

## L&T Patient Transport Services

# L&T Patient Transport Services Wokingham

### Quality Report

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Berkshire

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Date of inspection visit: 20 March 2019

Date of publication: 03/05/2019

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

### Ratings

Overall rating for this  
ambulance location

Good



Patient transport services (PTS)

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

L&T Transport Services Wokingham is operated by L&T Patient Transport Services. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 20 March 2019.

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

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

The main service provided by this service was patient transport services.

We rated it as **Good** overall.

We found the following areas of good practice

- The provider was committed to improving and developing the business.
- The provider had sourced external training providers to develop staff.
- The vehicles were in good condition, well maintained and visibly clean.
- The service planned journeys taking into account the needs of patients.
- The registered manager clearly understood the principles of the Mental Health Act (1983) Code of Practice and its relevance to their service.

However, we found the following areas that require improvement

- Not all staff were up to date with mandatory training.
- There was no process for monitoring journey times and metrics.

**Dr Nigel Acheson**

**Deputy Chief Inspector of Hospitals (London and South), on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating

Good



### Why have we given this rating?

L&T Patient Transport Services is an independent ambulance service. The service primarily serves the community of Berkshire. There were no formal contractual or service level agreements in place. The service worked on an ad-hoc basis for local authorities or NHS transfers. The service transported patients requiring renal dialysis and patients discharged from hospital but would also transport patients with mental health conditions, physical health problems, patients with learning disabilities and patients living with dementia. The service did not transport patients under 18 years of age.

Good



# L&T Patient Transport Services Wokingham

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to L&T Patient Transport Services Wokingham

L&T Transport Services Wokingham is operated by L&T Patient Transport Services. It is an independent ambulance service in Wokingham providing patient transport services. The service primarily serves the community of Berkshire. The service did not work with formal contractual or service level agreements. The service worked on an ad hoc basis for local authorities or NHS transfers. The service transported patients requiring renal dialysis and patients discharged from hospital but would also transport patients with mental health

conditions, physical health problems, patients with learning disabilities and patients living with dementia. The service did not transport patients under 18 years of age.

The service has had a registered manager in post since July 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC assistant inspector, and a specialist advisor who had experience and knowledge of

emergency ambulance services and non-emergency patient transport services. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection (interim).

## Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Not rated	Good	Good	Good
Overall	Good	Good	Not rated	Good	Good	Good

# Patient transport services (PTS)

Safe	Good	
Effective	Good	
Caring	Not sufficient evidence to rate	
Responsive	Good	
Well-led	Good	
Overall	Good	

## Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the registered location in Wokingham. We spoke with the registered manager.

At the time of our inspection, which was unannounced, the service was mainly fulfilling night shifts so we were unable to speak with staff. We were unable to speak with patients or relatives during our inspection as there were no patients transported on the day of our inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once before, and the most recent inspection took place in March 2018. At the time of the first inspection we were unable to rate independent ambulance providers, however we found that the service was meeting most standards of quality and safety it was inspected against.

Activity (March 2018 to February 2019)

- In the reporting period March 2018 to February 2019 there were 3,332 patient transport journeys undertaken.
- In addition to patient discharge journeys these included;
  - Dialysis patient journeys – 1,071
  - Dementia / Memory clinic journeys – 560

- Mental Health patient journeys - 70

One registered mental health nurse and six patient transport drivers worked at the service. The service with two vehicles.

Track record on safety

- There had been no never events
- There had been no incidents that had resulted in harm.

There had been no complaints.

# Patient transport services (PTS)

## Summary of findings

### Are patient transport services safe?

Good



We rated it as **good**.

#### Incidents

- **Staff recognised incidents and had a process to report if necessary.**
- The service had an incident reporting policy in place which was in date. This detailed the system for reporting and investigating incidents. The registered manager was responsible for following the organisation's procedure when an incident was raised.
- Staff used a paper incident form to record and log incidents and these were available on each vehicle and in the main office.
- The service told us of one incident had been reported during the period March 2018 to February 2019. The incident involved a patient slipping off a step whilst exiting an ambulance. We were told an incident form had been completed and the commissioning trust were informed as was required as part of the contract. The commissioning trust were reviewing the incident and at the time of the inspection had not reported any findings or learning to the service. The service had reviewed the incident themselves. Although they found no fault with the service the provider gave some additional training to staff regarding providing assistance to frail patients.
- The service had not reported any never events since it became operational in July 2017. Never events are serious incidents that are entirely preventable because guidance or safety recommendations provided strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- 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. This includes giving them details of the enquiries made, as well as offering an apology.

# Patient transport services (PTS)

- The service had a duty of candour policy and the registered manager was aware of his responsibilities and the need to be open and honest with patients if a mistake was made.

## Mandatory training

- **The service provided mandatory training in key skills to all staff and monitored compliance. We found improvements had been made since the last inspection.**
- Following the last inspection, the service had sourced training from a variety of external organisations. This included both online, or e-learning, and face-to-face classroom based training. This meant the service was providing staff with in-house training which was an improvement since the last inspection.
- Mandatory training comprised 15 subjects including, but not limited to, manual handling, dementia awareness, safeguarding adults and infection prevention and control.
- The registered manager monitored and identified mandatory and statutory training requirements for individual staff members. This was an improvement since the last inspection. Staff were expected to complete mandatory training within six months of starting work. However, on our review of the mandatory training records, we found that the records showed many staff had not completed this. We raised this with the registered manager at the time and he believed it was due to an error on the system.
- If staff were required to drive, the registered manager would complete a driving assessment before employment. We saw there was a box on the staff induction training sheet to tick when this had been completed. We saw documentation that this had been carried out and staff had valid drivers' licences.

## Safeguarding

- **Staff had received training to understand how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse.**

- The service had an up to date safeguarding policy which outlined the procedure for staff to follow if they had a safeguarding concern. Records we saw confirmed most staff had received training about how to protect patients from abuse.
- At the last inspection we saw safeguarding training had been completed by other staff members but this was with another employer. Safeguarding training was now completed as in-house as part of the service's mandatory training and we saw six of the seven members of staff had now completed this subject.
- The registered manager was the lead for safeguarding. The registered manager had completed safeguarding training which included safeguarding training for sub-contractors with the local NHS ambulance trust. The registered manager currently had level two, safeguarding children and vulnerable adults training.
- At the last inspection the registered manager had been booked to attend level three safeguarding training. The registered manager had been unable to attend the training and was waiting for a further date to become available to secure a place on another course.
- The registered manager described how the service would follow the requirements of the commissioning trust if they had a safeguarding concern relating to one of their patients. However, the registered manager was aware that they also had a duty to report any concerns and showed us that he had the contact details to do this. We saw staff had received online level two safeguarding training (adults and children), which was appropriate to their role.
- Each vehicle had information regarding safeguarding with details of relevant authorities to contact if required.
- The registered manager told us the service had not had to make any safeguarding referrals.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** They used control measures to prevent the spread of infection.
- The service had an infection control policy, which addressed all relevant aspects of infection prevention



# Patient transport services (PTS)

and control including environmental cleaning and laundering of uniforms. This had been personalised for the service provided and only included information that was relevant to the service being delivered.

- Since the last inspection the service had subscribed to an external service which provided advice and guidance in number of areas including health and safety, cleaning and infection control.
- The registered manager told us staff were aware of how to maintain cleanliness and to reduce the risk of the spread of infection. We were provided with an example relating to a patient being collected from a hospital ward on which there was norovirus. Upon arriving L&T staff observed the patient being unwell. They alerted the ward staff and informed them they did not feel it was appropriate to transport the patient. The patient remained in hospital and was cared for by the nursing team.
- We saw cleaning audits which were carried out monthly. The audits had clear actions on items that did not reach the required standard. This was an improvement following the last inspection.
- The service had two vehicles which were both uncluttered and visibly clean. The registered manager told us vehicle deep-cleans were carried out every two months.
- The registered manager identified patients with infection risks at the time of booking. This ensured staff were aware of any precautions they should take to reduce the risk of cross infection.
- After each patient transport, areas where the patient had come into contact with were cleaned. We saw the daily cleaning was recorded on a template in the main office. There was no documentation on the vehicle to show it had been cleaned in between patients or at the start of the shift.
- The vehicles we inspected had access to clinical waste bags. The registered manager told us staff were able to dispose of clinical waste at a local hospital.
- Uniforms were provided by the service and designed to be washed at high temperatures and enable staff to be bare below the elbow. Staff had access to personal

protective equipment such as gloves and aprons to reduce the risk of the spread of infections between patients and staff. We observed hand sanitisers on the vehicle we inspected.

- The vehicle we inspected contained spill kits to enable staff to safely deal with spillages of body fluids.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service had increased the number of vehicles since the last inspection and now had two ambulances. One had five seats and space for three wheelchairs. The second had one stretcher, four seats and space for wheelchairs. The vehicles had been fitted with wheelchair safety restraints for the safe transportation of patients. The vehicles were also fitted with a hydraulic ramp to help with patient access to the vehicles.
- The vehicles were parked on a road when not in use and checked daily, seven days a week. There were checklists staff completed which included before starting and before moving off. The before starting checks were those which were essential to the immediate safety of the staff and patients. This included, for example, first aid kit, fire extinguisher, the outside of the vehicle, tyres and bodywork. The before moving off checks had to be completed before the vehicle moved and related to the roadworthiness of the vehicle, for example, the front and rear lights working.
- We reviewed the checklists and saw that vehicle checks were carried out daily and the forms had been completed correctly.
- We saw details of road tax, fleet insurance and, where applicable, MOT testing for the vehicles.
- Repairs or servicing would be carried out from the garage it was purchased from. We saw invoices and receipts of work carried out on vehicles which confirmed this.
- The service had 24-hour breakdown cover for the vehicles. The registered manager explained in the case of a breakdown, staff would assess the risk to the patient, and would arrange for a taxi or an NHS ambulance to continue the patient's journey safely.

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- Each vehicle carried a first aid kit, high visibility jacket, high visibility vest, vomit and urine bowls and foil blankets in case of emergencies.
- The vehicles had equipment to help transfer patients safely and comfortably. This included transfer boards, a carry chair and wheelchairs. All pieces of equipment were serviced once a year and we saw evidence this had been completed.
- We saw keys to the vehicles were kept securely in the main office.
- The service did not use radios. There was a company mobile phone in the vehicles for communication. The vehicles could be tracked using a tracker on the phone.

## Assessing and responding to patient risk

- **The service had procedures in place for assessing and responding to patient risk.**
- Patient risk assessments were undertaken and triaged by the registered manager at the point of referral. This included the patient's medical history, including mental capacity and any current safeguarding issues. For patients that lacked mental capacity an assessment would be requested from the organisation booking the transfer. This information would be used to assess if the patient was suitable for the service.
- Referrals received from commissioning trusts were triaged by the relevant control room. This ensured the service only transported patients they were trained to manage. Referring trusts provided key information to assist the service to plan the patients journey. For example, information included the patients' mobility, social situation and any associated risk assessments.
- Staff from the service used this information but also completed their own risk assessments upon arrival to collect the patient. For example, we were told how L&T staff challenged a provider for further information regarding a patient who they were told had MRSA. L&T staff wanted to understand the nature of the risk so this did not affect any other patients.
- The provider had sourced a bespoke, one-day conflict resolution training course for all staff to attend. The service sometimes transported patients with a mental health need and this further training would allow staff to

manage issues that may arise during journeys. The training was scheduled to take place in the week following our inspection and we saw confirmation of the booking.

- The registered manager told us that the service had a threshold around the behaviour or risk from patients. This which meant staff only transported those patients within their skills or training.
- We were told by the registered manager that if a patient became unwell during a journey, staff would stop the vehicle when safe to do so and then assess the severity of the situation. We were told that if a patient deteriorated or suffered a cardiac arrest, staff would call 999 and request support.
- Most staff were trained in basic life support and we saw training records which confirmed five of the seven members of staff had received training.

## Staffing

- **The service had enough staff to keep people safe from avoidable harm and to provide the right care.**
- Since the last inspection the service had employed more staff. At the time of the inspection there were seven members of staff, including the registered manager, who was a registered mental health nurse, and an administrator.
- The registered manager told us that staffing numbers were adequate for the current volume of work. However, if workloads increased, staffing levels would be increased.
- The service provided a 24-hour service, seven days a week. However, most patient transport bookings were pre-planned or only accepted if there was staff and vehicle availability.
- We saw evidence all staff had in date Disclosure and Barring Service (DBS) checks during the recruitment process. This protected patients from receiving care and treatment from unsuitable staff.
- Since the last inspection the service had subscribed to an online facility which allowed them to review the status of an individual's DBS. We checked all staff, including new and existing, had an in-date DBS check and this was recorded by the service with a date for next review.

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- It was evident that the registered manager had a good understanding of each individual staff member's training and ability and made sure the correct skill mix was on each patient's transfer journey.
- The service currently covered overnight shifts and when this occurred each vehicle was crewed by two members of staff.

## Records

- **Other than the booking/referral forms, staff did not routinely keep patient records as they were providing the transport and others were providing care.**
- The registered manager collected relevant information about the patient's health and circumstances during the booking process. For example, information regarding their condition or medical equipment, age and gender. This ensured staff were aware and could appropriately plan the patient's requirements for the journey.
- A booking/referral template was used to log all referrals. Most requests for patient transfers were between mental health locations. There was a record of all jobs completed and this included the date and details of start and end points. Journey duration and mileage were not recorded.
- Patient booking/referral forms were stored securely in a locked cabinet in the main office. This ensured the confidentiality of patient records.
- Patients travelling with their own health records would have the records securely bagged during the journey. This ensured confidentiality of records and to ensure nothing was lost.
- In line with General Data Protection Regulations the service neither generated, collected or stored any patient identifiable data.
- Since the last inspection the service had started to record referral and journey information. For example, date of journey, pick up times and drop off times. This information was kept to assist with invoicing. At the time of this inspection the service had not yet started to analyse the information to determine areas for improvement.

## Medicines

- **The service did not use, store or administer any medicines.**
- The vehicles were not equipped with oxygen. Patients who required oxygen could only be transported if they had their own oxygen supply.
- Patients with their own medication, or those who had medicines supplied by a hospital on discharge, had them bagged for safe transportation. Each vehicle had a supply of bags to be used for this purpose.

## Response to major incidents, anticipated resource and capacity risks.

- A major incident is any emergency that required the implementation of special arrangements by one or all the emergency services and would generally include the involvement, either directly or indirectly, of large number of people.
- As an independent provider the service was not part of the NHS major incident planning.
- The service had a business continuity plan which highlighted risks to operations and delivery of service. The provider included risk of fire, loss of services (water/gas/electricity), telephone loss and IT equipment failure. The plan contained information about what to do if the patient journey was disrupted due to, illness, injury to the patient or vehicle. The plan also contained telephone numbers and contact details of key providers.

## Are patient transport services effective?

Good



We rated it as **good**.

## Evidence-based care and treatment

- **The service provided care and treatment based on national guidance. The registered manager checked to make sure staff followed guidance.**
- The service had policies and procedures. We reviewed policies on consent to care, safeguarding, infection control, whistleblowing and resuscitation. The policies reviewed were in-date and reflected the current national guidance and best practice, for example, the

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resuscitation policy referenced UK resuscitation guidelines. The policies had been updated in May 2018 to ensure that they complied with the Data Protection Act 2018.

- Following an incident with a patient slipping from an ambulance step, the provider undertook additional training with staff. The provider described this as an opportunity to learn and shared the 'Rockwood Scale' with staff. This is a recognised frailty scoring system used to help manage frail patients.

## Nutrition and hydration

- **Staff gave patients enough drink to meet their needs.**
- We saw the service carried bottled water on each vehicle.
- The registered manager was mindful of differing cultural needs and could describe the impact this could have on a patient's journey with the service. However, the service had not experienced any issues in this regard.

## Response times / Patient outcomes

- Since the last inspection there remained no formal contractual or service level agreements in place. The service worked on an ad hoc basis for local authorities or NHS transfers.
- The service used a mobile phone application to track its vehicles. There was a record of all completed patient transfers which included the date, details of the start and end points of the journey and the pick-up time. We did not see records of journey times, arrival times or mileage of journey.
- There was no formal system to monitor the service's performance to ensure they were delivering an effective patient service.
- Despite requesting feedback, the service reported receiving limited responses from some commissioning trusts which meant they found it a challenge to improve their service provision.

## Competent staff

- **The service made sure staff were competent for their roles.** The registered manager appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Since the last inspection the service had engaged the services of an external training company to provide bespoke training. This included both online, e-learning, and face-to face training. Staff could access the online training in a variety of mobile formats, meaning they could complete the training whenever they wished or as their shifts allowed.
- Training records were kept up to date to show staff had the right qualifications, skills, training and experience for their roles.
- For new staff there was an induction process and checklist
- Every two months, as a minimum, the registered manager carried out supervision of all staff. We reviewed staff files and saw records of supervision, these contained details where good practice had been identified and areas for improvement. These were signed by both the registered manager and the staff member.
- Staff had attended a training course run by the local authority approved mental health practitioner. We were shown details and content of the course which was compliant with, and covered, the mental health code of conduct.
- Following the last inspection staff files had been updated and now only contained information relating to this employer.
- All staff had been with the service for less than a year and as a result no staff appraisals had been carried out. We were however shown documentation for future use.
- We saw evidence that Driver and Vehicle Licensing Agency (DVLA) checks were conducted at the start of employment. This was to ensure that staff had the correct licence to drive the company vehicle and did not have any driving convictions. The driving policy had been updated to contain information regarding staff

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having penalty points on their licence, what the maximum points could be or the time needed to elapse post driving offences, to be allowed to drive for the service.

- The registered manager told us if staff were expected to drive as part of their role, a driving assessment had to be taken before they could drive autonomously. Once this was completed and passed to the registered manager's satisfaction, a box was ticked on the staff member induction form.

## Multi-disciplinary working

- **Staff worked together as a team and with other agencies to benefit patients.**
- The service worked with a number of other healthcare providers including independent and NHS hospitals and community mental health staff. Feedback we saw from providers showed that they thought the service had good communications and provided a reliable service.
- The registered manager attended quarterly meetings with commissioning trusts (both hospital and ambulance), local authorities and social services.
- The registered manager described effective working relationships with external partners and actively sought feedback from those who commissioned their services.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards as part of their mandatory training. Training records confirmed all seven staff had received training.
- Mental capacity was considered at the initial booking as part of the patient's health status. Mental capacity describes the ability of an individual to understand their care to make informed decisions. From this information the registered manager would decide if the booking was appropriate for the service or if additional staff were required for safe transportation of the patient.

## Are patient transport services caring?

Not sufficient evidence to rate

We have not been able to rate this section as we did not have enough evidence.

### Compassionate care

- We were unable to observe staff interacting with patients during the inspection, as no patient journeys were taking place during the inspection.

### Emotional support

- While we did not observe any interactions between patients and staff, the registered manager told us staff considered the emotional needs of the patient on every journey. This included chatting to the patient during the journey or providing comfort and reassurance.

### Understanding and involvement of patients and those close to them

- We were told that the service asked for feedback from service users and we were shown examples. Although there was limited feedback, the forms we reviewed had comments saying staff were respectful and polite, patients felt they were listened to and would recommend the service to others.

## Are patient transport services responsive to people's needs?

Good

We rated it as **good**.

### Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The service provided a patient transport service. The service worked on an ad hoc basis for local authorities or NHS transfers.
- All bookings were made through the service's telephone line or email. The registered manager and administrator

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staffed the telephone 24 hours a day to ensure they responded promptly to requests for bookings. For on-the-day bookings, the booking was only accepted if the appropriate staff and vehicle were available.

- The service transported patients requiring renal dialysis and patients discharged from hospital but would also transport patients with mental health conditions, physical health problems, patients with learning disabilities and patients living with dementia.
- The service did not transport patients under 18 years of age.

## Meeting people's individual needs

- **The service took account of patients' individual needs.**
- The service had purchased a second vehicle since the last inspection. The second vehicle had a stretcher in addition to fixed seating and secure points for wheelchairs. This meant the service could transport patients with a variety of mobility needs.
- Staff had completed mandatory training to enable them to support vulnerable patients, including patients living with dementia and learning difficulties. The registered manager had joined the dementia friendly society and cascaded information gained via the society to colleagues.
- Training regarding dementia and learning disabilities formed part of mandatory training. In addition, the provider had approached a registered charity to help provide some further support and training.
- We saw laminated cards in the vehicle to help communicate with patients with communication disabilities. These included a card to help explain pain and its severity.
- Following the last inspection, the service had subscribed to an external translation service. This was accessed via telephone and details of how to use the service was kept in each vehicle.
- The registered manager explained how patient's individual needs would be considered at the time of booking.

- The vehicle had different points of entry, which included a sliding door and tailgate so people who were mobile or in wheelchairs could enter the vehicle safely.

## Access and flow

- **People could access the service when they needed it.**
- The service operated 24 hours a day, seven days a week.
- The majority of patient transport bookings had been made in advance therefore the resource requirement and capacity could be arranged in advance. For on-the-day bookings, the registered manager would assess if there was availability within the service to take the booking.
- The registered manager described how staff would contact patients or services when they departed for a job. They would attempt to provide an estimated time of arrival. The registered manager explained how distressed some patients can be if they are left unaware when their transport may arrive. It was clear the provider understood how a patient may feel and took action to address patient concern.
- Bookings and referrals could be made via the referral telephone number or email. The service's internet page described how to make bookings and enquiries.
- The registered manager organised staffing dependent on the patients' needs.
- Patient delays due to unforeseen circumstances were communicated to patients and health providers as much as possible.

## Learning from complaints and concerns

- **The service treated concerns and complaints seriously.** However, the service had not received any complaints from March 2018 to February 2019.
- The service had a complaints policy which detailed how complaints would be investigated, actions that needed to be taken to prevent re-occurrence and how lessons learnt would be disseminated to staff.
- The service had a patient charter leaflet. This leaflet included information to patients on how to make a complaint and the timescales by which the service would respond to the complaint.



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- The service provided an example where they had received feedback from a patient regarding the access to one of the vehicles. Access was restricted due to a broken step, so only the ramp could be used. Following the comment from the patient the service accelerated their plans to repair the broken step.

## Are patient transport services well-led?

Good



We rated it as **good**. We did not speak with any staff as there were none on duty during our inspection.

### Leadership of service

- **The registered manager had the right skills and abilities to run the service.**
- The service was owned and managed by the registered manager. The registered manager was responsible for the day-to-day running and development of the service.
- We saw evidence of continuing professional development courses attended by the registered manager.
- The registered manager was visible to the staff and encouraged an open and transparent culture.
- The registered manager described the ethos of the company as 'every journey matters'.

### Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and plans to turn it into action.**
- The service had a vision to provide caring and supportive patient transportation at the highest professional standard. The service aimed to do this by supporting and developing staff, ensuring timely, quality care by the right staff and having equipment and vehicles which were fit for purpose.
- The registered manager told us the long-term vision for the service was to increase staff numbers and vehicles, to expand the service further and increase the number of patient transfers. Following the last inspection, the provider had acquired a second vehicle and employed more staff.

- We were told how, with the service growing, the registered manager had sourced external help to assist with succession planning and developing staff to lead. We saw evidence of training courses booked for the registered manager to attend.

### Culture within the service

- The only member of staff we met was the registered manager so we were unable to comment on wider culture within the service.

### Governance

- **The service created an environment for care to flourish.**
- The registered manager had oversight of the service.
- The service had governance processes in place, for example a recruitment process, incident reporting and the appraisal system.
- Since the last inspection the service had joined a recognised national association for independent ambulance providers. The association had set criteria for acceptance which the service had met.
- The registered manager could use the association to get information and advice and described a positive relationship. For example, the registered manager could tell us about a recent CQC publication regarding the independent ambulance sector. The publication had been highlighted by the association of which they were a member.
- We saw regular team meetings took place and reviewed meeting minutes. We could see attendance of staff had improved which was a concern at our last inspection.
- The service had policies and procedures in place. The policies we reviewed were in date and had been personalised for the service. This was an improvement since our last inspection.

### Management of risk, issues and performance

- **The service had limited systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**

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- We saw an up to date risk register. Entries on the register reflected the concerns the registered manager had raised with us during the interview. For example, rising business costs, staff turnover and contracts with commissioners.
- There were limited systems to monitor the quality and safety of the service provided. When we spoke to the registered manager this was an area he was aware needed action to help identify areas of risk and development in the service.
- The registered manager provided on-call management for staff while they were on duty. This ensured staff could get support should they have any issues or concerns, regarding a patient journey or a problem with a vehicle.
- **The service engaged well with patients, staff, and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- Since the last inspection the service had implemented regular team meetings and these were held monthly. We reviewed minutes of these meetings and saw attendance of staff had improved. There was no set agenda, however we saw issues concerning the service were discussed including; staff training, current and future workloads.
- Staff collected and returned the vehicle before and after each shift from the registered manager. This provided both the registered manager and staff member the opportunity to see each other for a verbal handover and to discuss any concerns.

## Information Management

- **The service collected and managed information well to support all its activities, using secure electronic systems with security safeguards. The service was starting to analyse information to help improve.**
- The registered manager had undertaken data protection officer training which was provided by the Information Commissioners Office. This demonstrated an understanding by the service to keep data safe.
- The registered manager collected relevant information about the patient at the time of referral/booking. This included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) information. This referral information was taken in the vehicle when transferring the patient meaning information was on hand if needed during the journey.
- Staff used the service's mobile phone to keep in touch with head office. The maps' application on the mobile phone was used to navigate to locations for patient pick-ups and drop offs.
- Staff could access policies and procedures from the head office where the vehicles were collected and returned each day.
- The service sought feedback from patients and used a printed form to do this. Patients often took multiple journeys with the provider, for example renal dialysis patients who used the service several times a week. A patient might therefore complete a feedback form once but then not for subsequent journeys.
- The service had a website with information for the public on the services provided. This provided up to date information regarding the service and contact details should they wish to engage the services of the provider.
- The service used a feedback form to engage with patients and service users to gain feedback about the service. The provider collected feedback and we saw that the drivers name was sometimes recorded on the form and feedback to individual staff was provided. This was documented in personnel records we reviewed. At the time of the inspection the provider was developing a process to collate the feedback received to help develop the service.
- The registered manager was actively contacting service user groups, NHS and independent health providers in the local area to help grow the name and reputation of the service.
- We saw feedback was positive from the forms collected. Patients were asked to tick a box for each of four questions. Staff;
  - Treated me kindly

## Public and staff engagement



# Patient transport services (PTS)

- Well organised
- Listened and Explained
- The patient services talked to each

Of the 16 forms we saw, 14 rated the service as excellent.

## **Innovation, improvement and sustainability**

- **The registered manager was committed to continuous learning, development and improvement for the service.** The provider sought advice from external experts and companies, for example business management, quality improvement, staff training.
- The provider was aware of the challenges involved in operating the service and sought to invest in knowledge to improve and grow within a challenging sector.
- The provider was a member of a local business forum which brought together different businesses within the region to provide support and mentorship. The forum also provided access to regular one-to-one mentorship and coaching with a business expert. We met with the mentor during our inspection who described the provider as being 'very proactive' and 'keen to grow the business'.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

- The registered manager should investigate training dates for level 3 safeguarding training.
- The provider should consider reviewing mandatory compliance rates for all staff.
- The provider should consider developing a process to monitor journey metrics.
- The provider should consider developing a framework to measure quality and safety within the service.