F4Control Limited

first4care

Quality Report

The Old Station
High Street
Edwinstowe
Mansfield
Nottinghamshire
NG21 9HS
Tel: 0162382222
Website: www.first4care.co.uk

Date of inspection visit: 22 - 23 January 2018
Date of publication: 04/04/2018

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	

Summary of findings

Letter from the Chief Inspector of Hospitals

First4care is a trading name of the registered provider F4Control Limited. F4Control Limited operates from a registered location in Edwinstowe, Nottinghamshire whilst providing patient transport services from a satellite location in Bourne, Lincolnshire. Patient transport services were provided under the trading names of 'first4care' and 'Human Touch.'

F4Control Limited had undergone considerable managerial and operational change in the six months prior to our inspection. Applications were in progress to register Bourne as a location and to change the registered manager.

The regulated activity provided by F4Control Limited was patient transport services (PTS) utilising ambulances bearing the trading names of 'first4care' and 'Human Touch.'

The inspection identified the service was also providing school transport out of the Edwinstowe location, under the trading name 'first4care.' Ambulances used for this service were not adapted to provide medical intervention and did not transport children to a medical facility. Therefore, this element of service was outside the scope of regulated activities.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 22 and 23 January 2018.

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.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service was responsive to differing levels of commissioned activity.
- Staff were committed to providing safe care to patients; this was reflected in patient feedback cards.
- Ambulances and equipment were well maintained and met infection prevention and control requirements.
- Staff were trained and assessed as competent to do their job.
- There was an incident reporting culture with sharing and learning actively encouraged.
- Managers were visible, approachable and expressed a pride in the staff.
- Managers were clear about the future of the business and shared their vision and strategy with all staff.
- The service was implementing an innovative approach to staff appraisal.

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

- Staff did not have clear guidance for the administration of oxygen.
- Staff were unsure who was their line manager.
- Policy documents did not consistently identify the trading names of the provider.

Following this inspection, we told the provider that it should take some actions to address the issues identified, even though a regulation had not been breached, to help the service improve. Following our inspection, we were provided with evidence to indicate all the identified issues were being addressed.

Heidi Smoult

Summary of findings

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		The independent ambulance service provided patient transport services (PTS) on a commissioned basis to NHS trusts and other independent healthcare providers. The PTS service operated out of a satellite location in Bourne, which was in the process of being registered as a location with the CQC. Staff were employed on zero hour bank contracts. We found the service to be well managed and provided safe care to patients. This was supported by staff, patient and commissioner feedback.

first4care

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Background to first4care

First4Care is a trading name of the provider F4Control Limited. First4care was registered in 2015 for the purpose of patient transport services (PTS) operating out of the provider's registered premises in Edwinstowe, Nottinghamshire. At the time of our inspection, two PTS ambulances operated out of the Edwinstowe location and ten PTS ambulances operated out of the satellite location in Bourne, Lincolnshire.

F4Control Limited had undergone a period of reorganisation following the acquisition of an independent ambulance service (Human Touch). This meant staff, working for first4care or Human Touch, had undergone a period of management of change. Staff were employed as PTS crew working interchangeably on first4care and Human Touch ambulances.

The service had been operating under the revised organisation since August 2017. Therefore, all evidence acquired during this inspection represents the period August 2017 to January 2018.

The service carried out PTS under contract to NHS trusts, clinical commissioning groups and other independent ambulance services.

The service had a registered manager (RM) since September 2015. At the time of our inspection, the service had applied to change the registered manager.

Our inspection team

The team, which inspected the service, comprised a CQC lead inspector,one other CQC inspector, and a specialist advisor with expertise in independent ambulance services. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

- Patient Transport Services

During the inspection, we visited the registered location at Edwinstowe and the satellite location in Bourne. We spoke with 12 staff including; senior managers, ambulance crews, administrative and support staff. We accompanied six patients being transported to or from NHS trusts. We reviewed 34 patient feedback cards.

Additionally we reviewed electronic patient activity logs and six staff records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Activity (August 2017 to January 2018)

- In the reporting period August 2017 to January 2018 there were 3,776 patient journeys undertaken.

Track record on safety for the period August 2017 to January 2018, there were:

- No never events reported by the service
- Six incidents reported
- No serious incidents reported by the service
- No formal complaints recorded by the service.

Summary of findings

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- First4care operated under the corporate policies of the provider F4Control Limited. We were provided with a copy of the Untoward Incident Reporting Policy V1.0, reviewed August 2017. This policy was referenced and provided guidance for all staff about their responsibility for reporting, investigating and responding to incidents.
- There were six reported incidents for the period August 2017 to January 2018.
- Incident reporting was in paper format with forms available on all ambulances. Completed forms were reviewed by the senior manager, actioned and filed securely at the Edwinstowe and Bourne premises. We reviewed three incidents, which included a detailed description, senior review and actions taken. These were a failed discharge, a patient becoming unwell when loaded onto the ambulance and concern about an unaccompanied patient living with dementia. Actions included communication with the commissioning trust and advice to all staff on what to do in similar circumstances.
- All staff spoken with were familiar with the incident reporting process and told us they would complete a form and contact the manager on call for advice, if required. Whilst on inspection we saw documentary evidence of contact with the on-call manager for advice relating to a potential incident.
- The service had not reported any serious or never event incidents in the period August 2017 to January 2018. "Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers."
- We saw a copy of a Duty of Candour Policy V1.0 reviewed August 2017. This policy outlined the principles of being open and the expectancy of all staff to be familiar with Duty of Candour requirements. The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology. We saw documentary evidence where a family member had being contacted in relation to a failed discharge providing information about the incident and the whereabouts of their relative.
- Information about incidents was shared with staff through a weekly newsletter. Staff told us they found this useful and informative.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The service did not use a clinical quality dashboard.
- Safety alerts and operational information was shared with staff using the weekly newsletter.

Cleanliness, infection control and hygiene

- The satellite location at Bourne was the main facility from which patient transport services (PTS) activity took place. There were ten ambulances based at this facility. We inspected four ambulances and found them to be visibly clean and in good order throughout.
- Ambulance crews completed a cleanliness check of their designated vehicle and were responsible for cleaning at the end of their shift. Additionally there was a ready to dispatch person with responsibility for daily maintenance and cleanliness of ambulances and the premises.
- Cleaning equipment provided was colour coded and single use. For example, this enabled staff to select the correct coloured mop to clean specific areas, reducing the risk of cross infection between patient and non-patient areas.
- Deep cleaning took place monthly, with pre and post swabbing for viral and bacterial contamination, to monitor effectiveness. This was carried out internally and by a specialist commercial cleaning company. We saw documentary evidence of the swab reports. Audits showed post-cleaning swabs to have no growth. We were told a positive swab would initiate repeat deep cleaning
- In the event of an ambulance contamination with clinical waste, whilst in service, the crew returned to base to enable cleaning to take place and a vehicle replacement collected. The service had in-house 'make ready operators' who ensured the vehicles were cleaned and ready for service.
- Whilst observing PTS activity we saw equipment and seating disinfected between patients.

- The provider had a contract with a specialist company for the removal of clinical waste monthly, or more frequently if required. The Bourne premises had a sluice area where clinical waste could be flushed away. Clinical waste bags and ties were provided and a locked wheelie bin was used to keep waste safe prior to collection. We saw the contract and record of clinical waste collections, last collection was 17 January 2018.
- Dirty linen was either exchanged for clean at NHS trusts between patients or returned to base and bagged. This was then delivered to a local NHS trust where an exchange agreement was in place.
- Personal protective equipment (PPE) including gloves and aprons was available on each vehicle and hand-cleansing gel was provided. We observed hand gel being used by crewmembers between patients.
- Infection Prevention and Control (IPC) training was provided for all staff on induction and as part of mandatory training. Records showed 100% of staff had completed this training.
- All staff were provided with a uniform and a copy of the uniform policy, which included washing instructions to comply with infection control guidance. One crewmember told us uniforms should be washed at 60 degrees and changed after each shift to prevent cross-infection.

Environment and equipment

- At the time of the inspection, the service operated two PTS ambulances from the Edwinstowe location and ten PTS ambulances from the satellite location in Bourne.
- Information relating to each vehicle was recorded on the provider's electronic management system. This included service history, MOT, equipment maintenance and safety testing. We reviewed four electronic records and all were up to date. Where faults had been identified, the system included a description of the fault and action taken.
- We were provided with a copy of the provider's certificate of motor insurance, which was valid until October 2018.
- Servicing and equipment maintenance was contracted to appropriate specialist garages or equipment manufacturers. We saw evidence of these contracts and the servicing records.
- There were no garage facilities at Edwinstowe or Bourne. Vehicles were parked in spaces adjacent to the buildings.
- The service purchased ambulances from NHS providers. When vehicles were six years old the provider registered them with a local authority for taxi use, this enabled them to transfer the ambulances into their school run business. Replacement ambulances were bought as required to replace those transferring and to reflect increasing business demand.
- Single use items on all ambulances were in date. For example oxygen masks and tubing. Replacement items were stored at the Bourne satellite location.
- Ambulances were able to accommodate stretcher patients. Stretchers had been serviced and checked for safety, this was recorded in the electronic system.
- Additionally the service had a bariatric ambulance and were able to offer specialist bariatric services. We did not see this vehicle during our inspection.

Medicines

- The provider had a medicines management policy V1.0 dated August 2017. The policy referred to recognised guidance policies including Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the nursing and midwifery council (NMC).
- The service did not carry or administer medications on the PTS ambulances. However, oxygen was available, either piped or in cylinders stored on the ambulances. The oxygen flow meters were all in date and recorded as being calibrated.
- The provider covered administration of oxygen with ambulance crews during training. However, staff told us there was no policy or guidance regarding oxygen administration on PTS journeys. We escalated this to a senior manager who told us they would address this as a matter of urgency. Following the inspection, action taken included the provision of a laminated oxygen administration algorithm (flow chart) in each PTS vehicle. We were provided with a copy of the flow chart.
- Patients were responsible for their own medications whilst on the PTS ambulances. However, the crew recorded all bags, carried by patients, taking note of those marked as medication.

Records

- At the beginning of each shift, the ambulance crew collected a work sheet, which included patient names

and details of the booked journey. The sheet included any special notes provided. We saw one note, which requested the crew took a bariatric wheelchair with them.
- We were told other special notes may include do not attempt cardio pulmonary resuscitation (DNACPR) or other medical conditions such as epilepsy.
- Each ambulance had a file, in the driver cab, for the storage of all documentation. This was out of sight of patients and other passengers. We observed this practice whilst travelling with a PTS crew. We were assured patient confidentiality was maintained.
- At the end of a shift, the work sheets were returned to base and stored in a locked room.
- Each morning the sheets were collected by an administrator and details transcribed onto the electronic management system. Paper copies where archived in locked cabinets and shredded after three years in line with provider's records management policy.

Safeguarding

- The service had a named safeguarding lead who had completed safeguarding training to level three as part of professional registration. The service also had contact names for safeguarding leads for commissioners of their service.
- All PTS crew were required to complete accredited on-line safeguarding training, level three, for adults, children and young people, before being able to commence work on the ambulances. This was evidenced within the staff training records and corroborated with staff members.
- The service had a leaflet on all ambulances, which provided guidance to crewmembers if they identified a safeguarding concern. The leaflet included general principles, definitions and telephone numbers for advice.
- The manager told us, on receipt of a concern; they would assess the situation and inform the local NHS trust, care home or local authority as appropriate. Whilst on inspection we were shown documentation of a safeguarding concern regarding rough handling of a patient by care home staff. Action taken was the completion of a safeguarding record form and contacting the safeguarding lead for the care home.
- Staff told us they were comfortable raising safeguarding concerns and would not hesitate to contact the manager on call.
- The service told us they rarely received feedback from NHS trusts or local authorities after raising a safeguarding concern.

Mandatory training

- Staff electronic records provided to us prior to inspection indicated 100% of staff had completed their mandatory training requirements. Records indicated renewal dates for each subject.
- Mandatory training consisted of in-house classroom based and e-learning modules. Classroom subjects included manual handling, fire safety, infection prevention and control, basic life support and first aid. E-learning included conflict resolution, dementia, equality and diversity, fire safety, health and safety at work, infection prevention and control, information governance, mental capacity and deprivation of liberty safeguards, safeguarding children level three and safeguarding vulnerable adults.
- All crewmembers were required to undergo a driving assessment, with an advanced driving instructor, prior to commencing PTS duties. We saw evidence of the driving assessment report in staff records and planned dates for renewal after three years.
- Staff spoken with said the mandatory training provided was relevant to their work.

Assessing and responding to patient risk

- When collecting a patient the crew made an informal assessment. This was based on the patient's appearance, ability to communicate and handover from ward staff. Staff told us if they had any concerns, they would discuss with ward staff prior to taking the patient on the journey. If they continued to be concerned, they would contact the manager on call for advice.
- At the time of our inspection, the service did not have documented eligibility criteria. Eligibility was under the guidance of the commissioning service. However, following discussion the service produced a 'Safe for Discharge Guide', which was shared with all staff.
- The PTS crewmembers did not undertake clinical observations such as blood pressure, pulse, temperature or respiratory rate.
- If a patient became unwell or had a medical emergency whilst on a vehicle, staff were trained to commence resuscitation and had access to oxygen and an automatic defibrillator. Staff were advised to call 999 for assistance.

Patient transport services (PTS)

Staffing

- At the time of our inspection the provider F4Control Limited employed 24 staff on a zero hours contract to crew PTS ambulances. There were 16 members of new staff undergoing the recruitment process. The service had held informal information evenings and advertised via social media to attract staff.
- The 24 PTS crewmembers had a range of experience and qualifications from first responders, ambulance technicians and ambulance care assistants, providing adequate resources to ensure each vehicle included an experiences crewmember.
- Each PTS ambulance had two crewmembers. One was usually senior in terms of experience although both had equal responsibility and shared tasks including driving. Breaks were taken during shifts when convenient to do so; crews were expected to contact the schedulers of the NHS / care providers to negotiate down time during their shift.
- Staff provided the administrator / coordinator with their availability for work and were rostered accordingly. Unplanned staff absences were managed through contacting staff to provide cover.

Response to major incidents

- The service did not have a specific policy in the case of a major incident. They told us they would respond to commissioners and emergency services instructions.
- We were given an example of how the service had been asked to assist during a local emergency, transporting people to a place of safety during flooding.

Are patient transport services effective?

Evidence-based care and treatment

- The provider had reviewed and updated service policies during August 2017 and December 2017. For example Safeguarding Adults Policy, Risk Assessment Policy, Duty of Candour Policy, Clinical Governance Policy and Driving Policy. Each included reference to appropriate legislative bodies including Driving Standards Agency, Safeguarding Intercollegiate Document, National Institute for Health and Care Excellence and Mental Capacity Act.
- Staff had access to policies on-line through a staff login on the provider's web site. This meant staff could access information remotely if required.
- Staff spoken with during the inspection and by telephone told us they could access policies and changes were communicated through the weekly newsletter. We saw examples of the newsletter where policy information had been included.
- Policies were printed in a variety of formats with the provider name followed by different trading name logos. We raised this with the managers, as it was not always clear to which trading name the policy applied. There was an agreement to review all the policies' format and ensure there was a consistency of presentation. Following the inspection, we were provided with a copy of a revised header to be used on all documents, which included the provider and trading names.

Assessment and planning of care

- Where possible information about patient's needs were provided to the patient transport service (PTS) crew. For example a patient living with dementia who may require an escort or a patient who required additional equipment, such as a bariatric wheelchair. However, crews did not always know in advance, this was due to the nature of the contracted work, for example to support a NHS trust with discharges. In this case, the crew asked the discharge nurse if there were any particular needs. Any concerns would be raised directly with the trust or the service on-call manager.
- The PTS ambulances carried bottled water for patient use.
- The PTS crew were not qualified to clinically assess pain or administer analgesia (pain medication). Patients could administer their own medication during a journey or in extreme circumstances be returned to their collection point for advice.

Response times and patient outcomes

- Crews maintained a log of their activity for each journey. This included collection time, time patient got onto vehicle, time left hospital, arrival time and clear time (end of journey). Information was logged onto the service electronic system and key performance indicator (KPI) reports created. We were provided with an example of a KPI document and observed information being logged onto the electronic system.

- Activity logs were monitored for quality of service provided and service planning.

Competent staff

- The PTS staff had a range of experience including ambulance technician, first responders and ambulance healthcare assistants. We reviewed four staff records and saw photocopied certification as evidence of completed training prior to working for the service and records of all in-house training. We were assured staff received appropriate knowledge and skills training to enable them to do their job.
- All staff received induction training in August 2017. We were provided with a copy of the syllabus, which included related topics for patient safety, health and safety, infection control, e-learning units and operational items. Staff told us training provided was relevant to their job. Staff training consisted of classroom sessions, a practical driver assessment and e-learning. Staff were required to complete all induction training within a month of commencement with the service. We saw evidence of completed training in staff records reviewed.
- All ambulance crewmembers completed a competency handbook, which included signatures to indicate completion of classroom theory, observation of practical skills and demonstration of competence. For example moving and handling of people.
- The service was developing a new staff appraisal system, based on the CQC five domains of safe, effective, caring, responsive and well-led, incorporating CQC's key lines of enquiry (KLOEs). We saw documentation for the new system and an example of a pilot appraisal. All staff had planned dates for appraisal throughout February, March and April 2018. However, we were unable to assess the effectiveness of the appraisal system as staff had been employed less than six months at the time of our inspection. Those staff, who had transitioned into the revised company, reported having had effective appraisals in the past.
- Following pre-employment checks including references, Disclosure and Barring Service (DBS), occupational health, driving licence and interview staff were required to complete a classroom and online induction programme before working on a PTS ambulance with an experienced mentor.
- Training was provided in classroom facilities located at the Bourne satellite location and through an accredited on line training service. Staff were able to access and complete online training remotely. All on line training included a test with minimum score requirement prior to the provision of a certificate of competence.
- All PTS crew presented their driving licence six monthly. A driving assessment was completed prior to being able to drive the PTS ambulances. This was repeated if a crew member had been involved in an accident or a concern raised. Staff told us the driving assessment was very good and enabled them to gain specialist driving skills.
- There was a procedure in place to manage staff with poor performance. The policy was available via the staff login on the service website.

Coordination with other providers and multi-disciplinary working

- There were no formal multidisciplinary meetings. However, staff did have access to experienced clinical and managerial personnel and told us they worked with other agencies to enable them to meet patient needs. This involved communication with other healthcare professionals for example, nurses, discharge coordinators and care home staff.

Access to information

- Staff were provided with information prior to transferring patients. This was included on the daily patient transfer journey log. Additional information could be communicated by mobile telephone to the individual crews.
- Staff told us they were made aware of patients who had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status.
- Each vehicle had a portable satellite navigation system for staff to use.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Information provided showed staff had completed training in Mental Capacity Act (2005) and Deprivation of Liberty Safeguards as part of induction and on-going training. All staff we spoke with had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- We observed staff acquiring verbal consent while transferring patients. This included getting permission and explaining the need for restraint (seatbelts / wheelchair securing) during the journey.

Patient transport services (PTS)

Are patient transport services caring?

Compassionate care

- During our inspection, we accompanied a patient transport service (PTS) vehicle and observed interactions between crewmembers and patients. We found all interactions to be polite, patient focussed and empathetic.
- We saw 34 'free post' cards, completed by patients or carers. All but two were positive about their experiences saying the crew were kind, friendly and helpful. The two negative cards referred to an uncomfortable journey and one where the patient felt cold.
- In feedback from commissioners of the service, comments included 'We found the crews to be professional and caring.' None reported having received adverse comments about the service.
- We were told of an occasion when a crew responded to a patients concern that there would be no milk or bread in the house on return home. The crew stopped to purchase these items for the patient.

Understanding and involvement of patients and those close to them

- We noted one additional passenger was accepted to provide support for a patient living with dementia. Staff told us they would always accommodate an escort, on journeys, if they were able to safely in the patient's best interest.

Emotional support

- Staff offered reassurances to patients about how long the journey would be and that they would arrive for appointments in good time.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The service was dependant on NHS trusts and independent providers commissioning their services for patient transport services (PTS). Demand had been variable and in the previous two months reflected the national high level of activity because of winter pressures. However, the service was able to demonstrate adaptability to the variable levels of demand for PTS provision.
- Service planning was managed at the Bourne satellite location with ambulances allocated up to four weeks in advance. However, activity could change on a day-to-day basis, and the operational manager and PTS coordinator worked closely together to allocate work to the most geographically located crew.
- Information provided by NHS Trusts and independent providers for whom the service carried out patient transport indicated the quality of service provided had been within the expectations of delivery. One provider stated 'their overall quality of service was excellent for our specific needs.'

Meeting people's individual needs

- Two crewmembers worked on each ambulance. This meant one crewmember was able to offer support to patients as required during the journey.
- Each ambulance had an information book, which included key information in several languages. Some patients travelled with a family member or friend who was able to help them communicate with the crew if needed. Telephone access to an interpretation service was available. Staff told us they were aware of these aids to communication and how to access them.
- The service offers a bariatric service, including the provision of a bariatric wheelchair.
- Staff told us they were aware of the needs of patients with confusion. For example those living with dementia. Escorts were permitted on the ambulances, if required.

Access and flow

- Scheduling of PTS ambulances was under the control of the patient services coordinator, based at the Bourne satellite location. Staff were rostered to commence work at a time, which enabled them to travel to the scheduled activity. On the day of our inspection, crews had left the base at 6am and 8am ensuring resources arrived at the time required.
- We saw examples where, if capacity allowed, crews were provided with additional journeys during a shift.
- Crews recorded arrival at collection point, patient on vehicle time, leaving time, arrival at destination and total time on vehicle. We saw evidence of records provided as key performance indicators to

commissioning CCGs. One record for September 2017showed 97 patient journeys with on vehicle times ranging from nine minutes to 2 hours 17 minutes. Delays were documented as 'waiting for patient meds and patient requiring hoisting.'

Learning from complaints and concerns

- The service had a complaints, comments, concerns and compliments policy V1.0 approved August 2017 with a review date of December 2019. The policy included responsibilities of individuals on receiving a complaint, the provider's aims and principles of complaint management and a summary of timescales for response. The policy also included information about being open and honest with those raising a concern.
- All ambulances carried a supply of leaflets entitled 'How to make a suggestion, thank your crew or complain about us'. They also carried the freepost comments cards, which we saw, being given to patients during journeys.
- At the time of our inspection, there were no outstanding complaints for the service.

Are patient transport services well-led?

Leadership / culture of service related to this core service

- At time of inspection the registered manager was the owner of the company however, there was an application with the CQC for a change of registered manager. This was confirmed by CQC registration.
- The service had a clear management structure with designated responsibilities for business continuity and patient services. This was made up of a Managing Director and a Chairman, Head of ambulance operations, patient transport services (PTS) operations manager and an administration team.
- The clinical director, a registered paramedic, was in the process of applying to be the CQC designated registered manager for the service. The management team were all experienced in the provision of independent ambulance services.
- Leaders were visible and staff told us they could always contact a manager for advice. We observed the on-call manager being contacted for clinical and operational advice during our visit. However, staff also told us they were unclear who their line manager was. We informed the management team of this during our feedback. Post inspection we received evidence of communication regarding this both in a previous and recent newsletter, we were also informed it would be highlighted during induction training.
- During discussions with staff, they commented they did not find pay slips gave a clear breakdown of payments and deductions. We raised this with senior managers who, post inspection, provided evidence of how this issue had been addressed. The newsletter dated 26 January 2018 included a screenshot of a payslip with explanatory notes.
- The business and service managers were visible and provided support to all staff. Staff told us they felt supported and were comfortable raising any concerns they may have. They said there was always someone available 24 hours a day.
- Morale was high, staff felt they worked for a 'good team' and had equal opportunities for development. However, staff also told us that during this period of change, it had been very busy and therefore there had not been time for additional training.
- Staff said there was no bullying or harassment and staff were treated equally.
- Changes made to the service had been communicated to all staff and their concerns acknowledged. This was demonstrated in the staff meeting minutes September 2017.
- The workforce represented the ethnic diversity of the county from which it operated with 92% white British and 8% ethnic minority employees. The service did not have a workforce, race, equality standards (WRES) policy. However, we were provided with a copy of a completed WRES reporting template, dated January 2018.

Vision and strategy for this this core service

- The provider F4Control Limited acknowledged the company was a transitioning business affecting the services provided under the trading name of first4care. However, there was a clear vision for future development of the business and an agreed strategy for expansion. The plan was to extend service to provide high dependency ambulances, front line ambulances (999), rapid response ambulances, critical care transfers and a bariatric service.

Patient transport services (PTS)

- Senior managers agreed about the plans for the service but acknowledged this was dependant on successful and sustainable development of the patient transport service (PTS).
- Staff spoken with were aware of the company ambitions for expansion and expressed an enthusiasm for the opportunities it provided in terms of personal and career development.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The provider's governance framework applied to all the service trading names. There was a clinical governance policy V1.0 dated August 2017. This policy outlined the principles of clinical governance and the company's responsibility to ensure patient and staff safety.
- All incidents were reviewed by a senior manager with outcomes and actions shared with staff through the weekly newsletter. This is the preferred communication method, as shifts and geographical distances meant staff had difficulty attending regular meetings.
- All staff had an up to date Disclosure and Barring Service (DBS) check. We saw certificate numbers recorded in staff files and a date for renewal at three years.
- A risk register was maintained by the provider, which was rag rated red-high risk; yellow-medium and green-low risk and included actions required and review date. Risks included recruitment of staff, business continuity and failure of information technology systems.
- We were provided with an example of a key performance indicator (KPI) record. Staff completed the PTS log for each journey, which was transcribed onto the service electronic record. Data collected allowed analysis of service provided and alignment to commissioners KPIs. Any variation was reviewed by a senior manager to establish why a KPI had not been achieved and what action should be taken to address the variation.

Public and staff engagement (local and service level if this is the main core service)

- Freepost patient feedback cards were given to patients traveling on the PTS ambulances.
- We saw meeting minutes from September 2017, which covered a wide range of topics relating to the transition period of the company. This included safety issues such as training and increasing acuity of patients as well as concerns staff had in relation to the transition period.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- The service was proud of its staff appraisal documentation, which was in the process of being introduced.