Acute Ambulance & Medical Services Limited

# Acute Ambulance & Medical Services

**Inspection report**

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

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Requires Improvement |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Overall summary

This was first time this service has been rated. We rated it as good because:

- 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. Staff assessed risks to patients and acted on them. 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. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. 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 treatment.
- 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 care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not control infection risk well.
- The service did not always record medicines accurately.
- The service did not always complete patient records thoroughly.
- The service did not have a robust staff recruitment and induction process.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Patient transport services** | Good  | This was first time this service has been rated. We rated it as good because:<br>• 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. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.<br>• Staff provided good care. 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.<br>• 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.<br>• 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.<br>• 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 care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.<br><br>However:<br>• The service did not control infection risk well. |

# Summary of findings

| | | |
|---|---|---|
| **Emergency and urgent care** | **Good**  | Emergency and Urgent care is a small proportion of service activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport services section.<br>We rated this service as good because it was effective, caring, responsive and well led, although safe requires improvement. |

# Summary of findings

## Contents

# Summary of this inspection

## Background to Acute Ambulance & Medical Services

Acute Ambulance and Medical services (A.A.M.S) is operated by Acute Ambulance & Medical Services Limited.

It is an independent ambulance service based in Milton Keynes, Buckinghamshire.

The service provides patient transport services to both adult and child patients across England. A.A.M.S provides patient transport services to NHS trusts and NHS ambulance services along with private providers nationwide. The service also provides medical cover and emergency transfers to hospital for events. Events are not within our scope of regulation and therefore we do not inspect events. However, at some events, the service provided emergency transport and this falls into our scope of regulation.

The service was established in 2006 providing patient transfer services. As the service has developed, the events cover has increased and this now includes, large sporting events.

In 2011 the service registered with the Care Quality Commission (CQC) for the regulated activities of:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder, or injury

The service has had a registered manager in post since 2011.

During the six months July 2021- January2022:

- The service carried out 6,370 patient transfer journeys, an average of 910 per month

The patient transfer journeys included:

- Cardiac Transfers;
- Inpatient admissions;
- Spinal patient transfers;
- Out-patients and day-patients from the patient's place of residence, including nursing homes to NHS facilities;
- Non-urgent transfers between hospitals;
- Discharges from hospital to home.

During the year June 2021 to May 2022:

- The service carried out 27 transfers from events, an average of two per month

We had previously inspected Acute Ambulance and Medical Services in January 2018. At that time, we regulated independent ambulance services but did not have the legal duty to rate them. Good practice and areas for improvement were highlighted.

The main service provided was patient transport services. Where our findings on patient transport services, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the patient transport service.

# Summary of this inspection

## How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

## Outstanding practice

We found the following outstanding practice:

- The training and development programme enabled staff to develop skills and competencies for career progression.
- The staff always put the patient at the heart of the service and would go the extra mile to accommodate them.

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

**Action the service MUST take to improve**:

- The service must ensure that systems and processes are in place to mitigate infection prevention and control risks. Regulation 12 (1)(2)(h)

**Action the service SHOULD take to improve:**

- The service should ensure that all medicines are accurately recorded in patient records (Regulation 17).
- The service should ensure that all patient records are accurately completed (Regulation 17).
- The service should ensure the new induction process for bank and agency staff is embedded into practice (Regulation 18)
- The service should ensure that systems and processes are in place for the safe recruitment of staff (Regulation 18).
- The provider should ensure that cleaning chemicals are stored in line with control of substances hazardous to health guidelines (Regulation 12).

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Patient transport services** | Requires Improvement | Good | Good | Good | Good | Good |
| **Emergency and urgent care** | Requires Improvement | Good | Insufficient evidence to rate | Good | Good | Good |
| **Overall** | Requires Improvement | Good | Good | Good | Good | Good |

Good

# Patient transport services

| | |
|---|---|
| Safe | Requires Improvement |
| Effective | Good |
| Caring | Good |
| Responsive | Good |
| Well-led | Good |

## Are Patient transport services safe?

Requires Improvement

This was first time this service has been rated. We rated it as requires improvement.

### 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. Staff received mandatory training in both face to face and online formats. The training matrix demonstrated an 80% completion rate for staff against a service target of 100% for the statutory mandatory training. The service had introduced two new modules in June 2022 on duty of care and privacy and dignity, these had not yet been completed by all staff.

The mandatory training was comprehensive and met the needs of patients and staff. Staff confirmed the training was comprehensive and the modules included infection control and basic life support.

Staff had to complete a driver risk excellence training course. Data reviewed after the inspection demonstrated a 75% compliance rate against a service target of 90%.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia. The mandatory training included modules on mental health, mental capacity, dementia care and learning disabilities.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had an electronic training matrix which flagged when training was due. The managers monitored the training and the matrix was colour coded to demonstrate if training was out of date, to be completed or a new starter and within expected timeframe. Managers would email staff a reminder. A review of staff meeting minutes also demonstrated managers asked staff to ensure they were up-to date with their training.

### 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.**

Staff received training specific for their role on how to recognise and report abuse. A review of the data received after the inspection demonstrated a 96% compliance rate in safeguarding training level two for adults and children. The staff who had not completed training were new starters who were within the timeframe to complete.

Paramedics used by the service were required to provide evidence of safeguarding training to level three for both adults and children. Evidence provided by the service after inspection demonstrated that checks of certification were in place.

The service had an in date and version controlled safeguarding children and adults policy, this included local contacts and telephone numbers.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The staff received equality and diversity training as part of the mandatory training programme. Staff we spoke with described how they would always ask the patient how they wanted to be addressed and how all care was patient centred.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were often in a privileged position of entering a person's home and were uniquely placed for patients to share confidences or to make a judgement call about the home environment. Staff completed safeguarding training to level 2 for both adults and children as part of the training programme.

Most staff knew how to make a safeguarding referral and who to inform if they had concerns, however, one member of staff we spoke to was unsure of the process but did confirm they would escalate any concerns to the service manager. The staff survey from 2019 demonstrated that 100% of staff felt they had sufficient training in safeguarding and 96% felt they had sufficient training to report a concern, the initial responses from the 2022 survey demonstrated 94% of staff felt they had sufficient training in safeguarding.

The service had a safeguarding alert form available for staff to complete if they had any concerns they wanted to escalate or report.

There was a safeguarding lead trained to safeguarding adults and children level 4 available to staff for advice and guidance.

Disclosure and Barring service (DBS) checks were in place. Staff were informed when an update was due. A review of the service records indicated a 91% compliance rate of staff who had been checked within the last three years. All staff had been checked within the last four years, the update for the staff over three years or who were new starters was in progress.

### Cleanliness, infection control and hygiene

**The service did not always control infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They did not always keep equipment, vehicles and the premises visibly clean.**

The station office and staff areas had suitable furnishings however the industrial site on which the station was located was undergoing refurbishment which increased the levels of dust and dirt in the environment.

Good

# Patient transport services

We inspected two patient transport vehicles that were ready for use. One of the vehicles cab area had a visibly dirty floor. The patient area including the trolley and mattress was visibly clean and decontamination wipes were available. The spill kit in the vehicle had just expired. This was escalated to the fleet manager and was removed and replaced. The vehicle was due for its deep clean.

The other patient transport vehicle we inspected was new to the fleet and was due a deep clean. The cab area was visibly clean, the inside of the vehicle was tidy and the re-usable equipment was visibly clean, however, the area under the stretcher was visibly dirty. The spill kit in the vehicle had just expired. This was escalated to the fleet manager and was removed and replaced.

Cleaning and restocking of vehicles when they were in station was performed by the fleet manager. We observed this on inspection.

Staff cleaned equipment after patient contact. Staff we spoke to explained how they cleaned patient equipment after use. Staff had a checklist to complete before using a vehicle and were responsible for wiping surfaces and ensuring the vehicle and equipment were clean and tidy between patients.

Deep cleaning of vehicles took place every month. The fleet manager had a comprehensive cleaning and maintenance matrix which included the date of the last deep clean and when the next one was due. The cleaning was audited and 96% of the vehicles from January to May 2022 complied with the company policy of a monthly deep clean.

The fleet manager had an itemised cleaning schedule for the deep clean which included the outside of the vehicle, cab area and saloon area, however, although equipment cleaning was part of the schedule, itemised equipment was not. It was possible for equipment to be moved from one vehicle to another and would miss the deep clean. Deep cleaning of vehicles was logged on the service's online audit programme.

The service had a colour coded system of tables for equipment in the vehicle garage. The red table was for used equipment and the green for good to go. The cleaned equipment was not wrapped or date labelled and was stored in the open in the vehicle garage. This was escalated at the time of inspection. Information received from the service after the inspection demonstrated the service has now built a shelved storage area for clean equipment. The equipment is marked with dated "I am clean" stickers and wrapped to keep clean. The new process needs to be embedded into practice

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The fleet manager maintained the vehicle cleaning records. Audit data reviewed after the inspection showed that the service monitored compliance well and used audits to identify areas for improvement.

The service conducted monthly infection prevention and control (IPC) audits which highlighted areas for improvement, good practice and overall compliance figures. A review of the audit dashboard demonstrated IPC audits included vehicles, uniforms and hand hygiene.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was available in the station and on the vehicles. The staff followed current government guidance on wearing PPE and this was shared by the service manager. Staff were able to continue to wear face masks in the station if they preferred to.

All staff were clean and tidy with long hair tied back. Staff were issued with two sets of uniform. Staff maintained the cleanliness of their own uniform.

The service had an electronic wall mounted thermometer at the entrance and all staff and visitors had to record their temperature before entry or starting work.

### Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff did not always manage clinical waste well.**

The ambulance station was designed to include office, staff, storage and vehicle areas, however, due to the rapidly expanding service the station was approaching capacity and would soon not be large enough for the staff and vehicles that operated from it. The service manager was exploring the possibility of re-locating to a larger premises.

The station had a make ready service area, in the garage, for vehicle cleaning and re-stocking. The garage housed vehicles and also contained a vehicle repair workshop. The vehicle garage was cramped and cluttered with storage space at a premium.

All the vehicles we inspected were well maintained.

Records showed all vehicles were compliant with MOT testing and the vehicles were regularly serviced. There were appropriate records of insurance and tax. All keys to the vehicles were stored securely in a locked key safe when outside of the driver's possession which meant vehicles could not be used without authorisation.

Staff had communal break areas to eat and relax and separate toilet facilities. Medicines and stock stores were stored in self contained locked cupboards.

Staff carried out daily safety checks of specialist equipment.Daily vehicle inspections were consistently undertaken by staff before their shifts. We observed this on inspection.

All the equipment in the vehicles we reviewed, including carry chairs, scoops and patient monitoring equipment, were in good condition and had in date safety checks.

Specialist equipment was serviced by an external contractor. Data supplied by the service after inspection demonstrated the service reports were colour coded to indicate if equipment passed or failed testing, required further attention or if replacement parts were fitted.

Electrical equipment was portable appliance tested (PAT) by an external contractor. The PAT testing also included domestic equipment such as the microwave and toaster. Data supplied by the service included an itemised certificate of testing and compliance.

The service had enough suitable equipment to help them to safely care for patients. The wheelchairs in the vehicles had lap belts and the stretchers appropriate harnesses. The service had ensured it had the appropriate equipment available to staff to use, for example specialist bariatric equipment.

The vehicles were stocked with PPE, linen, decontamination wipes and emergency equipment.

The station kept a supply of linen, such as sheets and blankets. The linen was sourced from the local hospital. Used linen was disposed of at the hospital as the station did not have the facilities to launder linen.

The control of substances hazardous to health (COSHH) cleaning chemicals at the station were stored in an unmarked and unlocked cabinet. This was raised at the time of inspection.

Staff did not always dispose of clinical waste safely. Staff disposed of clinical waste in the secure clinical waste compound when returning the vehicle to the station. However, one of the large clinical waste disposal bins was not locked. This was escalated to the registered manager on inspection and actioned. The locking of clinical waste bins ensured waste was secure and posed less of a risk to anyone handling it. Clinical waste was collected and disposed of by an independent contractor.

Sharps bins were available for the disposal of any sharps waste. There were three sharps bins in the vehicle garage. Two were wall mounted. Two of the bins were not signed and dated to indicate when they were put into use the other was dated September 2021. The National Institute for Health and Care Excellence (NICE) best practice guidelines (2012) states that sharps containers should be disposed of every three months even if they are not full. This is for infection prevention and control. The management of sharps bins was escalated at the time of inspection. Information received from the service after the inspection has included a revised sharps policy with evidence the staff had read the updated policy. This needs to be embedded into practice.

### 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 responded promptly to any sudden deterioration in a patient's health. Staff we spoke with told us that if a patient's condition deteriorated on a journey, they diverted their vehicle and took the patient to the nearest hospital or dialled 999 to seek emergency assistance. Staff informed the operations manager at the main base of any delays or diversions made on a journey.

Staff completed risk assessments for each patient on arrival and reviewed this regularly, including after any incident. All staff were required to complete a risk assessment before transferring patients. The staff survey results demonstrated 78% of staff felt they have had sufficient training in conducting dynamic and written risk assessments.

The registered manager requested a completed risk assessment from commissioners before the booking of a patient was agreed.

Management staff told us they had an acceptance and exclusion criteria as part of their booking system. For the work with the NHS the eligibility criteria was determined by the individual clinical commissioning group (CCG). For all other bookings they are assessed on a case by case basis. The booking form includes medications, interventions, medical history, access and if additional risk assessment is needed before booking the transfer.

Staff shared key information to keep patients safe when handing over their care to others. The commissioners of the service confirmed the staff would hand over all appropriate information for the patients care. The staff we spoke to explained that booking information whether electronic or paper version would have the key information they needed for the care of the patient.

### 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, and gave bank staff an induction.**

Good

# Patient transport services

The service had enough staff to keep patients safe. The service employed 38 staff including non-operational staff. The skill mix included 28 ambulance care attendants and two emergency care assistants. Staff rotas were managed by the operations manager and team leaders. The planner had a matrix for staff planning which included skill mix requirements. They managed planned absences for example annual leave.

Managers accurately calculated and reviewed the number and skill mix of staff needed for each shift. The manager could adjust staffing levels daily according to the needs of patients. The operations manager would review the staffing levels daily and would make local adjustments to the staffing in the event of sickness, late finishers impacting on staff rest times, delays and operational needs.

The service had continual vacancy rates. Due to the development of the service and turnover rates of staff, the service had ongoing recruitment and onboarding.

The service had high turnover rates. Managers told us that staff were leaving to develop their skills and for career progression. The service was proud of the staff education and training programme they had in place which gave staff the opportunity to further develop their skills and knowledge. Managers told us they conducted exit interviews for staff planning to leave and encouraged staff retention. Managers audited staff turnover and had an action plan in place to encourage staff retention. A review of the data provided by the service after the inspection confirmed 35% of leavers in 2021 went to front line work and 44% of the leavers in 2022 to date had left for frontline work or care work. This was an improvement on the last inspection.

Staff often stayed on the service bank or returned at a higher grade once they had completed their training, for example as a paramedic.

Managers limited their use of bank staff and did not use agency staff for patient transport services (PTS) work. Managers made sure all bank staff had an induction and understood the service. The induction included a tour of the premises, standard operating procedures relevant to the role and access to the Quick Response (QR) code for patient feedback.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive and all staff could access them easily. The service provided PTS services for the local ambulance NHS trust. The trust provided A.A.M.S with portable hand held devices that were carried by staff to provide them with journey information, the pick-up point, destination, or information regarding the patient's mobility and specific needs. For PTS services which were not on the NHS electronic system or in cases of electronic breakdown paper versions of journey information were available.

The booking information would also highlight to the team what resources they needed to deploy. For example, staff trained in the use of patient oxygen. This meant when patient journeys were booked, patient information would be available to the crews making them aware of the patient's pre-existing conditions or safety risks. Patient information was kept securely and could not be accessed by unauthorised people.

Information such as patient discharge letters or the do not attempt to resuscitate information were carried by patients. Staff told us they checked patients had these documents before travelling but would travel alongside the patient. Staff also told us they would ensure any information was handed over safely at the patient's destination.

Good

# Patient transport services

Staff completed daily patient transfer record sheets for each job. Leaders of the service audited patient transfer sheet completion. We reviewed the audit results for all patient transfers for the six months from August 2021 to January 2022. The results demonstrated the service achieved an appointment time key performance indicator (KPI) of 98%- 99% against a target of 90%. The inclusion of compliance rates in the audit was an improvement on the last inspection.

The completed job sheets included staff details, times, collection, and transfer details and patient condition details during the journey. The forms were legible and included all the information required by the company.

Records were stored securely.On their return to their main base, staff posted their completed patient transfer forms in a secure letterbox. Managers told us once they received the patient transfer forms; they scanned them into their electronic system. Hard copies were stored in a locked cupboard in the office.

We observed computers were locked when staff left their desks and the service had a confidential waste bin in a locked room which was disposed of by an independent contractor. The contractor provided the service with a certificate of disposal.

## Medicines

**The service followed best practice when administering, recording and storing medicines.**

Patient transport services vehicles did not carry medicines, with the exception of oxygen gas which was carried on some vehicles. Only ambulance care assistants who were trained to administer oxygen, could do so.

Oxygen cylinders were securely fastened to prevent the risk of injury to staff and patients on the vehicles we inspected. Medical gas cylinders were stored safety and securely at the station, with appropriate hazard warning stickers. Cylinders were stored in a dedicated secure area that was clean, dry and well ventilated. Cylinders were stored to ensure segregation between empty and full cylinders. Oxygen cylinders we checked were in date.

Staff followed systems and processes to administer medicines safely. The service provided services for patients who may require oxygen during transportation. The service had an in date medicines management policy available to all staff. The service staff would be informed of this requirement and the prescribed flow rate as part of the patient handover.

Patients could carry their own medicines on journeys. For example, if a patient was discharged from hospital with medicines to take home. When this happened, either patients held them throughout their transfer, or alternatively if the patient was unable to do this, staff placed medicines securely in the vehicle.

A.A.M.S transport patients who may have personal medicines for emergency administration. Staff told us these medicines are contained in a sealed bag and accompany the patient at all times. We spoke to a carer who informed us the staff providing regular transport for a service user, who has to carry emergency medicines, were knowledgeable and were able to describe processes for administration.

## 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 and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Good

# Patient transport services

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff received feedback from investigation of incidents. The senior management encouraged the reporting of incidents. Staff could tell us how to report incidents and gave us examples of feedback and learning from incidents. Incidents were reported onto a paper based system that all staff were familiar with. Feedback was given in several forms such as in one to one conversations and electronic group messenger. A review of the staff feedback questionnaire indicated 96% of staff were fully aware of the incident reporting procedure.

Staff understood the duty of candour. Staff told us they were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff we spoke with were aware of the duty of candour regulation and could reference the local policy for this.

Managers investigated incidents. We reviewed the incident record file of the service. The service had 24 reported incidents in the last 12 months. The incidents reported included anything that was unexpected. The incident form and accident forms were used to report incidents. We saw evidence that in the case of a fault with the vehicle ramp a mechanics report was included as part of the investigation. A review of the incident investigation forms demonstrated, incidents were fully investigated, however, the incident investigation form was not always fully completed and the paperwork signed. This would prevent an effective audit trail in the review of incidents. A review of the management meeting minutes showed incidents were a standing agenda item.

Managers debriefed and supported staff after any serious incident. The registered manager told us they had an open door policy and always offered support to staff after any incident. Staff confirmed the manager was supportive and approachable.

## Are Patient transport services effective?

Good

This was first time this service has been rated. We rated it as good.

### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.We saw the service had a complete and evidence based set of policies that staff followed in the course of their work.

A review of six policies demonstrated they were all in date, version controlled and had a review date. Best practice guidelines and national guidance were referenced when appropriate, for example resuscitation council UK and mental capacity act.

The clinical trainer told us the registered manager followed recognised best practice when new policies or standard operating procedures were introduced.

Good

# Patient transport services

The registered manager and the clinical trainer accessed their Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guides for best practice and to offer guidance to staff. Staff used an app on their mobile telephone. This meant staff had access to guidelines and protocols when working remotely.

Staff told us that managers informed them of any updates or changes to guidelines through their one to one meetings, through work emails or a closed social media work group page. Staff were required to sign and date a form once they had read the policies and procedures. Data supplied by the service after inspection confirmed staff signed policies once they had been read and this could be done electronically.

## Nutrition and hydration

Staff made sure patients had enough to drink during a journey. The vehicles were stocked with bottled water by the staff and staff were able to provide their patients with water when required during their journeys.

We saw patient feedback that confirmed the staff had offered water to a patient during a journey.

## Response times

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

A.A.M.S operated an 18-hour service. On the rota staff worked varied shift patterns from 6am until 11pm. Patient transport requests were handled through a telephone and online service, and managers were an on call 24 hours a day, seven days a week.

The registered manager told us they were committed to attending to patients in a timely manner. The service had agreed KPI's with the NHS commissioners who independently analysed the data submitted by the service. The KPI's were also audited by the service. The KPI's included meeting the appointment time and the time spent on the ambulance. The data supplied after the inspection demonstrated a 98-99% compliance against a target of 90%. This was an improvement on the previous inspection.

## Competent staff

**The service did not always make sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service was in the process of updating the system it had in place to manage the staff recruitment and HR (Human Resources) processes. The service was migrating onto an online HR platform. On inspection the service had a dis-jointed system with some data in on line spreadsheets and some data in paper based staff folders. The new system needed to be implemented and embedded into practice to streamline the process.

The staff recruitment processes included DBS checks, vaccination records, interviews, references and proof of identity. A review of seven staff files demonstrated the managers did not always sign and date documentation and interviews were not always formally documented. The service had DBS records, vaccination records, driving licenses and fitness to work records for all staff however, we did not see evidence of references in four of the files and we did not see evidence of interviews in three of the files. This was escalated at inspection and information received after the inspection indicated a more robust process had been implemented. This needs to be embedded into practice.

Good

# Patient transport services

Managers gave all new staff a full induction tailored to their role before they started work. Staff completed a comprehensive induction programme. This included topics such as mandatory training, health and safety and familiarisation with A.A.M.S policies, procedures, and systems. Data reviewed after the inspection demonstrated a 96% compliance rate for staff induction against a target of 100%. The unsigned induction was from a new starter.

Staff were issued with a staff handbook which included human resources policies, staff responsibilities and data protection.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they received annual appraisals, which they found useful. We reviewed seven staff records and saw evidence that staff had received an appraisal. The induction process also included staged appraisals at three and six months and then an annual appraisal. A review of the data supplied by the service demonstrated 88% of staff had either an up to date appraisal or an appraisal booked against a service target of 85%.

The clinical educator supported the learning and development needs of staff. The service had an experience training lead, who ensured all training was in line with accepted best practice.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were supported by their team leader. The team leader would identify staff training needs and support staff to access and complete training. Staff told us that managers checked their competencies during training sessions and would work alongside crew members.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff had access additional training provided by the service. The service employed an emergency care practitioner paramedic who was also a clinical tutor to develop and facilitate the training programme. The clinical tutor told us they were also involved in incident investigations and where training needs were identified the staff would receive additional training. This supported staff to manage everyday challenges within their role and to help staff to progress in their career. The managers were very proud of the training programme they offered and encouraged staff to advance their careers, even though this led to an increase in staff turnover.

Managers made sure staff received any specialist training for their role. The staff induction and training programme was designed so that staff would be equipped with all the skills they required to be competent and confident in their role, for example all staff completed moving and handling and basic life support as part of their training. New staff would be mentored by their team leader.

A.A.M.S management carried out regular checks on each staff member's driving licence through the licence bureau and also prior to employment. The service had a comprehensive spreadsheet to record the driving licences checks. This includes when the checks were made, when a re-check is due and staff consent. The service also had a record of all drivers who hold a C1 license. A C1 driving licence enables you to drive rigid vehicles weighing up to 7.5 tonnes. C1 vehicles include ambulances.

Managers identified poor staff performance promptly and supported staff to improve. The HR manager explained the process and support that was in place for staff who were in need of additional training and support.

### 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.**

Good

# Patient transport services

Staff we spoke with described positive working relationships with the staff who worked for local NHS hospitals, and private providers.

After the inspection we spoke with both NHS and private providers who use A.A.M.S. They all described the communication with the service, staff and managers as excellent, well organised and the patient was at the heart of all decisions and care.

### Health promotion

Staff provided support for any individual to live a healthier lifestyle. Staff did not give patients advice on living a healthier lifestyle but were able to signpost patients to the most appropriate source of help, for example, their GP.

### 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 or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff who transported patients with dementia or learning disabilities understood how to care for these patients effectively. Staff would seek support from senior staff if required, to help provide the most suitable support to individual patients. All staff received training in mental capacity as part of the mandatory training programme.

Staff clearly recorded consent in the patients' records. The service had a consent policy and documentation in place. Staff gained verbal consent before any transfers, and this was documented in their journey transfer sheet.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff received training in mental capacity and deprivation of liberty safeguards as part of the mandatory training programme. Staff we spoke with understood consent and the capacity to consent. They all knew who to contact if they required advice or guidance.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff we spoke with had access to policies and standard operating procedures.

## Are Patient transport services caring?

Good

This was first time this service has been rated. 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.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff we spoke to informed us they ensured the patients maintained their dignity by ensuring they kept covered and had clean sheets and blankets available during transfer.

Staff provided us with examples of how they would display compassionate care. For example, engaging with the patient, taking the time to get to know the patient and treating them with respect and dignity. Patient feedback demonstrated the staff took the time to ensure patients were safely settled back home after a transfer.

The carer of a regular service user told us the staff would interact with the service user by singing, reading stories and playing.

Patients said staff treated them well and with kindness. A review of 24 patient feedback forms, from June 2022, demonstrated the staff were always scored highly for staff kindness and knowledge. Feedback included positive comments on how staff were caring and attentive to their disability.

Staff often took the same patients on a daily or weekly journey. A.A.M.S managers ensured, whenever possible, they used the same crews for these journeys to enable them to get to know their patients, relatives, or carers.

Staff followed policy to keep patient care and treatment confidential. All staff we spoke to understood patient confidentiality.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. All staff had equality and diversity training as part of the mandatory training programme. Staff we spoke to were all focused on the patient and their needs and each patient treated with respect and was treated as an individual.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff told us they behaved in a friendly and open manner, making small talk to make a patient more at ease before and during the transfer.

We were told staff would play music for a service user if requested to facilitate a calm and relaxed atmosphere

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. Staff told us how they took the time to talk to patients and understand their fears and concerns for example staff told us of a patient with dementia who was distressed and aggressive as they did not want to go to hospital. The staff de-escalated the situation by talking calmly to the patient to understand what was upsetting the patient. The patient was afraid of losing their independence and once they had been the opportunity express their fears and concerns the crew was able to gain cooperation with reasoning and explanation.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were passionate about the patients in their care. They understood every patient's circumstances were different and took time to understand the individual needs of their patients. Patient feedback stated the staff made a worrying situation easier and the staff had a lovely attitude and friendly demeanour.

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

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Good

# Patient transport services

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We spoke to a carer of a regular service user who described staff as respectful and knowledgeable. Staff gave the carer the time, space and support to assist the service user and allowed them to take the time they needed to ensure the service user was settled.

Staff told us that translation services were available, and they had the Wong baker pain scale available to aid pain communication.

A review of patient feedback demonstrated staff were adaptable to patient needs and a deaf patient praised the politeness of the staff.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service actively encouraged patient feedback and have introduced a QR (Quick Response) code drop box questionnaire. This has increased the number of patient feedback forms completed due to the ease of access and allows the patient to maintain confidentiality in their responses. The QR code was displayed in the patient vehicles. The patient would scan the QR code and complete the feedback survey confidentially and privately. Paper feedback forms were also available.

Patients gave positive feedback about the service. The patient feedback we reviewed was consistently positive and staff kindness was always rated highly.

## Are Patient transport services responsive?

Good

This was first time this service has been rated. 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.**

Managers planned and organised services so they met the changing needs of the local population. The service planned and delivered services based on the patient needs and contracts and service level agreements with commissioners. The commissioners included acute trusts, private medical services and individual members of the public who required patient transport. The managing directors told us they had regular meetings with their providers to discuss performances and audits

Facilities and premises were appropriate for the services being delivered. The station had limited space, however, it had the facilities, vehicles and equipment need to deliver the service required.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. Staff always had access to a manager for advice, support or to escalate any concerns. Staff confirmed a manager was always contactable.

Good

# Patient transport services

The service had systems to help care for patients in need of additional support. The service booking process identified any additional support a patient may need including if the patient required a medical escort or had medical needs such as dementia or epilepsy.

Managers monitored and took action to minimise missed appointments. The journey sheets were audited by the managers. Staff told us they always documented if there was any delay to a journey. The carer of a regular service user told us the service kept them informed if there was any unforeseen delays and a replacement was always provided.

The service relieved pressure on NHS ambulance trusts by providing patient transport services.

## 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.**

Services were planned to take into account the different needs of patients they responded to. Staff told us the service A.A.M.S provided was tailored to each patient's individual needs, which was documented as soon as any booking was agreed, such as those patients who had mobility issues.

The service had 16 vehicles, eight dedicated PTS and eight frontline ambulances. The vehicles included wheelchair access vehicles and those designed to meet the needs of bariatric patients. They were adapted to provide additional space and dedicated equipment, such as, bariatric patient trolleys and systems to enable safe access to transport.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff understood how to support patients with specific needs such as those with mental health difficulties and those living with dementia. We were told staff had strategies for reassuring patients, for example, a favourite piece of music. Staff explained, when appropriate or necessary, the patient's primary carer could accompany the patient.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters. Staff had access to telephone translation services.

The registered manager told us of an occasion when a patient wanted to bring their assistance dog with them on the journey. The service adapted the equipment to allow the dog to travel safely and securely next to the patient for the duration of their journey.

## Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Journey times were audited by the service. The data supplied by the service after inspection demonstrated patient journey were within the KPI. Management staff collected information on journeys and pick up times through the journey sheet.

An NHS trust supplied A.A.M.S with portable hand held devices that were carried by staff to provide them with journey information, the pick-up point, destination, or information regarding the patient's mobility.

Good

# Patient transport services

Managers were able to track their crew on the road by using a tracking device. This enabled them to redeploy any vehicles or staff to be used for alternative journeys, additional work, or delays.

When working with the local NHS trusts many of the bookings were made on the day of transfer, however some bookings with other providers could be made days or weeks in advance. The service also provided transport services for regular service users.

### 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.**

Patients, relatives and carers knew how to complain or raise concerns. Patients were able to make a complaint through the website, post, telephone, email and QR code drop box feedback. Patients could also complain to the hospital, NHS ambulance service or service commissioners who would request A.A.M.S to investigate.

The service clearly displayed information about how to raise a concern in patient areas. The vehicles displayed information for patients, relatives and carers on how to raise a complaint.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke to had clear understanding on how to deal with complaints and how to refer patients to the complaints procedure.

Managers investigated complaints and identified themes. We saw there had been three complaints raised between February 2021 and June 2022. The log detailed the date, who raised the complaint, summary and action taken.

Managers shared feedback from complaints with staff and learning was used to improve the service. A review of the managers meeting minutes showed complaints was a standing agenda item. The feedback from complaints was shared with the individual(s) in one to one engagement and any wider learning was shared with the staff on the notice board, closed social media group or electronic messaging

Staff encouraged service users to complete feedback forms, using the QR code or in paper format. Feedback was shared with staff by electronic messaging, closed social media page or team meetings.

## Are Patient transport services well-led?

Good

This was first time this service has been rated. 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.**

Good

# Patient transport services

The registered manager of the service was the service managing director. The managers understood the challenges to the quality and sustainability of the service and were able to identify any action that may need to be taken to address any issues, for example staff retention.

The service had developed a management structure to cope with the rapidly expanding service. The management structure consisted of a senior management team of the finance and HR director, managing director who was the registered manager, clinical lead and medical director. The training manager, operations manager, events manager and fleet manager all directly reported to the managing director. The staff reported to a team leader who reported directly to the managing director.

The directors and managers of the service demonstrated a good understanding of the service and we were told by the training manager the registered manager would always take advice on current best practice before introducing any new policies or procedures.

The service monitored performance both internally and with their commissioners. This was demonstrated in the audit programme the service had developed and was continuing to develop.

The commissioners we spoke with, both private and NHS, all stated the registered manager was approachable and reliable. The carer of a service user also confirmed the managers were contactable and efficient.

Staff told us the leaders were visible and accessible. Staff felt well informed and up to date. Staff confirmed that they were well supported by the management team.

The service had developed the role of team leader which gave scope for internal role development. The service had introduced a mentor for the team leaders to give provide support and guidance.

The service was also proud of its record in providing the necessary skills and training for staff to full fill their ambitions even if this contributed to staff turn over. Staff told us the registered manager actively encouraged staff to follow their ambitions and supported staff to develop.

Commissioners of the service both private and NHS were positive in the description of the service management and leadership.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action.**

The service told us that Acute Ambulance and Medical Services wanted to provide tailored services to meet transport and medical support requirements of their patients and commissioners. They were a patient focused organisation who provided a range of services to ensure they meet the needs of the clients and patients in the communities they serve.

The service had developed core values, which we saw displayed when we were on inspection. The key values were pride and professionalism in patient care, by being transparent, responsive and accountable to their colleagues, clients and service users. To offer equal service with compassion and dignity to all service users and to listen to the needs of their colleagues, clients and service users and act in the best interests of all.

A.A.M.S aim was to provide a high quality of service. They planned to deliver this by the constant professional development of the staff and understanding the clients' diverse everchanging requirements.

The quality standard statement was included in the staff handbook.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff felt supported, respected and valued. Staff felt positive and proud to work in the organisation. Staff we spoke with praised the service and stated it was a very rewarding place to work. The staff survey did not directly ask about working for the organisation, however, in additional comments the staff have commented on the support available and a fantastic company to work for.

The culture within the organisation was centred on the needs and experience of people who use services. Staff were committed to delivering the best care possible to their patients and demonstrated these values in all patient interactions. The service commissioners we spoke to were all complimentary about the staff and told us the staff were patient focused and centred.

The service encouraged, openness and honesty at all levels within the organisation. Leaders and staff understood the importance of staff being able to raise concerns. Appropriate learning and action was taken as a result of concerns raised. The service was able to demonstrate that as a direct result of staff feedback from the 2022 staff survey an all staff information message was circulated and an all staff training day has been planned.

### Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.**

The service had a governance framework to support good quality care and was developing a comprehensive audit system to cover all aspects of the service. A review of data demonstrated the service had identified operational, training, infection control, HR and company audits and actions. The service still had to implement some of the audit programme, however, most of the audits and actions were already in place.

Information received after the inspection demonstrated the service had reviewed and updated the staff onboarding procedure and paperwork. This would ensure all documentation was received, reviewed and completed. This needed to be embedded into practice.

Policies and procedures for the service were well written and in date and were followed by all staff. A review of data confirmed that staff signed and dated once they read each policy.

The service sought advice from commissioners and best practice guidance when updating policies.

We reviewed three sets of management meetings minutes from May 2022 to June 2022. The minutes did not have a formal structure but did include standing agenda items. These included complaints, incidents, staff concerns and operational updates.

Staff we spoke with were clear about their roles and what they were accountable for. The policies we reviewed clearly defined staff responsibilities. There was a clearly defined management structure and lines of reporting and the senior management team had an open door policy.

Good

# Patient transport services

## Management of risk, 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 provided us with the risk register; we saw they used the RAG system (red, amber and green), they categorised each risk in specific order as insignificant, minor, moderate, major and catastrophic.

The risk register was divided between operational risks and corporate risks. The operational risks included patient experience and equipment failure. The corporate risks included financial management, infection control and quality of care.

Service leaders reviewed the risk register on a regular basis and we saw the risks were discussed in their monthly management meeting. The risk register reflected the main risks to the service and included further actions, target dates and responsibility.

The service had risk assessments in place written both internally and from external sources, for example the fire risk assessment.

The fire risk assessment was completed by an external company and included an action plan. We saw on inspection the daily and weekly checks that were part of the action plan had been completed.

A review of the internal assessment documents showed the service used a scoring system where the regularity, likelihood and severity of the risk were scored to calculate the risk rating. The assessment considered risks and included action taken to minimise risk and further action required. The document included review dates and actions to minimise risk.

The business continuity plan was in date and was reviewed annually. It included contact telephone numbers and action to be taken in the event of office closure, technology failure and vehicle issues.

## Information Management

**The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. Staff could not always find the data they needed, in easily accessible formats.**

The service had to provide data to the service commissioners to ensure they were working within the agreed key performance indicator (KPI) timeframes. The information on the journey KPI for the NHS trust which supplied electronic devices was automatically recorded on the device and securely uploaded into the trust system.

The service also collected and reviewed data internally. This data included patient service data and staff data, such as training completion.

Data and security was part of the mandatory training programme. The information technology (IT) system was password protected and personal or sensitive data was only accessible by authorised staff.

The service submitted notifications to external organisations, such as the Care Quality Commission, in a timely manner.

Good

# Patient transport services

The service was migrating onto an online HR (human Resources) platform. On inspection the service had a dis-jointed system with some data in online spreadsheets and some data in paper based staff folders. The new system needed to be implemented and embedded into practice to streamline the process.

## Engagement

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

The service leaders had regular meetings with their NHS commissioners. This ensured the patients received an efficient and effective service. The commissioners, both private and NHS, we spoke with confirmed the service was committed to providing the best service they could for the service users.

An independent commissioner we spoke to after the inspection told us the whole team were keen to engage and learn so that they could provide the best care possible for the patients in their care.

Service users were asked to complete a feedback form after using the service. This was available as an electronic QR code or in paper format. The feedback comments positive and negative were welcomed by the service.

Staff could engage with each other and the senior management in a variety of ways including their work emails, newsletters and closed messaging service. The senior management team had also set up a closed social media page, which staff could access on an application on their phone.

## Learning, continuous improvement and innovation

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

The service had ongoing quality improvement projects which included the implementation of the QR code drop boxes for forms and feedback.

The service had a planned quality improvement project to supply each vehicle with a portable tablet. This will enable the staff to access forms electronically as well as having easier access to guidance, policies and procedures.

Service leaders and commissioners told us that the staff were enthusiastic and keen to learn new skills to develop both the service and personally.

Staff were always looking to provide the best service they could for their patients and could be creative in order to facilitate this, for example, the adaptation of wheelchair straps to enable an assistance dog to travel safely and securely next to the patient.

Good

# Emergency and urgent care

| | |
|---|---|
| Safe | Requires Improvement |
| Effective | Good |
| Caring | Insufficient evidence to rate |
| Responsive | Good |
| Well-led | Good |

## Are Emergency and urgent care safe?

Requires Improvement

This was first time this service has been rated. We rated it as requires improvement.

**For our detailed findings on safeguarding and incidents please see under this sub-heading in the patient transport services report.**

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. For events work the service would use bank and agency paramedics alongside the contracted staff.

Bank staff were required to provide evidence of training as part of the terms of employment. Staff are given written terms of employment which includes training certificates. Staff we spoke with after the inspection confirmed they were asked to provide this information.

The service had a service level agreement with the agency who supplied staff. The agreement included the supplied staff would have completed mandatory on line and practical training within 12 months. A review of the documentation confirmed this agreement was in place.

**For our detailed findings on mandatory training, please see under this sub-heading in the patient transport services report.**

### Cleanliness, infection control and hygiene

**The service did not always control infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They did not always keep equipment, vehicles and the premises visibly clean.**

We inspected three ambulances that had recently returned from an event and were waiting to be cleaned. All areas were tidy and had suitable furnishings.

We did observe one ambulance had repairs to seats using tape, however this was peeling in places which could be an infection risk as it would prevent effective cleaning. We also noticed a split in a seat headrest. We did not observe any rips or tears in the soft furnishing of the other vehicles we inspected.

Staff followed infection control principles including the use of personal protective equipment (PPE), however they did not always dispose of the equipment correctly. We observed a used face mask left on the vehicle seat and a used face mask in the sharps bin. Clinical waste bins were available in the ambulance and in the garage.

Each ambulance had a clinical waste bin and a sharps bin. The clinical waste bins were not overfilled and in two of the ambulances the sharps bins were correctly used. In one of the ambulances the sharps bin had a clinical mask that was half in the bin and blocking the aperture. The concerns over sharps bins were escalated at the time of inspection and the service has ensured the policy has been updated. The service has provided evidence staff have read the updated policy.

**For our detailed findings on cleanliness, infection control and hygiene, please see under this sub-heading in the patient transport services report.**

### Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff did not always manage clinical waste well.**

The ambulance station was designed to include office, staff, storage and vehicle areas, however, due to the rapidly expanding service the station was approaching capacity and would soon not be large enough for the staff and vehicles that operated from it.

The service had erected a temporary tent structure at the back of the garage to house the equipment for events. Events do not currently fall into scope of inspection but some of the equipment could be used as part of an emergency patient transfer. The temporary structure did not have racking or shelving and it was not possible to clean the floor or around the equipment.

We reviewed a random sample of sterile equipment and consumables in three vehicles. All packaging was in good condition and the majority of the stock was in date, however we did find three out of date dressings, expired burn gel and an out of date laryngoscope. This was escalated at the time of inspection and all items were removed and replaced.

**For our detailed findings on environment and equipment, please see under this sub-heading in the patient transport services report.**

### 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 used an assessment tool to identify deteriorating patients and escalated them appropriately. Staff completed risk assessments for each patient on arrival and reviewed this regularly. The clinical report form that staff used to assess the patients included a primary survey which included airway, breathing and consciousness. The form included secondary surveys which included patient observations. The observations included blood pressure and temperature, these observations were repeated at intervals.

Staff knew about and dealt with any specific risk issues. Stroke, cardiac arrest and previous medical history were all assessed and documented by the staff.

Staff shared key information to keep patients safe when handing over their care to others. Staff would complete a full and thorough handover on arrival at hospital.

**For our detailed findings on assessing and responding to patient risk, please see under this sub-heading in the patient transport services report.**

## 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, and gave bank and agency staff an induction.**

Managers accurately calculated and reviewed the number and skill mix of staff needed for each shift. We were told by a commissioner of the A.A.M.S ambulance services for events, that the A.A.M.S manager would always over staff on qualified staff rather than under staff.

Operational pressures required the service to use bank staff and agency staff for events cover. Bank staff were required to provide evidence of professional registration as part of the terms of employment. Staff we spoke to after the inspection confirmed they were asked to provide this information.

The service had a service level agreement with the agency who supplied staff. The agreement included the supplied staff would have proof of professional registration. A review of the documentation confirmed this agreement was in place.

Managers made sure all bank and agency staff had an induction and understood the service. The service had introduced a freelance crew induction checklist this included a tour of the premises and standard operating procedures relevant to their role. This new documentation needs to be embedded into practice.

**For our detailed findings on staffing, please see under this sub-heading in the patient transport services report.**

## Records

**Staff did not always keep detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive and all staff could access them easily. The clinical report form was comprehensive and available to the crew, however, when we reviewed six patient record forms not all the details were completed, for example, on two of the records hospital handover times and continuation sheets not dated. This was escalated at the time of inspection and the service is going to audit all patient notes. The service has informed us they have a planned all staff training day and this will include the correct completion of clinical report forms.

**For our detailed findings on records, please see under this sub-heading in the patient transport services report.**

Good

# Emergency and urgent care

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely. The service had a comprehensive in date medicines management policy, which detailed staff and management responsibilities.

Staff mostly stored and managed all medicines safely. The service had a system for the storage and management of medicines.

All stock was stored securely with access restricted. Access to the store room was by key code, only the office manager, registered manager and clinical lead had this code. The medicines were stored inside a locked medicine cabinet and the controlled medicines were stored in a locked compartment of the medicine cabinet. The keys were kept in a secure key safe.

The clinical lead was responsible for the ordering of medicines and had a detailed spreadsheet to indicate stock levels, expiry dates and order dates. We checked a random sample of medicines in the stock cupboard against the spreadsheet and we did not find any discrepancies. All stock we checked was in date.

The clinical lead was responsible for the replenishment and stock control of the paramedic medicine bags. These bags are kept in a temperature controlled locked store. Access codes are restricted and the code is changed frequently. All medicine bags were number tagged and signed out by the paramedic. On the day of inspection, the service had started a trial of QR code drop box form for the signing out of medicines and was running a dual system. We reviewed the paper records for signing out medicines and all records were completed correctly.

Oxygen cylinders were securely fastened to prevent the risk of injury to staff and patients on the vehicles we inspected. Medical gas cylinders were stored safety and securely at the station, with appropriate hazard warning stickers. Cylinders were stored in a dedicated secure area that was clean, dry and well ventilated. Cylinders were stored to ensure segregation between empty and full cylinders. Oxygen and Entonox cylinders we checked were in date.

The service did not use patient group directions. The paramedics could only work within their scope of practice and used the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines when prescribing or administering medicines.

The clinical lead stored out of date medicines in a clearly marked box in the locked medicine cupboard. The out of date medicines were disposed of in the correct pharmaceutical waste bin which was collected by an external contractor. On inspection we noted this bin was stored in the vehicle garage before collection. This was escalated at the time of inspection and the pharmaceutical waste bin is now stored in the locked medicine store.

Staff did not always complete medicines records accurately, however they kept them up-to-date. A review of six patient records indicated that oxygen was administered to a patient, this was correctly documented but no flow rate was recorded. There was also documentation to indicate that Entonox was administered to another patient, however, no duration was recorded. This was escalated at the time of inspection and the service told us they planned to audit all patient notes.

Good

# Emergency and urgent care

Neither the store room or the medicine cabinet were temperature controlled. When medicines are stored at temperatures that are too high or too low their effectiveness can be compromised. We escalated this at the time of inspection. Evidence received after the inspection shows the service has now purchased a secure medicine fridge and is monitoring medicine temperature.

**For our detailed findings on medicines, please see under this sub-heading in the patient transport services report.**

## Are Emergency and urgent care effective?

Good

This was first time this service has been rated. We rated it as good.

**For our detailed findings on evidence based care and treatment, response times, multidisciplinary working and health promotion, please see under this sub-heading in the patient transport services report.**

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The service used a numerical scale of zero to 10 to assess pain relief, with zero equating to no pain and 10 to the worst pain they had ever experienced. The staff also had access to the Wong Baker face chart for children or patients who were unable to understand the numerical system. The Wong Baker scale is a series of faces from smiling (no pain) to crying (worst pain).

The staff followed JRCALC guidelines for the administration of pain relief.

Patients received pain relief soon after it was identified they needed it or they requested it. A review of the service guide for staff indicated that the first action staff should take is to assess immediate pain or life threatening illness.

Staff prescribed, administered and recorded pain relief accurately, however, a review of six patient notes did indicate in one case the amount of Entonox used was not recorded.

**For our detailed findings pain relief, please see under this sub-heading in the patient transport services report.**

### Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients**

Good

# Emergency and urgent care

Outcomes for patients were positive, consistent and met expectations. The service had an audit programme to monitor the effectiveness of care and treatment. The clinical manager audited patient records to assess the care and treatment patients received.

Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. The service told us the results of the audits was shared with the staff to make improvements to the service provided for their patients.

## 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.**

Managers made sure staff received any specialist training for their role. Registration with the Health and Care Professions Council (HCPC) was required for paramedics. The manager for human resources informed us that they checked the register before staff commenced employment and kept record of renewal dates.

All staff that may be required to drive under blue lights had to have attended driver risk excellence training. The service recorded the date of the training and when an update was due.

Blue lights were only ever used in emergency conditions and the vehicle stacking system would record whenever blue lights were used.

Blue lights are used at the request and authorisation of the clinician on board. The crew would inform 101, the police non emergency number, to give details of where they would be travelling from and the intended destination.

**For our detailed findings on competent staff, please see under this sub-heading in the patient transport services report.**

## 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 or were experiencing mental ill health.**

Staff clearly recorded consent in the patients' records. The service had a consent policy and documentation in place. Staff gained verbal consent before any transfers, and this was documented on the clinical report form.

The clinical report form also clearly documents a patients capacity to consent.

**For our detailed findings on consent, mental capacity act and deprivation of liberty safeguards, please see under this sub-heading in the patient transport services report.**

Good

# Emergency and urgent care

## Are Emergency and urgent care caring?

Insufficient evidence to rate

This was first time this service has been rated. We rated it as insufficient evidence to rate

**For our detailed findings on emotional support and understanding and involvement of patients and those close to them, please see under this sub-heading in the patient transport services report.**

### Compassionate care

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

Emergency and urgent care patient transfers were a small part of the regulated activity provided by the service, however, the patient transport staff, supported by bank and agency staff, provided patient care in emergency and urgent care transfers.

A private service commissioner we spoke to after the inspection was complimentary about the care given to service users by all the staff.

**For our detailed findings on compassionate care, please see under this sub-heading in the patient transport services report.**

## Are Emergency and urgent care responsive?

Good

This was first time this service has been rated. We rated it as good.

**For our detailed findings on service delivery to meet the needs of local people, meeting people's individual needs and learning from complaints and concerns, please see under this sub-heading in the patient transport services report.**

### Access and flow

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

Staff supported patients when they were transferred between services. Staff would ensure the patient was supported and there was an effective hand over of care when the patient was transferred to the emergency department.

**For our detailed findings on access and flow, please see under this sub-heading in the patient transport services report.**

Good

# Emergency and urgent care

## Are Emergency and urgent care well-led?

Good

This was first time this service has been rated. We rated it as good.

**For our detailed findings on leadership, vision and strategy, culture, governance, management of risk, issues and performance, information management, engagement and on learning, continuous improvement and innovation please see under this sub-heading in the patient transport services report.**

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>The service did not have effective systems and processes in place to mitigate infection prevention and to control risks. |