PTS-247 Limited

Quality Report

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

Ratings

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

Overall summary

PTS-247 is operated by PTS-247 Ltd. The company provides a non-emergency patient transport service. PTS-247 is sub-contracted by a large NHS ambulance provider and conveys patients throughout Surrey and Sussex. The service is managed from one office location. Drivers and vehicles are based at the hospital trusts that use the service. The service provides patient journeys seven days a week between 5:30am and 11:30pm.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 18 February 2020.

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

Summary of findings

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 non-emergency patient transport services.

We inspected the service once before in January 2018 but we did not rate the service at this time. However, we issued them with two requirement notices for the regulated activity of patient transport services.

- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment13 (2) - Systems and processes must be established and operated effectively to prevent abuse of service users.
- Regulation 18 HSCA (RA) Regulations 2014 Staffing 18 (2) A-Staff must receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Since our last inspection, the service had trained staff at level 2 safeguarding vulnerable adults and children and had implemented a safeguarding policy.

Since our last inspection, all staff received mandatory training and completed appraisals to enable them to carry out their jobs.

We rated the service as **Good** overall.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service made sure all new staff completed disclosure and barring service (DBS) checks and renewed them every three years.
- 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
- Equipment and vehicles kept people safe and staff knew how to use them.
- Staff reviewed risk assessments for each patient at handover and removed or minimised risks. Staff identified deteriorating patients and knew how to call for help.
- The service had enough staff with the right skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff transported patient discharge summaries securely and handed them over to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team.
- The service provided care based on national guidance. Managers checked to make sure staff followed guidance.
- Staff regularly checked if patients were drinking enough to stay healthy.
- The service met agreed response times so that they could facilitate good outcomes for patients.
- Staff monitored the effectiveness of care. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care. They followed national gained patients' consent when required. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with local NHS organisations to deliver care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it. Waiting times from referral to pick up and met contractual standards.
- Leaders had the, skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

Summary of findings

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The strategy focused on sustainability of services and aligned to local NHS ambulance trust planning within the wider health economy.
- Staff felt respected, supported and valued. They focused on the needs of patients receiving care. The service promoted equality and diversity in daily work.
- Leaders operated governance processes with partner organisations.

However, we found areas for improvement:

- The registered manager should maintain level 3 safeguarding training in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 requirements for registered managers.
- The provider should review the recruitment process and records reference feedback for all potential staff.
- The provider should make sure that all vehicles have access to clinical waste bags to safely dispose of clinical waste.
- The provider should review its governance arrangements so that it can independently assess the safety and quality of the service, analyse data for themes and trends and improve communication of between to front-line and senior staff.
- Following this inspection, we told the provider it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good	The service provides a non-emergency patient transport service. PTS-247 is sub-contracted by a large NHS ambulance provider and conveys patients throughout Surrey and Sussex. Drivers and vehicles were based at the hospital trusts that use the service • 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 assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and gained their consent. • Staff treated patients with compassion and kindness, 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. • Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. We found the following areas of good practice: • The provider updated Disclosure and barring (DBS) criminal record checks every three years

Summary of findings

- Incidents were well recorded and thorough investigations completed.
- The service had very few complaints.

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

- The registered manager should maintain level 3 safeguarding training in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 requirements for registered managers.
- The provider should review the recruitment process by recording reference feedback in staff records.
- The provider should work with the NHS ambulance trust who use their service to carry out further analysis to understand the reasons for high staff turnover.
- The provider should make sure that all vehicles have access to clinical waste bags to safely dispose of clinical waste.

Summary of findings

Contents

Good

PTS-247 Limited

Services we looked at:
Patient transport services.

Summary of this inspection

Background to PTS-247 Limited

PTS-247 is operated by PTS-247 Ltd. The service opened in 2017. It is an independent ambulance service in Horley, Surrey. The service primarily serves the communities of the Surrey and Sussex.

The service has had a registered manager in post since February 2017. At the time of the inspection, a new manager had been employed and registered with the CQC in June 2019.

The service is registered to provide the following regulated activities:

- Patient transport services
- Triage and medical advice provided remotely

PTS-247 completed patients' journeys for two NHS ambulance trusts. However, they did not hold a formal contract; all work was based on a long-term verbal agreement. The service was verbally sub-contracted by the NHS ambulance trusts to convey low risk patients to and from hospital sites across the region.

During the inspection we visited the head office and accompanied crew throughout a patient journey. We spoke with five staff including patient transport drivers and managers. We spoke with two patients. The service did not hold patient records as this was not a requirement of the NHS ambulance service that employed 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.

Thirty-three patient transport drivers worked at the service, with two administrative members of staff and one manager of the service, who was the CQC registered manager.

The provider had a fleet of 35 active vehicles that it used to carry out the regulated activity. These were all modified with wheelchair ramps so that vehicles could convey patients in wheelchairs.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,one CQC registration inspector, and a specialist advisor with expertise in patient transport. The inspection team was over-seen by Catherine Campbell, Head of Hospital Inspection.

Information about PTS-247 Limited

PTS-247 has one location, which is their head office in Horley Surrey. The main service is patient transport services. The service transports patients to and from hospital appointments and other healthcare providers across Surrey and Sussex and is sub-contracted by a large NHS ambulance provider to carry out the routine transport of patients. This service does not provide urgent and emergency transport services such as responding to 999 calls.

The NHS ambulance trust that subcontracted work to the provider held all patient data. Therefore, we were unable to review patient records, although the service rarely transported children and young people the service did not keep any data on how many.

Activity (March 2019 to February 2020)

- There were 12,110 patient transport journeys undertaken.
- 33 patient transport drivers worked at the service, which also had a bank of temporary staff it could use.

Summary of this inspection

Track record on safety

- No never events, clinical incidents or 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	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Patient transport services

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

Summary of findings

- 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.
- The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and gained their consent.
- Staff treated patients with compassion and kindness and respected their privacy and dignity. 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.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

We found the following areas of good practice:

- The provider updated Disclosure and barring (DBS) criminal record checks every three years
- Incidents were well recorded and thorough investigations completed.
- The service had very few complaints.

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

- The registered manager should maintain level 3 safeguarding training in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 requirements for registered managers. After our visit, the registered manager submitted evidence that they had completed level 3 and level 4 safeguarding adults and children from an external provider.
- The provider should review the recruitment process and make sure they keep a record of reference requests for potential staff.
- The provider should work with the NHS ambulance trust who use their service to carry out further analysis to understand the reasons for high staff turnover.
- The provider should make sure that all vehicles have access to clinical waste bags to safely dispose of clinical waste.

Good

Patient transport services

Are patient transport services safe?

Good

We rated it as **good.**

Mandatory training

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

The service provided mandatory training in a variety of subjects for operational staff through an external organisation. All new members of staff completed mandatory training during their induction. Subjects included, health and safety, conflict resolution, infection prevention and control, safeguarding adults' level two, safeguarding children level two and basic life support.

The provider created an electronic training matrix which confirmed that all staff had completed their mandatory training during the reporting period March 2019 to February 2020.

At induction, the provider gave new drivers a competency handbook to complete, to demonstrate a minimum level of knowledge in core subjects as part of mandatory training prior to commencement in role. The hand book included booked training, driver awareness, vehicle checklists and standard operating procedures.

All staff completed driving assessments at the start of employment. The service monitored driving competencies throughout the year, by completing routine compliance checks.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, senior staff were not trained to an appropriate level and the service took immediate action to rectify this.

The intercollegiate guidance document "Safeguarding Children and Young People: roles and competencies for health care staff" (2014) states, "All non-clinical and clinical staff who have contact with children, young people and/or parents/carers" require safeguarding children level 2 training and registered managers should be trained to level 3."

All staff had safeguarding level 2 training which they accessed via an external trainer and records confirmed 100% of staff had completed this. However, the registered manager had not completed level 3 safeguarding. When we raised this as a concern, they immediately booked 3 and 4 safeguarding children and vulnerable adults in house training for the following next two days and provided us with copies of their completion certificates.

Staff told us the signs of neglect and abuse, and how they would report concerns. If a patient reported any concerns regarding abuse, neglect or domestic violence drivers knew who to report this to and how to sign-post patients to sources of help and support.

The children and adults safeguarding policies stated the process for reporting safeguarding concerns included reporting them to the local NHS provider. Staff had access to safeguarding reporting forms which covered all the required information.

During the reporting period staff had not raised any safeguarding concerns, this was primarily due to the NHS ambulance trust assessing patients prior to transfer. However, we had to remind the registered manager of their obligation to report signs of abuse to the local authority and the CQC. The provider immediately responded and created an easy to use flowchart to ensure staff followed the correct process.

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 visibly clean. However, they did not have an internal contract for disposing of clinical waste.

An infection prevention and control standard operating procedure (SOP) was available for all staff via the office location although this was under review. The policy informed staff on the use of protective personal (PPE) equipment and the safe standardised cleaning of equipment.

PTS-247 provided staff with hand decontamination gel for all vehicles and staff had access to single use gloves and aprons, in spill grab bags that they carried on the vehicles. There was extra stock stored at the main office so that staff could replenish items quickly.

Staff completed daily cleaning of vehicles by wiping down surfaces with antibacterial wipes and spray after each journey and made sure all vehicles had a weekly wash and valet.

Drivers completed daily vehicles checks which included a cleaning schedule. Records for February 2020 confirmed that 100% of drivers completed these. Staff were responsible for keeping their vehicles clean. However, we noted that the vehicles cloth seats were stained. We raised this with the registered manager, who told us that some of the vehicles were due to be replaced and wipe proof covers had been ordered for all new vehicle seating. We saw records confirming this.

In addition, all vehicles had a monthly deep clean and records confirmed this. The provider used an ultra violet (UV) light treatment on vehicle surfaces when deep cleaning vehicles to kill germs that could spread disease. Staff placed the UV lamp in the vehicle for 15 minutes for a routine monthly clean or for 30 minutes post contamination as per the PTS-247 Safe System of Work (SSN). As the lighting generated ozone, guidelines specified that once the light had completed its cycle the vehicle could not be entered for a further 15 minutes to allow the ozone to disperse.

Staff carried clinical waste bags on the vehicles to dispose of any materials used to clean up passengers' spills, and waste. However, the provider did not have a clinical waste disposal contract. Staff told us they disposed of clinical waste on arrival at NHS locations which had never been an issue with hospital staff. This could pose a risk if staff are unable to access NHS locations, as clinical waste needs to be disposed of safely.

Drivers carried a "spills kit" for cleaning up bodily fluids, anti-bacterial cleansing wipes and multi surface spray; alcohol hand gel, bottled water, tissues, latex free gloves, a sealed disposable blanket, vomit bucket and patient experience forms.

Environment and equipment

The maintenance of vehicles and equipment kept people safe and staff were trained to use them.

The provider had 35 working vehicles, all of which had been adapted to provide wheelchair access. PTS-247 owned their vehicles and assigned them to each driver's home addresses across the locality. This allowed drivers to be allocated to jobs nearest to their home location.

When drivers were allocated their vehicles, they were orientated on how to use the vehicles by colleagues as part of their induction. Orientation included use of the wheelchair ramps and their personal digital assistants (PDA) device which contained the patient information and a satellite tracker.

The provider accessed detailed reports via their bespoke digital reporting system to ensure their carbon footprint was measured. Details included how much fuel was being used by each vehicle, tyre wear and tear, engine servicing, brakes – all aspects of the vehicle performance and daily management.

The provider held a contract for servicing and Ministry of Transport (MOT) testing with a garage in West Sussex. Records were available of all the vehicles MOT due dates, details of previous repairs or servicing requirements and MOT appointments. In addition to MOT and servicing dates, a spreadsheet detailed key milestones in the vehicle's life cycle, including cambelt changes, brake checks, clutches and battery changes, as well as recording when individual tyres had been replaced or worn.

The vehicles ranged in age between 0-5 years old. The service had recently invested in 24 replacement vehicles, nine of which had been delivered and 16 were expected soon.

All vehicles carried a tracking system. This allowed the NHS ambulance service to monitor patient journeys and routes.

Drivers completed compliance checks which included tyre, oil and windscreen wash checks for their vehicles and sent photographs of any concerns via the online messaging application. Records confirmed that the registered manager stored photographs online.

The inspection team inspected one vehicle and accompanied a driver of a patient transfers. The inspector observed the driver checked safety equipment within the vehicle. The vehicle was clean and tidy, and contained satellite navigation.

All staff were issued with a uniform. This included a t-shirt, trousers and safety shoes. High visibility vests were kept on the vehicles for transfers that occurred at night.

First aid kits were well stocked and available on all vehicles and were checked as part of the vehicle daily checklist. Drivers topped up first aid kit with stock stored at the provider's offices.

Larger seatbelt straps were available for patients if required, and car seats for children were also available.

The provider issued single use blankets for all vehicles. Once used on a journey they were handed to the patient to keep.

Team leaders carried out routine vehicle compliance checks on all vehicles, to make sure that drivers were completing safety and infection control checks consistently. Checks included an inspection of the interior aspect of the vehicle. Any concerns on cleanliness were marked as a fail and drivers were asked to organise valeting of the vehicles.

All drivers carried the contact details of a national breakdown recovery company. The registered manager told us the service had arrangements so that the recovery company was usually on scene within one hour. When a vehicle broke down there were several spare vehicles, and if they need another driver, they covered this from their own pool of staff.

Assessing and responding to patient risk

Staff reviewed risk assessments for each patient at handover and removed or minimised risks. Staff identified deteriorating patients and knew how to call for help.

The NHS ambulance provider triaged patients prior to booking them onto PTS-247 vehicles. The provider was sub-contracted by the NHS ambulance trust to convey low risk patients who could walk independently or used a wheelchair.

The NHS ambulance trust that employed the service had a set of standard operating procedures (SOP) that the service had to follow. There was a SOP for safely conveying patients. This included information on patient safety which highlighted patient risks. There were guidelines for accompanying patients to their door and offering assistance to get them safely indoors and for arriving at night.

The provider made sure risk assessments were carried out on vehicles and driver awareness. Drivers daily vehicle checks were a risk assessment.

Staff told us they routinely made sure people were safely indoors and if they had any concerns about safety, they called the NHS ambulance service inform them of any issues and completed an incident form. The provider monitored and actioned incidents and fed back to the NHS ambulance trust.

The standard operating procedure for collapsed patients advised staff on how to deal with this emergency. For example when staff arrived at a home and could not contact the patient, they made sure they checked the address details with the NHS provider, make direct observations of the house, open the letter box to listen for noise, contact the team leader, registered manager and called 999 if required.

Staff told us that If a patient became unwell on route, drivers pulled over, checked the patient and in the event of an emergency, called 999 and performed basic life support in accordance to their level 2 life support training until emergency services arrived.

The registered manager told us that staff were informed of patients that carried a do not attempt

cardio resuscitation (DNACPR) order via the NHS ambulance service that booked the patient journeys. Drivers were informed of DNACPR via information provided on the booking request on their PDA. Staff told us that most of the time patients were discharged with their DNACPR certificate before commencing the journey, although there were times when they had to notify the pick-up unit that the documentation was not with the patient.

There were guidelines for additional winter checks which reminded staff to be aware of slip hazards and wet surfaces, both at pickups and drop off spots. The guideline advised staff that most healthcare environments (such as hospitals) were gritted in winter and reminded of their duty to exercise caution when transferring patients.

Staffing

Good

Patient transport services

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.

The provider had an informal agreement with NHS ambulance services to provide 28 shifts across Sussex seven days a week and four shifts based in London. Monday to Friday were the busiest shifts with 33 drivers on duty. At weekends, the service used less drivers and this was reviewed on a regular basis by the NHS ambulance trust.

There were 39 drivers working for the service The majority of these were employed full time 40 hour week contracts by the service, with some flexibility to accommodate their staffs work life balance.

We checked five staff records which confirmed that PTS-247 completed thorough recruitment checks. The provider's recruitment process included, telephone calls to validate references, health screening, identity checks, equal opportunities forms, work permits where applicable and evidence of competency and skill checks. However, records did not contain written references. The registered manager confirmed that they were confident that this process was effective.

All staff completed the disclosure and barring service (DBS) full disclosure criminal records checks on recruitment and these were renewed every three years. The registered manager showed us how they had a unique log in to the DBS online data base and monitored staff DBS checks. All staff had criminal record checks were renewed every three years by the service.

Staff records confirmed that staff had completed the appropriated training and induction programme. The registered manager arranged training whilst people were awaiting their DBS checks to be returned. This was a practice designed to reduce the wait time for start dates. They told us that the DBS process had at times been a barrier to recruitment as staff could not start until the DBS was completed.

Drivers worked 5.30am to 11.30 pm seven days a week. Rosters were completed two months in advance and took annual leave into account. Rosters were aligned to the requirements of the NHS ambulance trust and accessed by staff via a smart phone application. Any changes to rosters would initiated a notification to relevant staff.

Staff used a social media private group, to cover sickness and change shifts. Staff told us the weekend prior to our visit one staff member had reported sick via the group and other staff members picked up the shift and covered their patient journeys for the day.

In addition to regular staff, the service had a bank of drivers with current disclosure and baring checks and training that they could call on short notice if they required them.

The current turnover rate of 18.75% was higher than the provider's average. Turnover had recently increased as the NHS ambulance trust had capped working hours to a maximum of 40 hours a week, and this was being monitored by the registered manager. The registered manager was concerned about staff turnover. Staff were paid a national minimum wage and the NHS ambulance trust enforced driver working time restrictions which had contributed to staff leaving to find alternative employment in the past.

The registered manager and office staff told us that the service had a low level of staff sickness, this was attributed to rosters being planned in advance and staff being able to change duties amongst themselves. Data from the provider confirmed that the sickness rate was 2.2%.

Records

Staff transported patient discharge summaries securely and handed them over to all staff providing care.

The service did not hold any patient records, these were provided by the NHS ambulance trust in line with the terms of their verbal contractual agreements on a daily basis. Patient information was entered onto the personal digital assistant via the ambulance trust, this was deleted at the end of each working day. The provider confirmed acted in accordance with the regulations outlined in Data Protection Act 2018 general data protection regulations (GDPR).

All drivers were allocated a personal digital assistant (PDA) with a unique sign-on number and carried these with them for the duration of their shift. The devices allowed for secure transfer of data between drivers and the NHS ambulance trust. When the driver logged into their PDA at the start of their shift they had an overview of how many transfers they were doing, the name and address of the patients and the pick-up times for these.

Good

Patient transport services

When patients were dropped off to routine appointments, or discharged from hospital, staff would provide a hand over to the staff at the hospital or hospice. As soon as the transfer was complete, the data was cleared from the PDA remotely.

Medicines

The service did not stock or administer any medicines at the base or on its vehicles. Any medicines a patient needed to bring with them remained their responsibility. Staff told us that they occasionally transferred patients with their own portable oxygen cylinders. However, there appeared to be some confusion, after the inspection we asked the registered manager to provide us with a risk assessment for carrying patient own medical gases, they advised us that they did not routinely transport patients who carried their own medical gases. Records confirmed the service was insured to carry two litres of medical gases.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong the service had arrangements to apologise and give patients honest information and suitable support.

The service reported no never events in the 12-month period before our inspection. Never events are serious incidents which are entirely preventable. Each never event type had the potential to cause serious harm and death.

The service had a current incident reporting and investigation policy. Records confirmed that the provider had current professional indemnity insurance in respect of their legal liability arising from their professional activity.

The service reported nine incidents during the reporting period March 2019 to February 2020.

The provider stored records on a digital spreadsheet. This confirmed the types of incidents. Incidents included unwell patients and body fluid spillages, vehicle collisions, aggressive patients and safeguarding concerns. Each entry had a reference number along with the name of the reporter/driver, name of the reviewer, investigations undertaken, date of incident, name of patient, date of acknowledgment and any actions taken. The original paper record of incidents were stored in folders at the main office.

There were no specific meetings to discuss incident learning, the registered manager told us that when they received an incident report, they spoke to the reporter/driver to gain further information if needed. Reporting forms contained a "lessons learnt" column in the incident spreadsheet which detailed any actions taken. Staff told us they were updated on changes to practice via emails and the services social media closed group.

The duty of candour, Regulation 20 of the Health and Social Care Act 2008, relates to openness and transparency. This duty requires services of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The service used the local NHS ambulance services duty of candour standard operating procedure to guide staff on the process which was available at the location office.

Records confirmed that if patient journeys were delayed due to severe weather, traffic or vehicle breakdowns staff completed an incident form and apologised to the patient and informed the NHS ambulance service that provided the journey.

Response to major incidents

The provider was not sub-contracted to respond to major incidents.

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

Good

We rated it as **good.**

Evidence-based care and treatment

The service provided care based on national guidance. Managers checked to make sure staff followed guidance.

The service had a set of standard operating procedures which were designed to inform drivers and mitigate risks, and these were available at the provider's main office.

PTS-247 carried out quality spot checks on both the drivers and their vehicles. Team leaders located drivers between jobs and completed a checklist. We saw a "driver inspection folder" that contained completed checklists and photographs of the drivers and vehicles. The checks included uniform and ID badge checks, whether the breakdown recovery card was within the vehicle, whether the vehicle appeared clean and tidy, and whether the tail lift was operational. Records confirmed that these checks were completed during March 2019 to February 2020.

The registered manager updated staff on changes to practice and reviewed guidance via the staffs closed social media group and emails. When staff attended the office, they were asked to sign alerts of current changes in practice which ensured they had read the information.

Nutrition and hydration

Staff checked if patients were drinking enough to stay healthy.

The service provided bottled water for patients on request and stock was stored at the service's main office when staff needed to restock.

Pain relief

Staff made sure patients were comfortable during transit, if patients stated they were in pain staff reported any concerns to the care providers.

The service did not stock or provide medicines to patients. This was not a requirement of their verbal contract with the NHS ambulance service that employed the service. However, staff told us that if a patient told them they were uncomfortable then staff would raise this with staff at the drop off destination or the registered manager.

Response times

The service monitored, and met agreed response times so that they could facilitate good outcomes for patients.

During the reporting period March 2019 to February 2020 data confirmed that the service completed 12,110 patient journeys on behalf of the NHS ambulance trust.

The NHS ambulance service set out guidelines for timings of specific types of patient's journeys. Guidance stated that renal dialysis patients could be dropped off up to 45 minutes before their appointment and had to be collected within 30 minutes of the completed appointment. Patients attending routine outpatients' appointments needed to be collected within one hour.

The NHS ambulance trust that employed the service collected the data, for response times and patient time on vehicles. This included journey completion times for renal patients.

The registered manager told us that if the service were not meeting their KPIs, the NHS ambulance provider contacted them directly. The NHS trust sent daily messages and quarterly figures to the registered manager . Throughout the reporting period of March 2019 to February 2020, evidence confirmed the service failed to complete 100 journeys within the required time frame, with 99.5% of journeys being completed on time.

Records supplied to the provider from the NHS ambulance trust confirmed the provider was currently the top patient transport performer for the NHS ambulance service that employed them.

Patient outcomes

Staff used digital equipment to monitor effectiveness of journey times.

The provider monitored patient outcomes in collaboration with the other providers who subcontracted their service . Staff used their personal digital appliance to input data on journey pick up and completion times. This data was fed back to the NHS ambulance trust who monitored the performance of PTS-247. The registered manager liaised daily with the ambulance and any concerns about journey times were investigated by the registered manager.

The NHS ambulance trust provided feedback about the providers performance compared with to their rivals which was positive. The provider did occasionally challenge the ambulance trust on performance feedback, depending on the KPI failure. If for example the patient journey time was insufficient for the distance and the KPI failed then the registered manager challenged this as it indicated that the NHS ambulance trust had not factored enough journey time and the drivers could only drive within the confines of the speed limit and to ensure passenger/patient safety.

Good

Patient transport services

Competent staff

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

Records confirmed all staff had to sign for a driver pack on commencing their job. This contained information such as hard copies of safe systems of work, standard operating procedures, competencies, breakdown cover details, and patient experience forms.

New drivers underwent a period of shadowing from an experienced driver on patient journeys before transporting patients alone. Staff records confirmed this within the induction checklist.

Records confirmed that the registered manager completed staff appraisals and staff were given opportunities to give feedback about their performance. If staff had any concerns regarding shift patterns managers reviewed shift patterns to give staff a work life balance.

There was an in-date recruitment policy which gave an overview of the steps taken when employing new members of staff. This included checking of relevant identification checks, right to work check, equal opportunities monitoring form and disclosure and barring service (DBS) checks.

The registered manager accessed two DBS digital databases that confirmed all staff had completed their enhanced DBS checks during the recruitment process. PTS-247 made sure staff completed further DBS checks every three years, these were updated on the registered managers database.

The manager carried out six monthly driving licence checks to ensure staff had not exceeded the services limit for driving penalty points. The maximum number of points on a licence was six.

The provider and NHS ambulance trust monitored driving styles, for example, harsh breaking or speeding were scored. The system kept records of driver scores, which enabled the registered manager to investigate any driving incidents quickly and report any concerns to the drivers involved. For example if a driver was caught speeding, they were liable for a fine and attendance at a driver awareness course.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They communicated effectively with other agencies.

The NHS ambulance trust was responsible for co-ordinating all patient transfers. The registered manager had routine daily contact with the NHS ambulance trust via emails and phone calls.

Staff liaised with healthcare professionals during pick-ups and drop offs to make sure they received clear handovers of the patient's needs. We saw feedback from the NHS ambulance trust praising one of the PTS-247 drivers worked with them to ensure journeys were completed on time during a busy period.

Health promotion

The service does not provided any health promotion information as they did not employ healthcare professionals, this was the role of the local NHS ambulance trust.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff gained patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Records confirmed that staff received training in mental health in the workplace which included a module on informed decisions and guidance on gaining consent.

Staff understood the principles of "Gillick competence" which is a term originating in England and is used in medical law to decide whether a child (under 16 years of age) is able to consent to their own medical treatment, without the need for parental permission or knowledge, .although we were told they rarely conveyed children. The registered manager told us that when they did, children were accompanied by their parents.

During our inspection we observed staff asking patients for consent to strap them into the seatbelt and on where to put luggage.

Good

Patient transport services

Are patient transport services caring?

Good

We rated it as **good.**

Compassionate care

Staff treated patients with compassion and kindness.

All vehicles contained, the NHS ambulance trust's patient experience form for patients to complete. Completed forms were returned to the NHS ambulance trust to review who informed the registered manager who shared patient feedback with staff via the staff social media group.

During the inspection we spoke to two patients, who confirmed that staff were caring, patient and helpful. One regular user of the service said drivers were polite and friendly. Each vehicle carried single use blankets to support patient dignity and we observed staff asked patients if the temperature within the vehicle was acceptable.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

During journeys, patients had an opportunity to speak to staff informally. Staff told us that regular patients discussed their lifestyle and any current emotional concerns. Drivers offered a listening ear and comfort during the journey.

If regular patients expressed a preference of driver, managers adjusted staffing so that patients received the emotional support they requested. Records confirmed that staff had their regular routes and regular patients to provide continuity.

Understanding and involvement of patients and those close to them

Staff supported and involved patients.

Drivers did not have direct influence on their shift patterns, however, some drivers were often assigned the same patient journeys to provide continuity. It was common for renal patients to have regular use of the service which meant that some patients had a level of continuity of carer.

The registered manager told us that some patients would try and request drivers they had built a rapport with and one patient told us that they felt they had become friends with their driver.

We observed staff, ask patients if they were mobile, explain how long journeys would take, and help them with their seatbelts and ask if they were comfortable and apologise for the road conditions. Patients were helped to get out of the vehicle and accompanied to the correct department or location.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Good

We rated it as **good.**

Service delivery to meet the needs of local people

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

PTS-247 provided low risk patient transport, for vulnerable patients who needed to attend or return from regular appointments, or discharged home from hospital. Patient journeys were allocated to the provider as part of their informal contract with the NHS ambulance trust. This meant the service was supporting the NHS ambulance trust to ensure patients could access care in hospitals and in other settings in a timely way. The service used the NHS ambulance trust's standard operating procedures to ensure that patients received the same level and quality of service as those using NHS provided ambulance services

The service was available from 5.30 am to 11:30pm seven days a week.

All the vehicles used by the service were wheelchair adapted and provided space for up to four patients, although most journeys were on an individual basis. The service did not transport patients on trolleys or stretchers.

Meeting people's individual needs

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

The service followed a strict criterion, which meant that patients with dementia had to be accompanied by a carer or relative. If drivers were asked to convey patients with dementia unexpectedly without a carer or escort, staff were instructed to contact the NHS ambulance service through their PDA to check a carer had been allocated or re allocate the journey.

Staff made adjustments according to the needs of the patients. Staff helped mobilise patients with limited mobility or sensory loss into and out of the vehicles. Patients with severe learning difficulties required an escort and this was planned and arranged in advance by the NHS ambulance trust .

The NHS ambulance service provided clear instructions on the transport of patient's luggage and personal take home medicines. Patients could carry one small bag of personal possessions, one bag for patient medication and one mobility aid, like a walking frame or wheelchair. This was because vehicles only had a few options for securing equipment and space within was limited. However, there was some flexibility if patient circumstances meant they had more luggage.

Staff told us that drivers were informed of patient language barriers via the PDA. In the event of language barriers staff would use a smart phone language translation app, or carers prior to the start of the journey.

If a patient needed to take a comfort break, staff would travel to the nearest public service and escort the patient to the toilet when required.

Access and flow

People could access the service when they needed it. Waiting times from referral to pick up met contractual standards.

Each vehicle was fitted with a global positioning system (GPS) and journey times were monitored via the live satellite. The system worked in real time and could identify where drivers were, and whether drivers were travelling or stationery.

Drivers PDA collected data which monitored pick up and journey times, and the NHS ambulance trust took responsibility for monitoring performance in this area. The NHS ambulance service would make sure drivers were allocated work within a set region so that they did not have gaps in their shifts. If this was not possible, gaps were filled with ad hoc journeys.

The NHS ambulance monitored drop off times and pick up times, the registered manager was sent quarterly performance outcomes. Key performance indicators (KPI) included 'driver too early' as well as turn around time KPIs of 90 seconds. These were monitored by the NHS ambulance trust and fed back to the provider.

The service had several spare vehicles at base, these were used when standard vehicles broke down or suffered a failure during a transfer. Staff had access to a tyre replacement service account and the support of three motor vehicle garages. These resources meant there was limited impact to service delivery.

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.

The provider had a up to date complaints policy, which specified that complaints "must be acknowledged within three working days". A full response was completed within 20 days of the initial complaint and records confirmed this. The registered manager was responsible for reviewing complaints with the NHS ambulance trust.

Vehicles carried NHS patient feedback forms. Complaints were sent to the NHS ambulance service and reported to the registered manager who was responsible for a full investigation and response to the NHS service of any concerns.

The registered manager logged complaints on an electronic database, which outlined the complaint, the investigation and the response. During March 2019 to February 2020 there were three complaints.

Records confirmed that the complaints were regarding timings of pickups and driving behaviour. All complaints had been dealt with. The manager fed back to the NHS ambulance trust, and driver's were given feedback.

Good

Patient transport services

One complaint we reviewed a complaint and saw it was fully investigated within the set timescales. The patient was informed of the outcome of the investigation.

The investigation found the driver had waited longer than the planned 15 minutes, however the service apologised and fed back to the driver.

Are patient transport services well-led?

Requires improvement

We rated it as requires improvement**.**

Leadership

Leaders had the, skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The registered manager (RM) had been in post since June 2019. The RM had a background in logistics and people carriage, and were responsible for the management, training and governance of the service. The RM worked alongside two administrators, who liaised with staff, issued staff rosters, and completed recruitment checks, invoicing and payroll. All three worked for the service on a self-employed basis and issued the provider with a weekly invoice.

The RM reported the board of directors. During the inspection we did not have the opportunity to interview the Chief Executive as they were based at their head office. However, after the inspection we spoke with them. They advised us, they were able to oversee working practices remotely from their main office and had frequent telephone and face to face meetings with the registered manager. They felt the service had improved since the registered manager had taken up their post last year.

The registered was registered with the CQC, in line with requirements. They were also the service's nominated individual delegated to represent the service to the CQC.

Correspondence provided to us immediately after the inspection confirmed that the provider felt the registered manager was able to carry out the duties of the nominated individual and they fed-back to the board. The provider told us there were plans to split the two roles in the future.

The registered manager and their two administrators were responsible for all aspects of managing and reviewing recruitment, training, vehicles maintenance, managing staff and everyday governance of the service.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The strategy focused on sustainability aligned to local NHS ambulance trust planning within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

PTS-247 delivered work which was sub-contracted from NHS ambulance trust's and these were verbal agreements based on performance. The strategy of PTS-247 was to deliver a safe a service to the highest possible standard, whilst adhering to the same level of service delivery supplied by traditional patient transport service providers. However, the lack of formal contracts, left no guarantee that NHS ambulance trusts would use them. Staff told us the lack of formal contracts impacted on the security and decisions around investment made regarding long term business investments. Business practices relied upon reaching targets and maintaining a safe and effective service.

The service's mission statement stated, "our aim is to provide a timely, safe, high quality, customer focused transport service to low risk patients who do not need an ambulance to get to or from hospital for their appointments but do meet the eligibility criteria for patient transport."

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.

Staff we spoke with described the culture within the service as being like a family. Messages via the staff social media application confirmed that staff looked after each other; for example swapping shifts to cover family commitments, or appointments.

The values, included in the providers mission statement, were based around dignity and respect of patients and colleagues. Staff understood that this was not just a "taxi service" and showed an understanding of patient welfare.

The provider used a risk based approach for allowing potential employees who had a prior minor criminal conviction an opportunity to work for the service. This was also based on their ability to complete tasks and their age when the offence was committed. There was no evidence of discrimination of people with protected characteristics in line with the Equality Act 2010. The policy confirmed that the service gave people a fair opportunity to all applicants.

The whistleblowing policy described steps staff could take if they had concerns about the management of the service. The period for acknowledging concerns was five working days.

The CQC did not receive any complaints or whistleblowing enquiries during the reporting period.

Governance

Leaders operated limited governance processes that were reliant on the input of partner organisations.

Governance meetings were held by the provider at their main office quarterly and correspondence provided after the inspection confirmed these. The registered manager reported outcomes, performance, incidents and staffing reviews to the board.

Safety and performance were important to the company as their business was dependent on meeting the NHS ambulance trust targets to ensure sustainability. The board of directors met with the registered manager on a regular basis to discuss performance, staffing, technology and vehicle maintenance. The inspection team were shown evidence of regular contact via emails. The leadership team told us they trusted the registered manager to manage everyday business.

One NHS ambulance trust monitored governance and provided the service ratified evidence based standard operating procedures for safety, transportation and recruitment processes and driver checks.

The NHS ambulance service completed annual safety checks on PTS-247 to make sure they complied with national patient transport guidance. These checks were on staff and vehicle documentation and policies and procedures. If the service failed to meet the NHS ambulance services requirements, they would be issued with a warning to comply and revisited. Although records of a recent review confirmed that the service had met all its compliance requirements.

The registered manager liaised daily with the NHS ambulance provider who completed their own health and safety assessment of the service on an annual basis.

The registered manager showed us correspondence to and from the NHS ambulance trust, which demonstrated discussions on KPI's, workload, staffing and severe weather alerts and planning.

The provider had oversight of the everyday logistics and management of the location via spreadsheets and data to ensure that performance was reviewed, and targets set out by the NHS ambulance trust were met.

Management of risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events and worked closely with their informal NHS ambulance trust sub-contractors to mitigate risk.

The registered manager demonstrated a holistic understanding of how performance influenced the quality and sustainability of the company.

The provider had an assurance system that was aligned to the NHS ambulance trust that used the service for patient transport. The registered manager and support staff worked together and followed processes to mitigate risks within the service. The registered manager had an awareness of their duty to protect patients and staff and implemented strategies to mitigate risks.

We reviewed the provider's business continuity plan. This referred to business continuity scenarios such as staff absences, utilities and equipment failure, and vehicle breakdown. There was evidence of mitigation of risks. These included, extending shifts or recruiting temporary staff, data backup systems and a minimum stock of spare vehicles. There was a key contacts section in the plan, which included contact numbers for the registered manager, team leaders and certain utilities suppliers.

Records confirmed performance issues were dealt with appropriately through a clear process and resolved effectively.

The registered manager kept and reviewed a risk assessment log which consisted of 16 risks. These included,

driving risks, maintenance of vehicles, staffing, severe weather, and the moving and handling of patients. The records confirmed that the provider had an overview of the potential risks to staff and patients**.**

The registered manager created reports and plans for the chief executive officer and directors of the service. Reports included impact assessments and rationales for service development, new equipment and new vehicles.

The provider made sure staff were clear about safe driving in severe weather, to adjust their speed and distance and use fog lights when appropriate. The manager told us there had never been an occurrence where they had to stop the service. During cold conditions, staff used a free messaging application on their mobile phones to advise drivers to be cautious in icy conditions.

The provider monitored their performance via a bespoke digital driver reporting system. This monitored, speed, braking, distance, driver fatigue and routes taken. This enabled them monitor and use their own in house performance scoring. All drivers had to complete an annual online road safety driver assessment. Scores were reviewed and depending on the score drivers were offered additional driving updates.

Information management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. The provider submitted data to third party organisations as required. However, the service did not always analyse data so they could be sure it was reliable.

Digital systems were used effectively to manage the service and records were safely stored. The personal digital assistants (PDA) devices were issued to each driver in line with the requirements of the NHS ambulance trust who used systems to update the devices with journey information. In addition the NHS trust accessed data remotely from the device relating to journey times, driving styles and patient information. Data was reviewed at regular intervals by the NHS trust and the registered manager to monitor performance and discuss improvements when required.

In accordance with General Data Protection Regulations 2018, information was shared on a need to know basis. All computers were password protected, and once a patient journey was completed it was deleted off the PDA device and only visible to the NHS ambulance service.

Vehicle GPS devices helped monitor journeys, traffic and weather conditions, which allowed the NHS ambulance trust to monitor and manage daily workload.

Public and staff engagement

The service had limited engagement with its staff. They collaborated with their partner organisations to help improve services for patients.

PTS-247 had their own public website which provided an overview of the services provided. This contained a contact us webform and a book patient transport form.

Leaders and the registered manager met with the NHS ambulance trusts to discuss workload, targets, performance and staffing.

The registered manager frequently engaged with the NHS ambulance trust and fed back to staff necessary information.

NHS patient feedback leaflets were available on all vehicles and sent directly to the NHS trust for analysis. The NHS ambulance service would review the feedback and forward to PTS-247 compliments and complaints.

The provider did not arrange regular formal meetings with staff this was due to staff rostering and working time commitments. This meant staff engagement was limited. However, to mitigate the risk staff could raise practice issues with the registered manager via a closed social media application.

Records confirmed that staff could liaise via digital communications applications.

Innovation, improvement and sustainability

All staff were committed to improving services.

The registered manager was committed to developing and improving the service. However, improvements tended to be reactive to feedback rather than a proactive response to

issues identified through internal governance arrangements. For example, as a result of our inspection the provider ordered new seat covers, made of “high-tech” wipe clean materials.

Staff explored ways to improve infection control and maintenance of the vehicles such as the use of ultra-violet lamps for cleaning the internal aspect of the vehicles.

Senior staff understood safety and performance were important to the company as the sustainability of their business was dependent on meeting NHS ambulance trust targets and standards. One member of the board advised us that although their contractor set targets their verbal contractual agreement with NHS trusts did not provide long-term security. They confirmed that the NHS ambulance trusts had the authority to withdraw services at any time if PTS-247 did not meet safety standards outlined in NHS ambulance standard operating procedures.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The provider SHOULD review the recruitment process and ensure references requested for all potential employees are recorded in staff files
- The registered manager SHOULD maintain level 3 safeguarding training in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 requirements for registered managers.
- The provider SHOULD work with the NHS ambulance trust and carry out further analysis to understand the reasons for high staff turnover.
- The provider SHOULD make sure that all vehicles have access to clinical waste bags to safely dispose of clinical waste.
- The provider SHOULD review its governance arrangements so that it can independently assess the safety and quality of the service, analyse data for themes and trends and improve communication of between to front-line and senior staff.