Ability Transport Limited HQ

Ability Transport Limited

Quality Report

Unit 4, 4-6 Abingdon Road,
Nuffield Industrial Estate,Poole Dorset
BH17 0UG
Tel: 0845 459 849
Website:http://www.abilitytransport.co.uk

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	

Summary of findings

Letter from the Chief Inspector of Hospitals

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

Ability Transport Ltd was established in 2009 to provide patient transport services.

The service provides patient transport for a local Ambulance NHS Trust, other non-emergency patient transport providers, social services, private hospitals, nursing/care homes, NHS clinical commissioning groups (CCGs) GP Surgeries and with patients' who book directly.

This inspection was a scheduled inspection carried out as part of our routine schedule of inspections. The inspection was an announced inspection and took place on 26 September 2016.

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

We found the following areas of good practice:

- The service had a system in place for reporting and recording incidents. However, the provider did not have a robust system in place to ensure all incidents were recorded and monitored.
- Vehicles and equipment were well maintained and fit for purpose.
- The crew members had the skills to carry out their roles effectively.
- During the inspection, we observed that communication between crews and patients and clinical staff, was of a caring and compassionate nature.
- The service coordinated well with the local NHS ambulance provider to meet patients' needs.
- The patients and hospital staff we spoke with gave consistently positive feedback about Ability Transport crews.
- The service utilised its vehicles and resources effectively to meet patients' needs
- The crew were positive about the support from the managing director and enjoyed working for the service.

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

The location must:

- Introduce a mechanism for sharing learning and feedback with all staff following incidents, complaints and patient feedback to reduce the risk of reoccurrence.
- Ensure crews consistently adhere to high standards of infection prevention
- Ensure crews are fully able to demonstrate a good knowledge and understanding of safeguarding processes.
- Put governance processes and quality assurance measures in place to provide effective oversightof all aspects of the service.

In addition the location should ensure:

- Crews consistently follow the organisation's policy for daily vehicle checking.
- Crews consistently follow infection control procedures. Equipment should be cleaned between each patient.
- They develop systems to measure and audit the quality and performance of the service.
- All crews address patients in a manner that demonstrates professional courtesy.
- They make external translation services available to patients who do not speak English as their first language.
- There are ongoing formal opportunities for staff to meet as a collective team to contribute to the overall governance of the service.
- Systems are in place to share key information with staff in a timely manner.
- The risk register reflects the risks identified within the service.

Summary of findings

- They develop a policy that addresses risks associated with crews receiving driving convictions.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Overall, we have not rated patient transport services at Ability Transport Ltd because we were not committed to rating independent providers of ambulance service at the time of this inspection. We found that: • The service had a system in place for reporting and recording incidents. However, the provider did not have a robust system in place to ensure all incidents were recorded and monitored. • Crews did not receive feedback on incidents and systems were not in place to ensure learning from incidents and complaints took place. • Vehicles and equipment were well maintained and fit for purpose. • Crews did not consistently adhere to high standards of infection prevention. • Crews members were not always able to demonstrate a good knowledge and understanding of safeguarding processes. • Crews had the skills to carry out their roles effectively. • During the inspection, we observed that communication between crews and patients and clinical staff, was of a caring and compassionate nature. • The service coordinated well with the local NHS ambulance provider to meet patients' needs. • The patients hospital staff we spoke with gave consistently positive feedback about Ability Transport crews. • The service utilised its vehicles and resources effectively to meet patients' needs. • Staff were positive about the support from the managing director and enjoyed working for the service.

Ability Transport Limited

Detailed findings

Services we looked at
Patient transport services (PTS);

Detailed findings

Contents

Background to Ability Transport Limited

Ability Transport Ltd. was established in 2009 and is based in Dorset, offering a patient transport service (PTS) for non-emergency patient transfer. The bulk of the service consists of admissions and transfers to and from hospitals and patients' homes on behalf of a large local NHS ambulance trust. Ability Transport Ltd. undertakes similar work for social services, and clinical commissioners in Dorset, which includes journeys to and from care homes as well as repatriation journeys nationally. The service covers a mix of urban and rural areas including the coastal towns of Bournemouth and Poole, cities such as Southampton, Winchester and Salisbury and the local county town of Dorchester.

We inspected, but have not rated, all elements of the five key questions including whether the service was safe, effective, responsive, caring and well led. We inspected the ambulance station in Poole and visited local hospitals to speak to staff and patients about the service.

Our inspection team

A Care Quality Commission inspector, supported by an inspection manager and a specialist advisor who is a registered paramedic and an ambulance driver-training consultant, led the inspection.

How we carried out this inspection

This inspection was a scheduled inspection carried out as part of our routine schedule of inspections. The inspection was an announced inspection and took place on 26 September 2016.

We spoke with the account manager who was the nominated individual, the operations manager and six crew members; we also spoke with five patients about their experience of using the service, and with four NHS trust staff who had regular contact with the service.

We also reviewed a range of information and documents provided by the service.

Detailed findings

Facts and data about Ability Transport Limited

Ability transport has a fleet of eight vehicles used to transport patients to and from a variety of settings including NHS hospitals. The service employed 16 staff.

The service is registered for the regulated activities of transport services, triage and medical advice provided remotely, and the treatment of disease, disorder or injury.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Ability Transport Ltd was established in 2009 to provide patient transport services. The company operates with eight vehicles and 16 staff.

The service provides non-urgent patient transport for a local Ambulance NHS Trust, other non-emergency patient transport providers, social services, private hospitals, nursing ng/care homes, NHS clinical commissioning groups (CCGs) GP Surgeries and with patients' who book directly.

The service is registered for transport services and treatment of disease, disorder and injury.

We undertook a scheduled inspection carried out as part of our routine schedule of comprehensive inspections.

Summary of findings

Overall, we have not rated patient transport services at Ability Transport Ltd because we were not committed to rating independent providers of ambulance service at the time of this inspection.

We found that:

- The service had a system in place for reporting and recording incidents. However, the provider did not have a robust system in place to ensure all incidents were recorded and monitored.
- Crews did not receive feedback on incidents and systems were not in place to ensure learning from incidents and complaints took place.
- Vehicles and equipment were well maintained and fit for purpose.
- Crews did not consistently adhere to high standards of infection prevention.
- Crews members were not always able to demonstrate a good knowledge and understanding of safeguarding processes.
- Crews had the skills to carry out their roles effectively.
- During the inspection, we observed that communication between crews and patients and clinical staff, was of a caring and compassionate nature.
- The service coordinated well with the local NHS ambulance provider to meet patients' needs.
- The patients hospital staff we spoke with gave consistently positive feedback about Ability Transport crews.
- The service utilised its vehicles and resources effectively to meet patients' needs.

Patient transport services (PTS)

- Staff were positive about the support from the managing director and enjoyed working for the service.

Are patient transport services safe?

By safe, we mean that people are protected from abuse and avoidable harm.

We found that:

- There were incident-reporting procedures in place.
- All staff had completed required mandatory training for their roles. Staffing levels were sufficient to meet patient needs and safety was maintained when there were surges in demand.
- The vehicles were maintained to a good standard and vehicle repairs were actioned promptly.
- Cleanliness and infection prevention measures were mostly of a good standard.
- Crews were trained in safeguarding and could describe potential safeguarding concerns. They knew to alert a senior person if they had concerns that a patient was at risk of abuse or avoidable harm.

However:

- Incidents were not consistently documented and there was little evidence that any learning from incidents took place.
- Some crew members did not follow the organisation's own policy for daily vehicle checking.
- Crews did not consistently follow infection control procedures.

Incidents

- The organisation's incident reporting policy was available to staff within the company electronic system and accessible remotely online. The policy defined the types of incidents that may occur and clarified the process of reporting and the classification of incidents. Crews reported incidents and accidents as they occurred immediately to the nominated duty manager. The duty manager gave immediate advice and ensured that prompt action was taken as required. For example, when vehicle safety issues such faulty lights were reported.
- Crews members relied on the manager's verbal advice and did not always report the incident or accident through the incident/accident on site log book or through the online reporting system. The last reported incident in the log book was recorded in October 2015. There had been no reported incidents or accidents

through the online reporting system at the time of our inspection. Whilst we were assured that incidents and accidents were being reported verbally to managers, we were not assured that all incidents and accidents were being recorded and monitored appropriately.

- There was no evidence of learning following incidents to mitigate the risk of similar incidents or accidents occurring again. Two staff told us they had never received any feedback from managers about incidents reported. None of the staff we spoke with were able to recall any incidents that led to any change in practice.
- Crews were expected to report as an incident if they were convicted of driving offences, but there was no action taken against the employee to ensure they understood the need to stick to the speed limit whilst transporting patients. There had been one reported incident of a member of staff driving over 80mph with patients on board the vehicle in 2015. No action was taken following this to ensure that other staff were aware of the risks this presented to patient safety.
- One of the managers told us that they undertake a lot of work for a large NHS ambulance Trust that shared incident outcomes with third party contractors for learning purposes.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The incident reporting policy referred to informing patients and their families in an honest way should an an incident of a serious nature occur with an explanation. There was not a direct reference to this duty however, so we found that crews could not describe the principles of the duty of candour.

Mandatory training

- All staff completed the following as part of their induction; fire safety, health and safety (including Control of Substances Hazardous to Health - COSHH and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - RIDDOR,) adult safeguarding, information governance, infection control, first aid at work, equality and diversity. At the time of our inspection, this was 100% complete. Staff undertook the majority of the training in a series of online modules.
- The account manager told us that training completion rates should essentially be at 100% or very close to it at any given time. This was because all training was covered during induction and staff were booked into refresher sessions as soon as they were due renewal on specific training modules.
- We reviewed three sets of staff records and saw that three out of three staff had completed their annual mandatory training.
- An external company provided the moving and handling training, which included theory and practical elements. During our inspection we saw how crews applied their training in moving and handling techniques.
- First aid at work qualifications were issued to crew members by an accredited external provider on completion of the appropriate practical training session.
- Managers checked that all the vehicle drivers' licenses were still valid annually.

Safeguarding

- Crews understood the need to protect patients from avoidable harm and abuse. One crew member confirmed he knew how and where to locate the policy and what procedures the company would take. He was able to provide examples of what had to be reported but had never needed to complete any reports.
- Another crew member told us that they had seen a training video, which included adult safeguarding, and child protection issues. They reported this had given them the knowledge to understand the different forms of abuse and to recognise the potential signs of abuse. However, not all staff we spoke with demonstrated a clear understanding of the safeguarding process as they relied on relaying any safeguarding concerns to senior staff who would take action.
- We asked three crew members what they would do if they were concerned about a potential safeguarding risk. All three told us that if they became concerned about potential risks, for example when visiting a patient's home, they knew to call the single point of contact to escalate the concern or receive senior guidance.
- The nominated points of contact for Safeguarding advice was the organisation manager and the account manager who were both trained to level three in safeguarding and had "Safeguarding Adults for Managers" certificates.
- The account manager told us that the booking agent would inform them if there were any safeguarding concerns for the patient at the time of booking.

- The organisation had contact numbers for the local safeguarding authority and there was a company safeguarding policy in place.

Cleanliness, infection control and hygiene

- Ability transport had procedures in place for crews to follow in order to maintain safe working practises, which were compliant with high standards of hygiene and infection prevention. These included a vehicle cleaning schedule, (COSHH) Assessment, mop care health and safety, and an environment risk assessment
- Crew members confirmed the company had cleaning policies. They knew how to access them; they were able to explain procedures required for surface cleaning with the equipment provided and they explained the arrangements between Ability Transport and the NHS hospitals for disposal of clinical waste. They told us that they swapped soiled linen one for one with the local hospital.
- Two of the crew members demonstrated how they cleaned a vehicle and individual items such as trolleys and wheelchairs to prevent the spread of infection. We observed cleaning procedures between patient journeys, after transfer the crewmembers wiped the seats and placed wipes into clinical waste bags.
- We observed that personal protective equipment (PPE) was available and in use and crews knew where the stocks were kept. All vehicles had a supply of hand gel and the stock was all in date.
- The crew secured a clinical waste bag in a compartment in the vehicle. It was removed at end of shift and taken to a clinical waste bin at the local hospital. Staff returned linen to the supplying ward. We observed crew changing their gloves between patient contacts i.e. before transfers.
- All the crew members wore uniforms that ensured they were bare below the elbows when in clinical areas. The company provided the uniforms and staff laundered their own.
- There was a designated washer, employed by the service, who deep cleaned vehicles on a bi weekly basis. The vehicles were spot checked by the operations manager on a monthly basis. Records showed these checks happened at the intended intervals.
- Infection prevention policies were not followed consistently however, for example; We observed one crew member sometimes failed to clean the seats immediately after a patient left, waiting until just before the next patient got into the vehicle. This meant that bacteria on the seat could multiply for longer before cleaning. We observed two crew members failed to clean the stretchers between patients. When asked about infection control one crewmember said, “The vehicle is deep cleaned once a week so we do not need to worry too much about that.” We also noted that staff did not follow best practise and carry gel on their person but relied on the gel within the vehicle, which meant that they missed some opportunities for hand cleaning.

Environment and equipment

- We saw that the manager put a reminder for the renewal date of all vehicle MOTs in an electronic diary. There was also a wall chart at the unit base which was used to schedule and monitor vehicle maintenance.
- The company employed a mechanic who worked weekends and maintained all the vehicles. He completed a pre-MOT check on each vehicle every week and flagged any concerns to the manager who authorised the actions necessary to ensure that the vehicles were safely maintained.
- The mechanic gave us examples of work that was authorised with immediate effect such as tyres showing signs of wear but not near to the minimum legal limit. The manager kept a record of all the vehicle maintenance.
- We saw a full asset list of the fleet, which included the types of vehicle and the location where they were kept.
- We saw an equipment list, which included all the patient equipment available to staff, for example, carry chairs, ambulance stretchers, banana boards and pat slides. The list also included a bariatric stretcher (220 kilo) and a bariatric wheelchair (220 kilo) available for use when heavier patients were booked for transfer.
- Health and safety equipment included wheel chair straps and clamps, stretcher belts and seat belts. Crews checked that all safety equipment was in place and working properly as part of the morning vehicle checks prior to commencement of duty. The driver and attendant signed these checks at the beginning of each shift.
- The account manager told us that there was no equipment replacement schedule. Staff reported any defects or faults found on daily vehicle checks and the

company mechanic replaced or maintained as appropriate. This information was provided at commencement of duty each day or alternatively at the end of the shift.
- All crews signed a responsibility document for daily vehicle checks and they told us that they would report any defects in the interior or exterior of the vehicles to the manager.
- We inspected four vehicles during our inspection all of which were of a satisfactory standard both in and out.
- The account manager told us that they were able to buy more vehicles if demand for journeys grew.
- We saw that any electrical equipment in use such as the training computer were compliant with electrical safety standards.
- Ability Transport employed a dedicated individual who was responsible for vehicle washing and stock checking. Records showed this had happened each week since April 2016.The same individual was responsible for stocking a shelved area of the depot. We saw this area was well stocked with cleaning materials, a roll of laundry bags and a roll of yellow clinical waste bags. We noted that only large sized gloves were available to staff. There was a good supply of basic medical supplies such as disposable vomit bowls, urine bottles and commode pans, packs of dry wipes, nitrile gloves, hand gels and alcohol wipeswith 70% isopropanol for disinfecting surfaces, medical and other general devices.
- Crews told us each vehicle was allocated a first aid kit. However, we found one vehicle did not have a first aid kit on board. Another vehicle had three first aid kits on board. All the first aid kits on board contained in date equipment but no face masks. We found a spare first aid kit which contained all out of date contents. The manager removed this item when it was raised by the inspection team. Staff told us they did not check the contents of first aid kits as that was done 'back at base'. This meant staff working directly with patients could not be assured that they carried the right equipment to administer first aid if required.

Medicines

- The service did not provide or store any patient medicines.
- Medicines were not kept for emergencies. In the event of any emergency, the crew called an emergency paramedic crew or took the patient to the nearest emergency department.
- The patients carried their own medicines in a sealed bag during journeys, which the crew did not check as part of any routine safety checks.
- Crews explained that patients' medicines were handed to them in sealed named bags. They did not open bags to check the contents. This meant there was potential for medicines to be confused between patients especially if the crews were transporting several patients on the same journey. There was also potential for medicines to be unaccounted for.

Records

- There was a data protection policy in place, which crews read as part of their induction and was available to staff on the organisation's intranet.
- Patient details were available to crew members for the duration of the journey only. Patient information was handed back into the office once the journey was completed.
- Crews told us that the manager kept job records, which only detailed the mileage with a reference number.
- Crews did not use patient report forms (PRFs) in order to record patient injury or a patient becoming unwell during the journey.
- The service followed the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) written by the local NHS ambulance service along with their standard operating procedures for patient transport services.

Assessing and responding to patient risk

- Information about patients' needs was collected at point of booking and communicated to PTS crews on their work sheets or via mobile telephones.
- Patients' needs were assessed by the local NHS hospital trust and the local NHS ambulance trust, not by the ambulance staff. Staff told us that they would perform dynamic risk assessments and would only accept patients they had the skills to care for and the appropriate equipment.
- Crews followed a clear pathway to manage patients who became ill during their journey. They informed us they would stop the vehicle as soon as it was safe to do so and call for the assistance of an emergency vehicle. They would then inform their managers and would support the patient as best they could until help arrived.
- We observed crews making correct assessments of patients' needs for transfer purposes and support. For

example, we saw when a crew member determined a patient would be more comfortable transported using a stretcher rather than a wheelchair which had initially been requested.
- One crew member described a situation when he transported a vulnerable elderly patient straight back to hospital because it wasn't safe for her to be left alone at home where no appropriate care package was in place.
- One crew member sat with patients being transported in the rear of the vehicle. This meant they could directly observe the patients throughout the journey and respond if they witnessed any decline in the patient's condition.
- A crew member told us that if a patient's condition was not as expected, they would not carry out the journey without further guidance or back up (for example if a patient had a mental health problem which had not been communicated).

Staffing

- The staff team consisted of an operations manager, an administrator, a mechanic, a deep clean technician, 11 ambulance care assistants and a part time health and safety representative. The account manager told us that staff were on zero hours contracts, and told managers when they were available for work, and when they were not. This meant managers could schedule crews to respond to any surges in demand.
- The company used agency staff occasionally, always from the same company, who also provided some of the mandatory training for crews.
- Crews worked flexibly for up to 40 hours per week as they wished to. The manager maintained regular contact with crew members about their availability to cover shifts. Crews we spoke we said the flexibility of the role suited them.
- The manager told us that crews were paid for sick and annual leave in accordance with national guidance. The company had not recorded any sick leave in over 12 months.
- All the crews were trained to the same level. Some Crew members, including those in induction, worked as attendees only and did not perform the role of driver.
- The manager told us that staffing matched the current demand. If there was a sustained increase, they said they would have no problem recruiting to match renewed demand.
- Crews did not raise any concerns about access to time for rest and meal breaks.
- There was a process in place for the ambulance crews out of hours and in case of emergencies. They had a direct number to the duty manager on call. Crews we spoke with knew how to escalate concerns when working out of hours.
- The company had a lone worker single crew policy in place accessible to all crew members on the intranet.
- We were able to review a sample of the staff records, which were kept in a locked filing cabinet. All ambulance staff had valid enhanced Disclosure and Barring Service (DBS) checks prior to commencing duties.
- The staff records included a signed medical declaration and emergency contact details.
- We saw details and dates of the crews' annual appraisals, and training files showed all had completed induction training and a first aid course.

Anticipated resource and capacity risks

- The service managed anticipated resource risks by scheduling rotas in advance and managing pre-planned holidays and other leave.
- Managers told us that the service only accepted jobs from third parties that they knew they could fulfil with the regular crews available to them.
- Many of the journeys were booked within 48 hours' notice or less and managers would use agency staff from a local company if necessary, to undertake the jobs requested of them.
- Most journeys were resourced with two crew members in order that one of them was available for patients with minimal medical needs.
- Some regular journeys required just one crew member in a car, such as transport for patients who required kidney dialysis treatment.

Response to major incidents

- The company had the following procedures in place: a business continuity plan, a major incident plan, a fire assessment action plan, and a fire risk assessment.
- The major incident plan outlined how their staff would support the local NHS ambulance provider by making staff and vehicles available for use under the direction of their gold and silver command. All staff at Ability Transport had read and signed up to this plan

- The business continuity plan outlines the action staff should take in the event of the following: telephone system failure, extreme staff sickness, failure of the satellite navigation system, power failure, relocation of premises. Crews were issued with this plan and it was available to them on the intranet.

Are patient transport services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence..

We found that:

- Crews were able to plan appropriately for journeys using the patient information provided to them by their managers.
- Crews were competent in carrying out their responsibilities and they received appropriate training and support for this.
- All crews members received an annual appraisal, vehicle licensing checks and were competent in the use of mobility aids. The service worked well with local healthcare providers to coordinate the care of patients.
- Crew members sought verbal consent from patients as required.

However:

There were no systems in place to routinely monitor how the service was performing against any performance indicators but performance monitoring was completed by the local NHS PTS for work undertaken of their behalf.

Evidence-based care and treatment

- Peoples' needs were assessed and transport provided to patients in line with national and local guidelines through eligibility criteria provided by the booking agent. A patient's health and mobility status determined eligibility to use the Ability patient transport service.
- All patients attending dialysis and patients attending chemotherapy appointments for example were eligible to use the service as long as they did not require higher level care such as oxygen.
- The service did not have any clinical policies or standard operating procedures that referenced best practice or national guidance.

Assessment and planning of care

- During the booking process, information was gained regarding mobility aids, whether or not a stretcher was required and details of any oxygen required. Crew were clear that they did not transport patients who were on oxygen. crew members told us they were able to make dynamic assessments of the needs of patients at the point of pick up and make adjustments where necessary.
- The crew did not transport a patient if they felt they were not equipped to do so, or the patient needed more specialist care. PTS crews were not clinically trained, but did seek advice from clinical staff at the hospital as necessary or the manager on call for the service. For example, discharges from hospital were not undertaken if the the crew did not assess that they were well enough.

Nutrition and hydration

- Crews did not routinely carry food for patients on their vehicles. Journey times were usually under 30 minutes. However, staff we spoke with told us they would stop at a food store where journey times were longer than expected or at patient's request.
- Water was available for the crews to take on the vehicles and a store of bottled water was kept at the base depot.
- Crews, when transporting patients from hospital to their own homes, would check whether they had a sufficient supply of food and water at their home. Where the patient did not, they contacted the referring hospital and either purchased a short term supply of food or returned the patient to the host ward.

Patient outcomes

- The account manager told us that performance data relating to each journey, such as collection and delivery time for each patient was forwarded to the booking agent, in line with the service patient confidentiality policy. The performance data provided to the booking agent was used as part of the agent's contract performance indicators.
- Adverse patient outcomes such as falls or deterioration in their presentation would be monitored through the incident reporting system. There had been no adverse patient outcomes reported in the year prior to our inspection.

Competent staff

Patient transport services (PTS)

- All staff were provided with a company handbook that detailed the company policies including the company commitment to ensure the staff developed and maintained the skills and knowledge to enable them to perform their duties effectively. We saw where staff followed policy. For example, reporting any vehicle defects immediately.
- The manager told us that at the time of our inspection 80% of staff had received an annual appraisal and those who had not had been employed for a short time.
- The account manager told us that staff received training in the use of the vehicle health and safety equipment, which included wheel chair straps and clamps, stretcher belts and seat belts. Staff developed competence in using the equipment during induction and received updates when new equipment was acquired.
- Driver and Vehicle Licensing Agency (DVLA) checks were conducted at the start of employment and on an annual basis. All crew were aware of the need to notify the managers of any changes to their license in line with the driving standards policy.
- The manager told us that the company do not provide a career pathway to paramedic training.

Coordination with other providers

- The service worked closely with local NHS ambulance providers, healthcare providers, social care providers and other private healthcare and transport providers.
- Staff at the local NHS hospital trust reported good working relationships with the ambulance crew members and the managers of the service. We observed effective co-operation between different providers to coordinate patients' transport around their care, treatment and discharge.
- We spoke with staff from one hospital's transport coordinator who told us the service responded well to their requests for transport. They told us if they had any problems, the ambulance crews were very responsive and always provided assistance upon request.
- Staff from a nursing home we spoke with stated staff were always professional and ensured patient care was their priority.
- The crews said they have good relationships with staff at the different hospitals they visited. We observed effective communication between the crews and hospital staff which supporting the coordination of care for patients.

Multidisciplinary working

- We saw evidence of positive multidisciplinary working. Crew members demonstrated good levels of communication with ward staff and booking liaison staff at the hospital.
- During our inspection we saw that crews communicated effectively to ensure patient's needs were met.

Access to information

- Ambulance care assistants received printed daily job sheets at the start of each shift when supporting the local NHS hospital. These included collection times, addresses and patient specific information such as relevant medical conditions, complex needs, mobility, or if an escort was travelling with them.
- The local NHS ambulance trust had access to 'special notes' about a patient such as pre-existing conditions, safety risks or advanced care decisions, this information was provided to the crews when they were dispatched.
- Staff felt they had access to sufficient information for the patients they cared for. If they needed additional information or had any concerns, they spoke with the local NHS hospital trust or the local NHS ambulance trust.
- Staff were issued with packs containing useful material for reference whilst they were out on the road, for example; a set of local hospital floor plans, a pocket guide to vehicle checking and a copy of the DNAR policy.
- General information for staff was accessed through the staff portal which all staff had login details to. The staff portal stored a range of information including policies and training information.
- The managers sent out staff announcements via the portal including company news and any feedback about the service such as complaints. The portal was accessible to employees from home and at work. Announcements were also sent out via email; however, there was no guarantee that staff had read the information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Crew members ensured they obtained verbal consent from patients before assisting them with seat belts or straps.

- Crews told us that they had never come across a patient who refused to travel but if they did, they would call the manager and the host ward to ask for advice.
- There was no specific training in The Mental Capacity Act 2005 but it was was covered briefly in the safeguarding training which was mandatory for all staff. Not all crew members demonstrated that they understood issues around mental capacity.

Are patient transport services caring?

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

Summary

- Communication between all crews and the patients was of a caring and compassionate nature.
- Patients and other healthcare providers spoke positively about the kindness of the crews.
- Crews adapted their communication to meet the emotional needs of patients and their relatives.

However:

- Crews did not always address patients in a way that demonstrated professional courtesy.

Compassionate care

- Feedback from all the hospital staff we spoke with was positive about the care they saw Ability Transport staff providing for patients. They commented on their professional but friendly approach and consideration of the total needs of the patient, not just their medical needs.
- During our inspection, we observed staff demonstrating competent communication skills.
- Three patients we spoke with commented that the crew members were kind and caring.
- Crews delivered care in a way that preserved the patients' privacy and dignity. For example, curtains were drawn around hospital beds when transferring a patient from a bed to a wheelchair and staff offered blankets during the journey if patients preferred to cover themselves.
- Regular users expressed high levels of satisfaction with the service provided by the crews at Ability Transport.
- However, we saw some inconsistencies, for example, two crew members did not introduce themselves to patients at first meeting and frequently referred to patients directly as 'my love'. Whilst the patients they were caring for commented favourably about them, this did not demonstrate professional courtesy. We observed another crew member make all the necessary safety checks prior to a journey, but when at the destination address they did not instruct the patient to stay in the seat until they were available to help and the patient opened the door and stepped into the road.

Understanding and involvement of patients and those close to them

- We observed patients being involved in decisions about their care and treatment. Ambulance crews gave clear explanation of what they were going to do with patients and the reasons for it. Crews checked with patients to ensure they understood and agreed to the treatment offered.
- Crews provided clear information to patients about their journey and informed them of any delays.
- Crews showed respect towards relatives and carers of patients and were aware of their needs; explaining in a way they could understand to enable them to support their relative. One crew member offered tissues and listened patiently to a relative who was tearful as her mother was being transported to a new nursing home to live.

Emotional support

- Communication by crews to patients was flexible in response to the emotional needs of patients. Crews were able to adapt their communication style appropriately depending on the needs of the patient. For example, one patient was very jovial in manner and the crew members engaged in friendly and humorous conversation. Similarly, another patient looked visibly upset and the crew members spoke quietly with the patient and asked if they were all right.
- We saw staff checked patients' wellbeing, in terms of physical pain and discomfort, and emotional state.
- We observed good rapport between PTS crews, patients and their carers whilst accessing vehicles and during journeys.

Supporting people to manage their own health

Patient transport services (PTS)

- Crew encouraged patients to be as independent as possible and provided support where required. We observed crew members enabling and encouraging patients to move independently, providing support and advice where appropriate to help patients to complete the transfer from the wheelchair as independently and safely as possible.

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

By responsive, we mean that services are organised so that they meet people's needs.

We found that:

- The service utilised its vehicles and resources effectively to meet patients' needs.
- Individual needs were met through the use of escorts who could accompany patients on journeys where appropriate.
- Feedback about the service could be given through the company's public website.
- The service responded flexibly to meet local demand.

However;

- External translation services were not available to patient who did not speak English as their first language.
- There was no formal monitoring of referrals, transportation delays or cancelled journeys.

Service planning and delivery to meet the needs of local people

- The service usually had eight vehicles operating on any given day. Each vehicle would complete between six and eight patient journeys.
- There were no formal contracts in place, the scheduling was organised on a daily basis, with most of the bookings coming from the local NHS ambulance services.
- At the time of our inspection the service had been covering a local district hospital from 11am – 11pm on weekdays for the past month as part of a three month pilot.
- The account manager explained that the service provided by Ability Transport Lt. supported the NHS patient transport services in the area and enabled them to focus on the emergency and urgent journeys.
- The current service was flexible and could draw on extra drivers when required.
- Ability Transport also provided a self-pay service to patients directly, enabling patients to be taken to appointments in other parts of the country if required.

Meeting people's individual needs

- Ability Transport ltd. crews were told at the time of booking about a patient's condition – the manager we spoke with, told us that they do not normally convey people whose primary illness was a mental health condition.
- The company sometimes provided transport for patients living with mild dementia, but a carer or family member would normally accompany them.
- Crew members ensured patients were not left at home without being safe and supported. Some patients were discharged from hospital and had a package of care to be arranged at home. If the support person or team had not arrived when the patient came home, the ambulance care assistants called the hospital to find out where they were. The patient would not be left alone until either the care team arrived, or the patient was safe in the care of their family or carer.
- We observed two occasions when the nursing staff on the ward did not give the transport team details of the mental health of the patients they were transferring, and we found that the staff we observed had a lack of awareness around the needs of patients living with dementia or a learning difficulty.
- Translation services were not available for patients who did not speak English as their first language. The account manager said they transported patients from a wide range of cultural backgrounds who would usually have an English speaking family member or friend with them if they did not speak or understand English.
- The manager also told us that patients with additional needs arising from for example, a learning disability would need to travel with an escort as the crew do not have the capacity to look after patients with additional needs along with others who travel at the same time. This system meant that patients with individual needs would receive one to one support by their escort during the journey.

- The booking agents reported when patients had physical disabilities and required additional support to mobilise; Ability Transport Lt. were able to provide ramps, stretchers, and the ability to move patients in their own adapted wheel chairs

Access and flow

- There was no formal contractual arrangement between the NHS and this service. This meant that managers of the service were not routinely monitoring call answering times, transport delays or cancelled bookings. The service responded to demand from NHS trusts but this was not planned in advance through negotiation of contracts.
- For self-pay or individual bookings, Ability Transport Lt. provided a flexible service to suit the needs of the individual.
- If a journey was running late the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.
- Patients we spoke with said they were a reliable service that always came on time, so they were not left waiting for long periods.
- We did not see any evidence of dissatisfaction with the service from patients or from NHS clients

Learning from complaints and concerns

- The service had a robust complaints policy and procedure in place and they adhered to the NHS patient transport provider's patient experience guide. Patients were able to submit compliments or complaints via an easy link on the company's website.
- The company had not received any complaints during the previous year
- We saw a number of testimonials from users who expressed high levels of satisfaction from patients and hospital staff. These were in the form of letters from grateful patients and e mails from hospital liaison staff which were copied and put in the named staff file.
- Patient satisfaction data was also collected by the company's NHS booking agents who fed back any constructive criticism.
- Each vehicle had feedback cards for patients and relatives to complete, however we did not see crews offer them to patients.

Are patient transport services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high- quality person-centred care, supports learning and innovation and promotes an open and fair culture.

We found that:

- Staff felt managers were accessible and supportive.
- Staff were supportive of each other and wanted to deliver good care to patients.
- Policies were in place to support the wellbeing of staff.

However:

- Vision and strategy had not been developed or shared across the organisation.
- There was no ongoing audit plan or quality monitoring of the service.
- There was no ongoing formal process for the staff team to meet collectively to escalate any risks or concerns.
- Communication of key information was inconsistent and did not provide assurance that staff were kept up to date with important changes to practice within the service.
- Managers did not always recognise or act appropriately to key risks within the service.

Leadership of service

- The service had a registered manager, an account manager (who was the nominated individual), and an operations manager who provided leadership to the staff within the service.
- Leaders understood the challenges of the service they provided and accepted the limitation without further ambition.
- The manager spoke to the staff on duty every day and staff were assured that managers supported them if there were any problems. When the manager was not available there was a nominated deputising manager appointed.
- The company had a "Keeping Staff Happy" checklist and policy in place as well as disciplinary and grievance policies & procedures, and an anti-bullying and harassment policy.

- Staff we met spoke positively about the management team and felt able to approach them with any difficulties and issues. Crews told us they spoke to the managers on a daily basis and could discuss anything with them during this time.
- The managers we spoke with were committed to providing a good service but did not take action to assure themselves that the service delivered quality care.

Vision and strategy for this service

- The manager told us that the vision was to be able to consistently achieve and deliver an outstanding service. There was no written strategy or vision for the service and no service development plans.
- Staff working in the service did not know if there was a strategy for the service.

Governance, risk management and quality measurement

- The managers had recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks having been carried out.
- Managers notified staff of changes to policies through e-mail and the intranet, as well as in daily telephone communication. This did not allow for detailed discussion or provide assurance that all staff were aware of changes at the same time or that staff fully understood the implications of the information they received
- There were no ongoing opportunities for staff to meet formally as a team to discuss risks within the service, cascade information or for team development. There were occasional social events organised by the managers but these provided opportunity for staff to meet only in a social context
- Managers within the service did not recognise some risks within the workforce. For example, the manager identified driving penalty points as a risk to the individual but did not recognise the potential risk to patients if ambulance drivers were speeding excessively. .
- The company had a risk register in place, which identified the main risks to the service and the level of risk each entry presented. The register included mechanical breakdown, short notice staff sickness and faulty equipment. Managers did not share these risks with the staff
- The company did not monitor incidents or monitor the quality of the service.

Culture within the service

- Staff told us because the company was small, it felt like a family and they supported each other.
- Staff said there was a fair and just culture within the service free from bullying and harassment. Staff wanted to deliver a good service to patients.

Public and staff engagement

- There was no formal system for public and staff engagement.
- All compliments and thank you messages were fed back to the staff involved and placed in their personal file.

Innovation, improvement and sustainability

- The managers of this service were clear they did not wish to grow or expand the business at this time. They were aware they did not have contractual agreements in place with local NHS trusts and, as such, could potentially lose work at very short notice.
- The manager we spoke with told us that the service was flexible and could grow and respond to increasing demands.
- The service was flexible and if there was a sustained growth in local needs for patient transport journeys for healthcare, the managers told us that they were able to grow the service to meet those needs.
- There were no ongoing quality improvement initiatives within this service.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

Action the location MUST take to improve

- There needs to be a mechanism in place for sharing learning and feedback with all staff following incidents, complaints, patient feedback to reduce the risk of reoccurrence.
- Governance processes, quality assurance measures and processes need to provide effective oversight of all aspects of the service.

Action the hospital SHOULD take to improve

- Ensure staff consistently follow the organisation's policy for daily vehicle checking.
- Ensure staff consistently follow infection control procedures. Equipment should be cleaned between each patient.
- Develop systems to measure and audit the quality and performance of the service.
- Ensure all staff address patients in a manner that demonstrates professional courtesy.
- Make external translation services available to patients who do not speak English as their first language.
- Ensure there are ongoing formal opportunities for staff to meet as a collective team to contribute to the overall governance of the service.
- Put systems in place to share key information with staff in a timely manner.
- Ensure the risk register reflects the risks identified within the service.
- Develop a policy that addresses risks associated with staff receiving driving convictions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12(2)(b) Good Governance **How the regulation was not being met:** There was no system in place to discuss incidents with staff and share learning.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17(2)(a)(f) **How the regulation was not being met:** · Adequate audit, risk management and control systems were not in place. · There were insufficient quality and monitoring processes in place to provide oversite and implement improvements.