

# AmbuServ Limited Nottinghamshire

## Quality Report







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

## Ratings

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

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

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

# Summary of findings

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

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

## Overall summary

AmbuServ Limited is operated by AmbuServ Limited Nottinghamshire. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 8 and 14 January 2020.

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

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

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

This was the first time we have rated this service. We rated it as Good overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their transport, and had access to good information. The service was available seven days a week.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for transport.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving transport. Staff were clear about their roles. The service engaged well with patients and other providers to plan and manage services and all staff were committed to improving services continually.

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

- The provider was unaware that equipment testing needed to be carried out by a specialist engineer. For example, stretchers, ramps wheelchairs and oxygen piping.
- There was no oxygen advisory sticker on the outer door to the building
- Some of the training was not provided by a level three trainer. For example, oxygen and manual handling.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected patient transport services. Consideration was made of the ratings

# Summary of findings

principles during our quality assurance process as the balance of evidence was good the principles were overridden in the safe domain. Details are at the end of the report

## **Heidi Smoult**

Deputy Chief Inspector of Hospitals (Midlands region), on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

AmbuServ is a small tertiary provider of ad-hoc patient transport services, located in Mansfield, Nottinghamshire. The service is registered to provide transport services, triage and medical advice provided remotely. The service is provided to adults and a small number of children. Start here...

# Summary of findings

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Good 

# AmbuServ Limited Nottinghamshire

**Services we looked at**

Patient transport services

# Summary of this inspection

## Background to AmbuServ Limited Nottinghamshire

AmbuServ Limited is operated by AmbuServ Limited Nottinghamshire. The service opened in 2014. It is an independent ambulance service in Mansfield, Nottinghamshire. The service primarily serves the communities of the Nottinghamshire, Leicestershire and Northamptonshire as an adhoc tertiary provider. AmbuServ Limited was inspected previously in February 2017. At the first inspection requirement notices were issued against regulations 13, 15, 19 and 20 (HSCA (RA) Regulations 2014). At this inspection we found, these breaches have now been met.

The company has two directors, an operations manager, a business support manager as salaried staff and 16 crew working on zero hours contracts. There are eight patient transport ambulances and one pool car. Our inspection, on the 08 and 14 January was Ambuserv's second CQC inspection.

The service has had a registered manager in post since December 2014.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

## Information about AmbuServ Limited Nottinghamshire

The service is registered to provide the following regulated activities:

Transport services, triage and medical advice provided remotely.

During the inspection, we visited the base and joined a crew on a shift. We spoke with 12 staff including; patient transport drivers and management. We spoke with five patients and two relatives. We also reviewed 40 provider comment cards, which patients had completed. During our inspection, we reviewed a variety of documents provided by the service.

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, and the most recent inspection took place February 2017.

Activity (January 2019 to December 2019)

- In the reporting period there were 8,655 patient transport journeys undertaken.

The service employed an operations manager, a business support manager and 16 patient transport drivers.

Track record on safety

- Zero Never events
- Clinical incidents 12 no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- Zero serious injuries
- Three complaints

# Detailed findings from this inspection






## Overview of ratings

Our ratings for this location are:

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



# Patient transport services

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

## Are patient transport services safe?

Good 

This was the first time we have rated this service. We rated it as **good**.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The service currently held a 100% compliance rate for mandatory training.

Training was a mixture of electronic learning and some face-to-face taught sessions. Infection control, safeguarding vulnerable adults and children, basic life support were required to be conducted on an annual basis. All staff had passed the Care Certificate. The Care Certificate is an agreed set of standards that defined the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Made up of the 15 minimum standards that should be covered. These included training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Mental capacity awareness training was also completed by all staff to help identify patients who were lacking capacity. Managers monitored mandatory training and alerted staff when they needed to update their training. All staff held a training passport which they kept up to date.

However, we did identify that further face to face training would be required in manual handling and oxygen

management as it was currently in house training, taught and signed off by the registered manager who was not an accredited level three trainer. During our inspection we were shown the training plan which identified that train the trainer training was planned for the registered manager, the business support manager and the operations manager. During our further visit we were provided with further information as the registered manager had sourced a private accredited trainer to provide this extra training over the coming months.

### Safeguarding

**Staff understood 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, and they knew how to apply it.**

There was a safeguarding policy which included information about adult and child safeguarding. The policy was in date and followed national guidance. Staff liaised with the local authority safeguarding team to safeguard patients. Staff had access to a designated safeguarding officer who was level three safeguarding trained, this was in line with current national safeguarding guidelines. The rest of the management team held level two. All crew members had completed adult safeguarding as part of the Care Certificate. The provider reported 100% of staff were trained to level two. We saw evidence that 100% of staff had received safeguarding children training level two. The manager confirmed changes had been put in place to update the safeguarding referral process as the region they were now operating in had different safeguarding authorities. Staff had received new contact details and all vehicles contained the new contact information.

# Patient transport services

The provider had clear processes to ensure responsibilities for notification of safeguarding incidents were appropriately escalated when carrying out any subcontracted work. Staff demonstrated knowledge of safeguarding and told us how they would report incidents. A staff member described a particular safeguarding incident to us and how it had been managed. Information was shared amongst the wider team through a newsletter and a secure social media platform.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**

Infection control training formed part of the mandatory training programme for staff. Data provided by the service showed that 100% of staff had completed infection control training. This training was due to be completed yearly.

Staff completed a running sheet ahead of all patient journeys. This included a section, where any known infection was highlighted and measures to prevent the spread of infection were documented. Staff were witnessed reviewing a potential infection risk in a patient that was a carrier of a pre-toxin.

The service had eight vehicles that were used for transporting patients. We viewed five of the vehicles during our inspection. Vehicles had personal protective equipment (PPE) and hand cleansing gel available for staff to use. There was a box stored in the vehicles with waste disposal bags, and cleaning wipes and spray.

The service had a clinical waste removal contract in place and staff were aware that all clinical waste must be disposed of in the locked container or at the hospitals during their shift. No clinical specimens were carried within the vehicles.

During our inspection we noted one vehicle had a ripped head rest. The registered manager was informed and sourced a repair immediately.

Deep cleans were completed in house every 12 weeks. We reviewed the deep cleaning schedule for the vehicles we inspected. As a result of contract changes all vehicles had

been deep cleaned during November 2019. The service monitored ongoing deep cleans and general cleaning through an IPC audit carried out by the operations manager.

We witnessed staff cleaning equipment in between each patient journey including wheelchairs, chairs, cushions and changing linen.

Staff we spoke with told us that they were responsible for maintaining the cleanliness of their uniforms. The service had a uniform policy which was included in the induction checklist to ensure staff were aware of it.

## Environment and equipment

**The design, maintenance and use of facilities, premises and vehicles kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, equipment was not checked in line with manufacturers guidelines.**

AmbuServ leased their station from the local council. The station was situated within a fenced area. Close Circuit Television (CCTV) cameras monitored the premises 24 hours a day. Security gates were padlocked to prevent tampering with vehicles or equipment.

A schedule of MoT testing and vehicle servicing was available for each vehicle. These documents were stored in folders in the headquarters. An overview board in the office included details such as date of MoT, tax, service and current mileage. At the time of our inspection, all vehicle MoTs and services were up to date.

Patient restraint belts were provided on the vehicles for wheelchairs and the stretchers. Each stretcher had two straps for securing patients. Extension straps were available for obese patients including specialist trolleys and wheel chairs. The service needed to be informed in advance about a larger patient in order to ensure they had the specialist equipment.

Staff signed vehicle daily check sheets at the start of each shift. This included external vehicle checks as well as equipment. If necessary, they completed ad hoc vehicle fault sheets to communicate necessary work or faulty equipment. Larger repairs, servicing and MoTs were performed by a local registered garage.

## Patient transport services

Vehicle keys were stored securely in the office. At the end of the shift staff placed the keys in a locked box if their return was out of office hours.

Equipment was standardised on all ambulances. This included piped oxygen, half sized patient transfer board, curved transfer board, fire extinguisher, ramp, carry chair and stretcher. All staff were trained, and competency assessed to use all items of equipment. We saw evidence of this in staff files. The correct restraints were in place for all equipment. We witnessed the safe application of wheelchair harnesses and seatbelts during our inspection.

When transporting children, the escort was responsible for supplying all necessary equipment. Contractors were made aware of this at booking.

Occasionally patients were transported in their own wheelchairs, we witnessed the crew assessing the wheelchair prior to moving the patient. They asked the patient about the wheelchair and visually inspected it. Following our 2017 inspection, the provider had introduced on the spot, risk assessments of patients' own wheelchairs, a Private Wheelchair Assessment check form and an updated standard operating procedure.

All vehicle checks, and servicing was undertaken by a local registered car centre and MOTs for all vehicles were in date. The service had a record of when each service was due for each vehicle and when all MOT's were due. This include information on current mileage of each vehicle.

The service maintained daily vehicle safety checklists and equipment checks before they were used each day. This included checks of the tyres, lights, heating and horn. We reviewed the checklist for the vehicles we inspected and saw that the entire checklist had been completed.

The vehicles we inspected were equipped with a stretcher, a carry chair, and a wheel chair. The service also had two vehicles fitted with equipment for transporting larger patients. During our inspection we reviewed the records for testing these pieces of equipment. They were tested on a monthly basis by a member of staff. It was identified that the testing was not in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) as the member of staff was not LOLER registered. LOLER require that all equipment used for lifting was fit for purpose, appropriate for the task, suitably marked and, in many

cases, subject to statutory annual examination. Records must be kept of all examinations and any defects found must be reported to both the person responsible for the equipment and the relevant enforcing authority.

This presented a risk to patients and staff who may have been injured using this equipment. As a matter of urgency, we discussed this immediately with the registered manager. It was identified that his two newest vehicles and equipment had been tested at purchase in December 2018. In order to maintain the safety of patients and staff immediately the vehicles in use on the road were returned to the base and swapped with the newer vehicles. All six vehicles were now not to be used until testing was complete. The registered manager contacted a LOLER registered engineer to test all equipment during our inspection and that evening. We were provided with copies of the engineer's certificates, within five hours of our inspection, in order that we could verify the safety of staff and patients. All eight vehicles were tested prior to any further patient transfers being undertaken. A regular annual testing contract was immediately put into place for all other equipment. There were no identified faults to the equipment and no repairs needed during the testing.

The ambulances had breakdown cover. If an ambulance had mechanical problems, the service would send another ambulance to ensure that the patient could continue their journey without excessive delay whilst the crew awaited breakdown assistance.

Vehicles contained piped oxygen and individual small cylinders were available should they be required. All cylinders were secured in correct harnessing's within the vehicles. Oxygen piping in the vehicles was tested and approved during our inspection and all certificates were provided to us before work started the next day. Oxygen regulators were tested by the registered manager who had undergone specialist training to complete these checks in line with Medicines and Healthcare products Regulatory Agency (MHRA) Managing medical devices 2015 standard. The service had a risk assessment and policy in place for storage and transporting oxygen. This included potential hazards and harm, as well as control measures, recommendations and a risk level. The vehicles we inspected had appropriate badges displayed to show that gases may be transported.

Staff were provided with satellite navigation systems for use on all journeys. Each crew collected the allocated sat

# Patient transport services

nav according to the office management board. This board identified when each sat nav had been updated in order that they contained the most up to date maps and running system.

Staff used mobile phones with a dedicated application available from the primary provider. Which advised of journeys and patient information. Staff also used their own mobile phones to access policies and procedures on the provider portal as necessary.

Replacement stores such as gloves, aprons uniforms, oxygen masks, de-icer and cleaning equipment were available in the office. We saw staff inform the operations manager when they were topping up vehicle stock to ensure stock was reordered as necessary

There were fire extinguishers kept in each vehicle we inspected and we saw service dates and expiry dates were appropriately documented. The checking of these was included on the daily check sheet.

## Assessing and responding to patient risk

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

Staff were trained in first aid and would assess the condition of a patient throughout the journey. If concerns were raised staff called 999 for emergency service support. Staff were aware that should they be required to contact 999 there was a minute by minute update report of the situation to be completed on completion of the incident, this was handed in with the incident report to the registered manager.

Staff gave an example of a patient with difficulty breathing; they assessed the patient and were able to support them on route to the hospital. All staff were aware to call the emergency services should a serious deterioration in patients condition arise. We were shown incident reports documenting staff actions in these events.

The primary contractor risk assessed a patient's suitability for patient transport services (PTS). This information was then forwarded to the crew through the smart phone application. However, it was noted on three of the journeys we attended the initial information was inaccurate. In relation to capacity, diagnosis and mobility. Staff raised this as incidents to ensure the primary provider was aware.

AmbuServ staff completed their own visual assessment and enquired with nursing staff prior to moving the patient to ensure patient safety. If necessary, the patient would not be transferred before discussion with the AmbuServ management team or the primary contractor. This meant that the approach to assessing and managing day-to-day risks to people who used services was reactive.

Manual handling risk assessments were completed by AmbuServ staff. These followed the recognised task, individual, load and environment format.

Privately funded patients were risk assessed ahead of each journey. Staff assessed patients' eligibility to be suitable to use the service before accepting them for transfer. The risk assessment form captured any infection control risks, a record of the patient's mental state, risk of falls and pressure ulcers.

Staff reported that the assessment was carried out face to face or via the telephone. Where possible, a 'pre-assessment' was carried out ahead of the date of transfer where staff visited patients and assessed their needs.

Staff were aware of the local and national guidance in relation to do not attempt cardio pulmonary resuscitation documentation. AmbuServ had provided samples of all the local hospitals different forms and terminology. This ensured staff were confident to review the information provided and question its accuracy if required. We witnessed staff both checking completed forms and questioning hospital staff re the validity of the forms. We also witnessed the crew ensuring that the hospital staff member had made the patient aware that the Respect form needed to go with the patient on each journey/ admission.

## Staffing

### **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

AmbuServ employed 16 staff on a zero hour's contract due to the ad hoc nature of work. This included paid leave calculated pro rata on the hours worked over the previous 13 weeks. At the time of inspection, there were no

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vacancies and the staffing levels met the needs of the company. However ongoing recruitment was carried out as required to ensure no shortfall in hours to cover the contracts they were currently working on.

All crews were two person crews. Managers aimed to plan crews so that an experienced member of staff could accompany a less experienced member of staff. All staff spent the first month of employment working with a supervisor for training and extra support.

Either staff were responsible for allocating their breaks or, the control desk of the primary contractor told staff to take a break. For example, staff told us they were waiting for a patient at a hospital. The crew contacted control to inform them of the delay, and were told take a break and return to the patient when ready.

The company directors, one of which was the registered manager, operations and business support manager provided 24 hours on call support for crews. In the event one was not contactable, staff would contact the control desk for advice.

The service did not employ bank or agency staff.

All staff completed an induction checklist in their first week of employment. This included company policies, familiarisation with equipment, driving competency check, and health and safety.

## Records

### **Staff kept detailed records of patients' journeys. Records were clear, up-to-date and stored securely.**

Patient details were recorded on the ambulance documentation (run sheets). The sheets were paper records which contained patient information, including their name, pick up and drop off location, their mobility and whether they used the stretcher or sat for the journey. The records also included carer contacts where applicable and the staff working on that day. Any untoward events were recorded in these records. This could include incidents or complaints, as well as actions taken. Any occasions where 999 had to be called because a patient became unwell were also recorded in the daily diary sheets. These were placed in vehicle specific folders and returned to the locked head office at the end of the shift.

All records were kept in the locked files for a year prior to shredding. However, the registered manager was

considering keeping these documents for a longer period in case of any incident investigation that may be required. We were told the primary provider held the electronic copy of the transfer according to their own guidelines. No records were left on the vehicle at the end of the shift. We reviewed the documentation on the run sheets. It was fully completed and contained an accurate record of the patient and subsequent journey. Where information was different on the primary provider application the registered manager was informed by way of an incident form. For example, patient's capacity and diagnosis were inaccurate this could have led to mis management of the patient. Reporting this enabled the registered manager to inform the primary provider.

Staff transported patients who had a do not attempt cardio pulmonary resuscitation (DNACPR) orders in place. They were notified of this at the time of booking. Managers and staff told us that if it was incorrectly completed and had not been discussed with the patient or relative they would not accept it, or discuss this with the family or patient, but refer back to ambulance control. The service had a procedure requiring all staff to ensure all DNACPR orders were reported to ambulance staff by ambulance control prior to collecting the patient. The process included how to identify a correctly completed form, and not to hand a completed DNACPR form to a relative that may not be aware. Staff were also provided with blank copies of the various different documents in use in the counties they transported patients including differing terms for example AND (allow natural death).

The service had a resuscitation policy and there was further guidance in the staff handbook to support staff.

## Medicines

### **The service used systems and processes to safely administer, record and store medicines (oxygen only).**

The service had a policy for transporting portable and piped oxygen. The policy provided guidance for staff when transporting oxygen and notified them of the associated risks. Staff had been trained in basic oxygen use in order to connect patients to cylinders for the journey under the supervision of nursing staff using a doctor's patient specific prescription. Under the Health and Safety at Work Act 1974 and Health Technical Memorandum 02-01: Medical gas pipeline systems guidelines, it was the responsibility of the employer to train their employees on the recommended



# Patient transport services

safeguards related to the handling of medical gases to ensure they understood and employed safe practices. The registered manager was also discussing with an outside service to provide more in depth training to increase staff awareness of the possible dangers related to oxygen storage and usage.

Oxygen was stored on vehicles and in a ventilated locker within the base office. Hazard storage stickers were in place on the outer doors identifying which suite the oxygen was stored should the fire service be required to enter the building in an emergency. Fire and oxygen storage risk assessments were in place locally and from the owners of the building.

The service did not supply or store any patient medication. We saw patient's take home medicines kept safely with their belongings during transport. Should patients require medication on a long journey they must be able to self-administer or be provided with an escort. Water was available to take medication if required.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

The service had an up to date incident reporting policy in place to guide staff in the process of reporting incidents.

Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. Monthly messages and key learning points from incidents, complaints and safeguarding reports, were disseminated through bulletins on the team brief, at team meetings and on the secure social media platform available only to current staff. This ensured all staff were immediately aware of any specific learning that may be required. The managers informed the primary contractors of all incidents for their joint investigation. We saw evidence of a joint investigation after a complaint from a care home.

If things went wrong, staff we spoke with said they would need to apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

We reviewed three incidents relating to patient safety. Documentation of the investigation showed actions were in place to help ensure the incident wouldn't occur again. In addition, we saw dissemination of learning amongst staff via emails, bulletins and updates. We saw there were comprehensive records of all incidents, which was accessible only by the management team.

All staff completed an e-learning module for being open and honest, it was completed as part of their induction. If an incident or event was deemed as a serious incident, managers advised an investigation would be undertaken, and the duty of candour policy would be followed. The service had a duty of candour policy which was in date and accessible to staff. All incidents were reviewed by the manager, who followed a process to determine if the duty of candour regulation needed to be applied. The management team understood the requirement to apply duty of candour when needed.

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. Duty of candour should be discharged if the level of harm to a patient is moderate or above. The manager told us they did not have any incidents of moderate or serious harm to a patient. We were not therefore, able to review compliance against the duty of candour policy.

The service reported 12 incidents from January 2019 and December 2019.

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

Good 

This was the first time we have rated this service. We rated it as **good**.

## Evidence-based care and treatment

# Patient transport services

## **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. We reviewed policies, procedures and guidance information which referenced national guidance from organisations such as the National Institute for Health and Care Excellence (NICE) and the Department of Health (DoH). All policies were AmbuServ specific including the mental capacity policy and the being open and duty of candour policy. Staff knew how to access guidance. All the service's policies were available for staff to access via their work phones. This meant that staff had access to guidance while working remotely.

Staff who were remote working had access to advice on guidelines and protocols. If needing advice, staff would ring their company managers or the control centre of the ambulance service who had subcontracted the work to them. Staff we spoke with were aware of how to access support and guidance.

## **Nutrition and hydration**

### **Staff assessed patients' food and drink requirements to meet their needs during a journey.**

Due to the nature of the service provided, food was not routinely offered to patients. However, in the event of long journeys, staff would allow sufficient breaks to ensure patients could have their nutritional and hydration needs met. Staff told us, and we saw they kept bottles of water on the vehicles so that they could offer drinks to patients. Staff we spoke with also told us they asked ward staff for sandwiches if the patient was to be collected just prior to a meal.

## **Response times/ Patient outcomes**

### **The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to try to make improvements.**

The service monitored the number of patient journeys they undertook. From January to December 2019 the service carried out a total of 8,655 patient journeys.

The service monitored response times for journeys completed under their contract with the primary provider. Data was collected on all patient transfer logs and the primary providers mobile application, including the time of the request, time of pick up, time of drop off and any delay, however, the data was used to monitor patient journeys that were undertaken under the primary providers clinical commissioning group contract (CCG).

The service were not able benchmark against other providers due to the competitive nature of the business.

If the patient's pick up and turnaround was longer than ten minutes, crews had to contact the control desk to inform them of the delays. During our inspection delays to collection of patients were attributed to parking difficulties at the hospitals, long wait times to be let into wards, incomplete documentation on the wards and patient journeys cancelled or amended as the crews were attending the ward. We attended the ward, with a crew, as requested to be sent to the discharge lounge in another part of the hospital only to find the patient had been discharged several hours before with a different provider. These delays impacted on smooth discharge and turnaround of patients. Staff told us they would record this on the mobile application for the primary provider and complete incident records. The registered manager had contacted one of the local acute trusts where they were subcontracted to work in order to access security passes for the crews. This would enable them to access the wards to minimise taking staff away from patient care to answer the door and speed up discharge time. The manager was still awaiting a response.

## **Competent staff**

### **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

All staff had received an annual three-stage appraisal that included self-assessment, assessment by the supervisor and a sign off by the operations or registered manager.

All sixteen staff completed the care certificate to enhance their care skills. We reviewed certificates of all staff.

# Patient transport services

The managers and the supervisor supported induction and supervision of staff. All staff worked with a supervisor until signed off as competent. This included an informal driving assessment.

All staff completed yearly first aid level two training. They also completed online manual handling training and received instruction in the use of the manual handling equipment. However, the face to face manual handling and oxygen training was not completed by a level three trainer. This meant we could not be assured the elements within the training followed national guidance. We raised this with the registered manager during the inspection. As a result we were shown evidence of contact with a professional trainer to complete this training for staff. The registered manager was also in the process of ensuring the office team were all signed up for a train the trainer course to enable this type of training in house in the future. We saw this documented on the office training matrix.

Managers checked staff driving licence, a note of previous employment and disclosure and barring at the start of employment. The staff records also included current eye tests and prescription details as necessary. During our 2017 inspection the service did not request previous employee or character references for staff. These were now in place for all staff who joined post the 2017 inspection. It was noted that records were not stored in any order and that the checklist for what was included was not always completed. The newly employed business support manager was aware of this and was in the process of rectifying the records. During our inspection these records were all updated and all check lists were in order.

All staff had access to policies and signed to say they had read them. When a new policy was implemented a reminder would be sent out on the secure social media account and a copy posted on the notice board.

Team briefing notes also provided a learning point each month for staff to read and ask questions. For example management of choking, the mental capacity act and treatment of minor bleeding.

## Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Managers worked effectively with commissioning and contracting services, to ensure they delivered the most appropriate care for the patients within the community

Staff worked well with the primary contract holder to establish all the relevant information they needed in order to meet a patient's needs and transfer them safely. Staff also liaised with other agencies that they transported patients to and handed over any information relevant to that patient to ensure they continued to receive the appropriate care.

Staff gave examples where they had coordinated with other providers to support patients to achieve a positive outcome. For example, they told us about an occasion where they worked with community staff to ensure the patient wasn't alone on arrival home.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood the relevant consent and decision making requirements of the Mental Capacity Act 2005. Staff were required to complete training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This training was incorporated into the safeguarding adult training and staff were required to complete it every year as part of the care certificate.

There was an up to date consent policy for staff to follow which was last reviewed in June 2019. The service had an up to date mental capacity policy which included best interest guidance and information about DoLS and the forthcoming change in the law to liberty protection safeguards (LPS).

All staff demonstrated an understanding of consent, capacity and best interests' decisions. During our inspection we witnessed staff reviewing a patient's capacity prior to transfer when an inaccurate diagnosis and capacity assessment had been sent to them. This enabled the patient to be cared for more appropriately during his journey.



# Patient transport services

## Are patient transport services caring?

Good 

This was the first time we have rated this service. We rated it as **good**.

### Compassionate care

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

Patients and care givers told us staff were respectful, friendly, kind and compassionate when providing treatment or care. We observed crews spoke in a kind and calm manner and offered reassurance, particularly if the patients were distressed or in pain.

Patients told us that staff introduced themselves and made sure that they were kept informed of information throughout their journey. We saw that staff took time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff took time to interact respectfully and compassionately with patients using the service.

Staff maintained patients' privacy and dignity. For example, curtains were drawn around hospital beds when transferring a patient. Patients were covered in a blanket to maintain their modesty and keep them warm whilst on a stretcher or in a wheelchair. Wherever possible, vulnerable patients, such as those living with dementia or a disability, would have a relative or carer with them while being transported.

All staff were passionate about their roles and were dedicated to providing excellent care to patients. Managers told us they recruited staff who had demonstrated a desire to enter a caring profession.

Feedback was consistently positive about the way staff treated people. People told us that they thought staff went the extra mile. One person described the service as "fantastic" and told us that the staff genuinely cared about them. They purposely called us over when we were collecting another patient on the ward.

Patients were asked what they would like to be called and what route they preferred to travel. Staff provided

numerous examples where they had provided additional support to patients. Staff told us that they would routinely go out and buy essentials for patients if they transported them home and realised they did not have any food in their house. Staff bought essential items such as bread, milk and teabags.

Staff told us about an occasion where they transported a patient home, to find that the house was cold and there was no food in the cupboards. The staff put the heating on and shopped for some essentials to ensure the patient's needs were met. They settled the patient in their chair and ensured items were close at hand. For example, food, drinks telephone and lifeline alarm.

There was a strong, visible person centred culture. The service prided itself on its patient focussed approach. Staff were motivated and inspired to offer care that was kind. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Two of the carers we spoke with described all the staff as professional, caring and genuinely kind.

### Emotional support

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

We saw staff check on patient's wellbeing, in terms of discomfort, and emotional wellbeing during their journey. We saw evidence of staff demonstrating awareness of relative's emotional wellbeing during some particularly difficult times, treating them with dignity and respect.

People's emotional needs were seen as being as important as their physical needs. The service provided escorts for all patient journeys. Feedback from carers stated that staff always ensured they communicated with the patients to tell them step by step what they were going to do, continuing to reassure them throughout the journey. We saw that staff continually engaged patients in conversation and made them laugh which made them feel more at ease during their journey. However, staff were also aware that some patients may prefer not to talk.

# Patient transport services

Staff left the cab lights on during the journey if patients were talking to the crew or each other, to ensure they could see each other.

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

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

Patients were involved in decisions about their care and treatment. Ambulance crews gave a clear explanation of what they were going to do with patients and the reasons for it. Staff checked with patients to ensure they understood and agreed. We saw evidence of a family member involved in decisions on the transport of their relative. Staff provided clear information to patients about their journey and informed them of any delays. Staff asked permission to enter the patients' home, when they collected a patient from hospital to take them home.

Staff 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.

Primary contractors reported receiving positive feedback about the transport service. Including comments for example, "staff worked above and beyond", "staff stayed late to move extra patients that would have missed their discharge" and the "crew stepped in to transfer an end of life patient to a hospice in time that she was able to settle there before her death".

The service sought feedback from patients and carers and provided feedback cards when appropriate. There were in excess of 200 feedback forms over the last 12 months. We reviewed 45 of them Twenty feedback forms had been received in the previous two months. These were all positive with comments such as 'always put the patient first', 'outstanding customer service', very professional', 'good teamwork', 'very well looked after treated with dignity and respect' and 'felt very safe and comfortable nothing too much trouble'.

It was possible for a relative or carer to travel with patients in the vehicles. There was enough space for at least one additional person in each vehicle.

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

Good 

This was the first time we have rated this service. We rated it as **good**.

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

#### The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service was planned and designed to meet the needs of patients who were risk assessed as appropriate for the service. The service accepted bookings over the telephone or via email. The service also had two contracts in place to provide adhoc third party PTS transport across the Midlands region and further afield as required. The service ran seven days a week with shifts commencing in the main at 9am until 11pm approximately. The contract mainly included routine services of patients requiring transport for regular hospital appointments or unplanned transportation. This included hospital discharges.

Whilst the service was not directly providing a service for the NHS and/or CCG they were monitored by the primary provider and expected to contribute towards key performance indicators (KPIs) around response times. The primary provider fed back to the registered manager as part of ongoing contract discussions.

Bookings were responded to as they came through on the mobile application and were actioned immediately. As each job was done and signed off a new job was raised.

The service was flexible and could facilitate last minute requests for transport journeys. The operations manager told us that if they received a booking request that they were unable to meet, they would not accept it. This was a very rare occurrence and would mainly relate to mental health transfers.

The service had at least four ambulances operating each day. Each vehicle would complete between six and twenty patient journeys each day. The service provided double

# Patient transport services

crewed vehicles and were able to convey both seated, stretcher and wheelchair patients. This flexibility was a key strength as the primary provider currently did not have the capacity to offer stretcher transport.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**

The booking process meant people's individual needs were identified. For example, the process took into account the level of support required, the person's family circumstances and communication needs. Staff also made an assessment on arrival at the hospital by communicating with the patient or carer.

All vehicles contained a pen and writing pad for use by patients with difficulty speaking. The service had an equality and diversity policy that covered all the protected characteristics of the Equality Act. Staff had knowledge of the policy and told us that equality and diversity was part of their mandatory training.

Ambulances had different points of entry, including sliding doors, steps and a ramp so that people who were ambulant or in wheelchairs could enter safely.

Staff told us they would transport a patient in their own wheelchair if possible, rather than transferring them to a trolley, so they were more comfortable.

The service served a diverse population, with service users speaking a range of different languages. For those who did not speak English as their first language, staff accessed an application on their mobile phone in order to communicate effectively. Staff we spoke with told us this was very useful. At the time of booking, staff recorded any additional needs in the booking form if this was a private patient. However, if the patient details were from the primary provider the staff would complete their own assessment of needs on arrival and document them on the run sheet. This was so that crews were prepared for making any reasonable adjustments when collecting patients. The form collected information on patient's disability, mobility and mental health.

Vehicles were equipped with wheelchairs, accessible ramps, stretchers, passenger seats and wheelchair restraints that were capable of securing standard electric and bariatric wheelchairs.

Those with additional needs such as dementia were allowed to be accompanied by their carer. At booking, details of any additional needs were taken and passed to crews so that reasonable adjustments could be made. We witnessed crews reorganising collections in order to accommodate a carer that had not been requested. They explained that they would always do their best to help the patient.

Staff were experienced with supporting patients living with dementia. Staff told us that they explained things clearly to patients, reassured them that they were safe, held their hand and encouraged them to share any concerns they had where possible. All staff received training in dementia awareness.

The service patient transport form provided information to ensure that any communication needs were identified. This ensured that staff were aware if patients were living with dementia or a learning disability. Staff had the necessary information available to allow them to respond to individual needs in the event of transporting a patient living with dementia or a learning disability.

Staff we spoke with told us of numerous occasions where they had assisted individual patients by buying them tea, coffee, milk etc on route as they were being discharged to an empty house, staff ensured rooms were warm and patients were assisted to sit where they wanted with drinks phones and alarms close by, so they could call for help if required

## Access and flow

**People could access the service when they needed it, and received the right care in a timely way.**

The service reported of the 8,655 patient journeys carried out between January and December 2019 they had not cancelled any. When patients required transport from or to hospital, these bookings were referred to the provider via a primary service. This meant the provider was not always given information about how long the patient had been waiting prior to the booking or prior to being picked up. To

# Patient transport services

ensure all bookings were met extra vehicles could be available at short notice as necessary. During our inspection there were at least four vehicles in use to meet current demand. The service operated seven days a week.

They operated two to three shifts a day depending on demand from the main contract. Transport services were subcontracted to AmbuServ as third party providers. Turnaround times were monitored by the primary provider and crews reported to both them and the AmbuServ managers any concerns with delays. The primary provider allowed a 10 minute turnaround time. However, during our inspection staff explained that this was not always possible as every patient had individual requirements for example an end of life patient or a patient living with dementia. All crews reported that they did not rush the patients or relatives in order to meet the target. They also identified that other delays for example ward access or discharge letters was by far the biggest delay. Staff always reported what was causing the delay and during our inspection this was accepted by the primary provider. The registered manager had raised these concerns with the local trust and the primary provider.

The information sheets carried by staff provided them with journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.

Managers confirmed that patient transport services did not undertake emergency transfers. Patients transported were clinically stable.

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.

## Learning from complaints and concerns

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

All vehicles carried feedback cards for patients to complete. The feedback cards included information for patients and

carers on how to complain about the service, which directed them to the service's website. Each ambulance displayed a patient's charter, highlighting how to leave feedback and how to make a complaint.

Staff we spoke with explained that if the patient or relative complained directly to them during the journey they would immediately apologise and attempt to deal with the complaint. They would then feed back to the management team for follow up as necessary.

The service had a clear, up to date complaints policy in place which provided staff with guidance on the complaints process. The staff induction checklist monitored that staff were aware of the complaints process.

The service reported that they received three formal complaints from January to December 2019 from patients or carers who used the service. The complaints were dealt with in a timely way and followed the service policy. During our inspection the registered manager updated the policy and the patients charter to include information for staff and patients regarding independent arbitration and the public health service ombudsman (PHSO), for complaints specific to NHS care provision. Complaints that included actions for the primary provider were investigated jointly and learning shared on the team bulletin or private social media group.

We saw evidence of an apology to a patient, feedback and documentation of learning from a complaint.

## Are patient transport services well-led?

Good 

This was the first time we have rated this service. We rated it as **good**.

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Leaders understood and managed the priorities and issues the service faced. Staff said they were visible and

# Patient transport services

approachable and supportive in developing their skills so that they could take on more senior roles. The newly appointed business support manager had been a crew member as had the operations manager.

Leaders understood the challenges to quality and sustainability, and identified the actions needed to address them. For example, since December 2019, the role of business support manager had been created to support the registered manager in day to day activities in order that new contracts could be continually developed. This was to ensure continued staff recruitment in order to provide a sustainable service.

Leaders were visible and approachable. Staff were encouraged to come into the office on a daily basis when they signed in for the shift and collected the keys. We observed staff speaking confidentially to the operations manager prior to the shift in order that a concern could be resolved. Managers performed appraisals and were available to offer one to one daily support. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. For example, the provider offered development programmes to crews which included training opportunities in order to develop their role and maintain engagement.

Staff we spoke with were clear about the roles and responsibilities of the leaders of the service, and told us that they were visible, approachable and supportive.

We spoke with 12 members of staff who all told us that they felt confident they would be able to raise concerns with their management if required. They told us that the management were receptive to feedback and continually wanted to improve the service.

The leaders were aware of the main challenges to the service, which they identified as the unpredictable demand on the service and the inability to offer their staff regular hours of work. There had recently been some primary contract changes which had led to a sudden loss of work. In order to keep staff in work the registered manager had kept everyone up to date through newsletters and social media communications. He had also encouraged staff to come in and work a few hours each day to clean and prepare the vehicles whilst he organised new work and contracts.

One of the primary contractors described the service as caring, competent and efficient. Another said they were happy with the quality of service AmbuServ provided to

their patients. Feedback cards told us staff treated patients with respect and adapted to the patient's needs. They described the teams as open and honest in their approach to how their service was provided. This was confirmed during our inspection.

## Vision and strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of the service. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a clear philosophy which was "To provide the best Non-Emergency Patient Transfer Service, friendly, efficient and acknowledged for the highest possible standards in patient care".

They had a business plan dated June 2019 which identified "The continued vision for AmbuServ is to provide a Non-Emergency Patient Transfer Service that is totally sympathetic to the needs of patients, hospitals, care homes, GP surgeries and other Medical organisations".

AmbuServ aimed to consolidate its position as the preferred third party provider for primary providers in the area and to become the preferred provider for other NHS trust primary contract holders. The company had achieved this so far by ensuring all patient needs were met and they were treated professionally, safely and with the utmost respect.

Staff we spoke with were aware of the patient focussed values of the service. They also told us that the service leaders continually updated them on any potential changes to the service. For example, staff told us that service leaders kept them informed of contract changes during the end of 2019. An explanation of the philosophy of the service was included in the staff handbook for all staff.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**



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We spoke with 12 members of staff, who all spoke highly of the culture of team work within the service. Staff reported feeling encouraged by the managers, describing them as supportive and valuing their contributions.

Staff felt proud to work for the organisation and felt that they were valued. During our inspection the pride and attention to detail was evident. Staff could not do enough for the patients and relatives in their care.

This was evidenced throughout the report.

Staff were consistently positive of each another and their teamwork, and stated they had close working relationships and always supported one another. The team brief was evidence of this with information for group get together and charity fund raisers after the death of a number of staff relatives.

The service leads told us they had a number of staff who worked for the company for several years. They described staff as committed to the service with a 'can do' attitude. Nothing was too much trouble.

Staff were kept informed about contract changes and felt positive that the registered manager was doing everything in his power to find new contracts.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The service had implemented health and safety, infection control, employment and a whistle blowing policy. The service did not hold formal governance meetings due to the small size of the service. The management team held informal governance group meetings at least monthly, which all three senior staff attended. In addition to this, there were monthly team updates which were shared with staff to update them on the current business arrangements and provide feedback from complaints or incidents.

The service had up to date policies for staff to follow. These were written by the managers and reviewed during informal governance meetings as necessary. The service had introduced a board which provided staff with quick access to policies and procedures for example complaints

management and the grievance procedure. Staff at all levels were clear about their roles and responsibilities and what they were accountable for. All staff signed to say they had read new policies and the registered manager kept copies of these and the signed staff handbook.

We observed team updates which were kept in a file for all staff to read. They were also available electronically.

We reviewed five staff personal files (randomly selected). We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. However, there was no clear order to the files. We raised this with the business support manager and the registered manager. They were in the process of updating all files and were able to provide evidence to support this. During the second part of our inspection the files had all been updated to ensure all information was contained in each file. The service also had an in-date recruitment policy and staff handbook to ensure all staff adhered to the requirements.

The service followed correct recruitment processes through ensuring staff had an enhanced Disclosure and Barring Service (DBS) check as part of the recruitment process. We reviewed the files held for the registered manager /managing director. We were assured that they were compliant with the requirements of the Fit and Proper Persons regulations in relation to directors. The intention of this regulation is to make sure that providers only employ 'fit and proper' staff who are able to provide care and treatment appropriate to their role. The files held included curriculum vitae (CV) and DBS.

We saw from the team brief that incidents involving equipment and training compliance rates were reviewed. All staff were required to have a full UK manual driving licence to drive the ambulance vehicles. License checks were carried out to confirm details. Details of driver's licences were monitored on a spreadsheet. Staff were required to undertake an enhanced Disclosure and Barring Service check as part of the recruitment process, and the service requested a copy of the check once received.

The service had an incident reporting log and a complaints log which provided a framework for monitoring any incidents and complaints. The complaints log was designed so that relevant dates would be captured so that the service had oversight of whether they responded within appropriate time frames. The complaints log also included

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sections for lessons learnt and how learning was shared. We saw evidence of lessons learned and shared in the team brief on a monthly basis. If there was a more urgent concern it would be shared immediately through the team social media group.

In addition, we saw that two primary providers had inspected the service, to ensure they were safe to transport their contracted patients. The registered managers said these inspections were welcomed and saw them as another layer of governance. For example, we saw the service had ensured senior managers immediately notified the primary provider if the incident involved an accident when transporting their patient. The senior management team meet on a monthly basis to review core compliance against training, fleet and equipment maintenance.

## Management of risks, issues and performance.

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

The service had a risk register which was introduced following our last inspection. The risk register contained seven risks to the service; including loss of staff and loss of contracts. Each risk contained controls that were in place to mitigate the risk. They were also graded based on the likelihood and severity of harm. Review dates were yearly unless a change of circumstances required an earlier update. The management team discussed the risk register at informal monthly governance meetings. The service had a process in place for managing incidents. The service carried out a risk assessment ahead of every patient journey. The risk assessment captured any manual handling needs, communication needs and any challenging behaviour. This was supported by the use of the patient transfer sheet which captured any infection control risks, a record of the patient's mental state, risk of falls and pressure ulcers. These records were stored securely for a year. However, the registered manager was considering keeping them for a minimum of two years. The records we reviewed were completed correctly and in full by each crew.

Each vehicle was installed with a digital monitoring system which allowed managers to monitor individual drivers driving behaviour. For example, how they were braking and

accelerating. By collecting this data, senior managers were able to monitor any risks whilst driving. The information was provided to the registered manager in order that he could investigate any patient safety concerns related to driving incidents. We were able to review these during the inspection.

The provider had a business continuity plan dated June 2019 and a review date planned for June 2020. The plan identified equipment, infrastructure, staffing and a recovery phase in order to ensure business as usual was returned as soon as possible after the incident.

## Information management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Electronic databases were password protected, information could only be accessed by staff. Managers only had access to performance management data such as staff details, vehicle servicing information, audits, training and human resource processes. This enabled managers to monitor the services they offered.

The IT systems used by the service supplied reliable data to enable them to submit data as required. The service monitored obtaining patient consent, incidents, near misses, referrals to social care and safeguarding referrals.

Records of journeys containing person identifiable data were paper based records stored in a locked cabinet and retained for a period of one year currently.

The service's policies and procedures were available for staff to access online and in paper on the notice board. They were able to access them through a staff portal on the service website.

The registered manager was the information governance (IG) lead who supported the service to ensure information was managed appropriately. The IG lead ensured systems and processes were compliant with the General Data

# Patient transport services

Protection Regulation (GDPR) introduced in May 2018. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).

## Public and staff engagement

**Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

We saw evidence of staff suggestions being supported by managers and implemented. These included combining the items in the vehicle in one bag, using a vehicle folder for patient notes and supplying all staff with a torch for identifying house numbers from the ambulance.

Patient feedback leaflets were available in the ambulances in easy read format. Staff were able to use a translation application on their smart phones if required for patients whose first language was not English. Patient feedback was relayed to the appropriate member of staff.

Staff and managers all described the desire and plan to have face to face team meetings. Due to the size of the service this had not been possible without reducing service delivery. A Sunday lunch was planned for all staff that included a meeting agenda and a set amount of time to discuss working arrangements and any forthcoming changes as well as time for staff support. Team briefings in the form of a poster and email had been introduced and staff were positive about this.

Leaders and staff told us that staff were engaged in any potential developments in the service. For example, staff told us that service leaders kept them informed and asked

for suggestions when there were primary contract changes during 2019. The service sought feedback from providers in the community that used the service. We reviewed feedback on the patient feedback forms specifically about crews from discharge teams at the hospitals they visited. The responses were positive throughout and stated that the service was reliable, flexible and accommodated the needs of patients. The service sought feedback from patients and carers and provided feedback cards when appropriate for them to complete. They could also share feedback via the website.

## Innovation, improvement and sustainability

**All staff were committed to continually learning and improving services.**

The service was proud of their patient centred approach and was not willing to allow changes to the service that may compromise it. The service provided escorts who accompanied every patient journey. Feedback from patients and carers about the way the service was delivered was positive; they stated that they felt safe and reassured throughout their journeys.

All staff were committed to continually learning and improving services. AmbuServ staff prided themselves on being flexible and providing an excellent caring service.

Managers of the service were aware that they could only grow the service with long term contracts. The managers were seeking new opportunities to gain contracts from other providers. Since registration in 2014 the service had continued to grow each year going from two vehicles then to eight now. Increased staffing, improvements in vehicles and a year on year growth of patient transfers.



# Outstanding practice and areas for improvement

## Outstanding practice

Staff were aware of the local and national guidance in relation to do not attempt cardio pulmonary resuscitation documentation. AmbuServ had provided samples of all the local hospitals different forms and terminology. This ensured staff were confident to review the information provided and question its accuracy if required. We witnessed staff both checking completed forms and questioning hospital staff re the validity of the forms. We also witnessed the crew ensuring that the hospital staff member had made the patient aware that the Respect form needed to go with the patient on each journey/admission.

All staff demonstrated an understanding of consent, capacity and best interests' decisions. During our inspection we witnessed staff reviewing a patient's capacity prior to transfer when an inaccurate diagnosis and capacity assessment had been sent to them. This enabled the patient to be cared for more appropriately during his journey.

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider **must** take prompt action to secure appropriate training for staff in relation to face to face manual handling and oxygen training. (Regulation 12 (1)(c)).

### Action the provider **SHOULD** take to improve

- The provider **should** ensure continued annual servicing by a registered engineer for all equipment and oxygen lines within the vehicles. (Regulation 12 (1)(c)).

- The provider **should** ensure continued monitoring and updating of staff records to comply with their own policies. (Regulation 17 (1) (d)).
- The provider **should** consider keeping minutes from governance meetings in order to provide robust evidence of managing risk. (Regulation 17 (1) (a)).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none"><li>The provider <b>must</b> take prompt action to secure appropriate training for staff in relation to face to face manual handling and oxygen training. (Regulation 12 (1)(c)).</li></ul>