discussed as a team but this was not documented in the notes we reviewed. We were told this would be a standing agenda item going forward.

A number of issues that we identified during our last inspection had been actioned and were no longer areas of concern. For example, Disclosure and Barring Service (DBS), poor record keeping for mental health patients, out of date policies, safeguarding lead training and management of service level agreements. All these issues had been actioned and there were now good processes in place.

Information management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

The service ensured the accuracy of data by keeping complete and accurate records of patients care records (PCRs). It ensured further accuracy by auditing staff completion of the PCRs. We saw reminders of staff being asked to complete PCRs fully following an audit.

Since the last inspection the service had made changes to the environment to improve data protection. The control office had been moved to the back of the building away from reception. This meant patient details could not be overheard and confidential was protected.

Staff accessed information regarding journeys via the patient record forms. This was scanned into the computer system and paper copies were destroyed after three months. We found all records were stored securely to keep information safe.

The in house information system required a secure log in to access it. Only managers could access certain areas of the system. The system left am audit trial when data was added or amended by staff and staff could access their areas of the system via a mobile phone application.

Public and staff engagement

The service engaged well with staff and patients.

The service recognised good work from staff with letters of appreciation when things went well.

Since the last inspection the service had introduced a company gym which staff could use. The aim of this was to improve health and well-being for staff. The service also had a fruit bowl available each day for to access when they started their shifts.

We were told by the registered manager that the service had tried different engagement methods over the past 18 months to two years. A staff forum had been started and they held five or six meetings before it was stopped. However, some good came out of the forum, including the bonus payment system and various perks, such as gym access and cheaper insurance.

The service had an internal relationship manager who would speak to staff directly as he visited hospital sites where ambulance crew would be present. Any problems needing resolution were brought back to the registered manager. The relationship manager role was brought in on the back of needing extra support for the senior team.

Feedback from staff had led to the development of a ‘Clinical Communications Bulletin” which was now sent out to staff by the clinical governance manager. This shared a

variety of information with staff including areas of improvement and recognition of good work. For example, staff were reminded they needed to ensure they collected feedback for one of the NHS contracts.

The service's founder and eight members of staff had received an award for outstanding care and commitment to NHS patients. This was awarded by a charitable organisation dedicated to supporting local communities, families; recognising unsung heroes, role models and outstanding individuals of excellence.

We were told by the registered manager that one of the contracted trusts explored service user feedback at meetings and the service may get asked to attend these. Comment cards were provided, and a survey was carried out electronically. We looked at the most recent survey and saw there had been 105 responses to the 16 questions. We were told if there were any actions identified from comment cards were addressed with staff and via staff bulletins. We saw one staff bulletin encouraged staff to ask patients for feedback.

We were told staff were asked to give their feedback on the experiences of working with the provider. The response rate from staff was around 70% at the time of our inspection. We saw a range of questions were asked and attributed a satisfaction score from zero to ten. Questions included for example; whether concerns were listened to, whether they had the right skills for the role, how valued you feel in the role and whether they would recommend the provider as a place to work. The responses had not yet been shared with staff as a means of identifying where improvements were needed or how they were being addressed.

The service had done a 'show and tell' day with a local school to educate children on ambulances. The service had also sponsored some community sports teams.

At Christmas the service supported a local children's hospital and provided children with teddy bears and a Christmas grotto.

For staff experiencing a mental health or other crisis, they could access support via Occupational Health. There was also access to free counselling support for all staff and an early intervention scheme via the company insurance.

Innovation, improvement and sustainability

The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

The managers told us there was greater cost pressures from commissioners and stakeholders to find savings. We were told that the ambulance sector is a highly competitive industry and it was very challenging to ensure the service did not sacrifice quality which trying to deliver best value for money for their services.

The service's electronic information system was developed in-house and allowed staff to access the companies policies, updates and guidelines via a mobile phone application. Staff could also access information about their jobs for the day and input their time sheet information. Since the last inspection the service now held information about hospital locations and ward locations. Staff rota and shift allocations were now available via the application and annual leave requests.

The service had worked with one of the contracted NHS Trusts and piloted the use of its electronic system for accessing journey information and monitoring high dependency eligibility information.

The service had also worked with their other contracted NHS Trust on the testing of a 'covert wheelchair access secure vehicle'. This vehicle was a secure vehicle with access for wheelchairs.

Outstanding practice and areas for improvement

Outstanding practice

We found the following areas of outstanding practice

- The service's electronic information system application was developed in-house and allowed staff to access the companies policies and guidelines securely via a mobile phone application.
- The service showed excellent practice with regards to their medicines management around controlled drugs. There was finger print access to the controlled drugs store and anytime staff accessed this, management were made aware via an email and text message.
- The service had changed the staff name badges to include pictures of flags which informed patients what languages other than English the staff could speak.

Areas for improvement

Action the provider MUST take to improve

- The provider should do retrospective reference and/or character reference checks for all staff to ensure their fitness to work. The provider should ensure employee files are consistently being fully completed and include items such as interview notes and reference checks. (Regulation 19 of the Health and Social Care Act (Regulated Activity) Regulations 2014; Fit and Proper Person Employed(1)(a)(b) (2) (a))

Action the provider SHOULD take to improve

- The provider should take action so that episodes of restraint are recorded within the services incident report log and monitor trends and themes.
- The provider should take action so patients under sedation travel with a suitably qualified professional.
- The service should develop the board agenda to ensure risks are appropriately discussed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • One manager was recruited based on a personal recommendation. There was no evidence of references in the file. • We found examples in staff records where references had been requested but not received. • Some staff files showed no documentation of interview notes from interviews.