

Kings Medical Services

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?

Are services caring?

Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Kings Medical Services is operated by Mr David Chown. The service provides emergency and urgent care and a patient transport service.

We inspected this service using our comprehensive inspection methodology. We gave the service 48 hours' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 20 January 2020.

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

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

The main service provided by this service was emergency and urgent care transport provided at events, the service also provided private patient transport services. On this inspection we inspected both core services.

Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but refer the reader to the patient transport core service.

We rated it as **Good** overall.

We found the following areas of good practice:

- 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. They managed medicines well. The service managed safety incidents well.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness. Staff respected their privacy and dignity.
- 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.
- 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 were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients and staff.

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

- There were products on the vehicle which were past their expiry date.
- Managers did not formally appraise staff's work performance.
- Leaders did not always use systems to identify and escalate relevant risks and issues and identify actions to reduce their impact.

Following this inspection, we told the provider that it should make some 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

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Rating

Good



Summary of each main service

The service provided urgent and emergency care at events which is not currently in our scope of regulation. However, the service conveyed a small number of patients to hospital services when required. This meant the service met the criteria for the emergency and urgent care core service. The service did not carry out any emergency ambulance work, for example, responding to 999 calls.

We have rated safe, responsive and well-led as good.

As we were unable to speak to patients on this inspection we were unable to rate caring. However, we were able to see from patient feedback cards and compliments evidence that staff were caring and compassionate.

Urgent and emergency services were a regulated activity provided by the service. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport service section.

Patient transport services

Good



Patient transport services were a regulated activity provided by the service. The same staff group provided all services including patient transport, urgent and emergency services and events activity.

We have rated safe, responsive and well-led as good.

As we were unable to speak to patients on this inspection we were unable to rate caring. However, we were able to see from patient feedback cards and compliments evidence that staff were caring and compassionate.

Overall, we rated the service as good because the service was responsive in addressing the concerns raised at the last inspection. They complied with all warning and requirement notices. The service kept people safe and provided effective care that met people's needs.

Summary of findings

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Good 

Kings Medical Services

Services we looked at:

Emergency and urgent care; Patient transport services

Summary of this inspection

Background to Kings Medical Services

Kings Medical Services is operated by Mr David Chown. The service was registered on 22 April 2016. It is an independent ambulance service in Uttoxeter, Staffordshire. The service primarily served the communities of the Midlands.

The service has had a registered manager in post since it was registered.

The service provided pre-planned patient transport services, for all age groups from birth. Journeys included discharges from hospitals, transfers for specialist treatment, transport to and between care homes and repatriation of patients from within the UK and Europe.

The service had two ambulances. Both vehicles were equipped to carry out outpatient transfers, hospital discharges, repatriation work, admissions and urgent transfers.

The service also provided medical cover for some events. The CQC does not have the power to regulate this service

We inspected this location in November 2017 and issued four requirement notices. We told the provider they must take action to address concerns in thirteen areas. We found that;

- The provider must ensure medicines are only carried and administered by staff with the legal right to do so.
- The provider must review their policies on medicines and medicine administration to ensure they refer to and comply with current legislation.
- The provider must review their medicine guidelines to ensure they include correct and complete information on indications, administration routes, contra-indications and cautions, or direct staff to appropriate guidelines for this information.
- The provider must ensure they have a means of ensuring the temperature in their medicines storage cabinet has not been outside the medicines' manufacturers' guidelines for safe storage.
- The provider must ensure their electrocardiograph machines, defibrillators and medical gas pipelines are serviced and calibrated in accordance with the manufacturers' recommendations and national guidelines.
- The provider must ensure their safeguarding policies are effective and refer to current guidelines and legislation and differentiate between adults at risk and children.
- The provider must complete training at an appropriate level in safeguarding adults at risk, and children and make arrangements to have access to a professional trained to level 4 safeguarding children.
- The provider must ensure all of the staff they employ on ambulance crews, whether substantive or bank staff, have completed safeguarding adults at risk training and safeguarding children level 2 training.
- The provider must also ensure they have documentary evidence on file that this training has been completed.
- The provider must ensure they have an effective incident reporting policy and procedure, and that staff are encouraged to report appropriate incidents.
- The provider must also have a process for monitoring incidents to identify trends and improve the quality and safety of the service they provide.
- The provider must keep accurate and up-to-date records of all training they provide for their staff, and for any statutory and mandatory training provided by their substantive employers.
- The provider must have a robust recruitment procedure that ensures staff have the right skills and experience to perform the tasks they have been employed to carry out.

On this inspection we found the provider had made significant improvements in all areas of concern. The service had made all changes which were highlighted during the previous inspection.

Summary of this inspection

We inspected this service using our comprehensive inspection methodology. We gave the service 48 hours' notice of our inspection to ensure everyone we needed to speak with was available. We carried out the inspection on 20 January 2020.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, another CQC inspector, and a specialist advisor with expertise in ambulance. The inspection team was overseen by Fiona Allison, Head of Hospital Inspection.

Information about Kings Medical Services

The service provides patient transport to privately funded patients for admission to or discharge from hospital, attending outpatient appointments and airport repatriations with medical escorts. The service also provides repatriation within the UK and Europe and some events work. The service offers transport services 24 hours a day, seven days a week.

At the time of our inspection the service was registered to provide the following regulated activities:

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

During the inspection we spoke with three members of staff including the registered manager and two paramedics. We were unable to speak with any patients or relatives during our inspection because no service users were available for us to contact. We reviewed four patient feedback cards and they were all complimentary about the service the staff provided. During our inspection, we reviewed three sets of patient records. We reviewed vehicle checklists and records. We reviewed two staff files of the five bank staff who worked for the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once in November 2017 where we found the service was not meeting all standards of quality and safety it was inspected against.

The service had two ambulances active service. The vehicles were parked over night at the location.

Activity (1 January 2019 to 31 December 2019)

In the reporting period 1 January 2019 to 31 December 2019 there were two emergency and urgent care patient journeys undertaken from events.

There were two patient transport journeys undertaken.

The service held no controlled drugs (CDs) but paramedics would bring their own to events. The patients would carry their own medication in their personal belongings on discharge.

Track record on safety:

- No never events
- Three incidents
- No serious injuries




Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	N/A	N/A	Good	Good	Good
Patient transport services	Good	N/A	N/A	Good	Good	Good
Overall	Good	N/A	N/A	Good	Good	Good

Emergency and urgent care

Safe	Good 
Effective	
Caring	
Responsive	Good 
Well-led	Good 

Information about the service

The service conveyed a small number of patients to hospital services from events which meant they were providing emergency and urgent care regulated activities. Therefore, we inspected this core service. From January 2019 to December 2019, the service conveyed two patients to hospital.

The service provided emergency and urgent care at events however, CQC does not currently have the power to regulate this activity.

The service did not carry out any emergency ambulance work for example responding to 999 calls.

The service employed five members of staff.

However, the service also provided 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 services section below.

Summary of findings

We found the following areas of good practice:

- Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed and monitored patients' pain.
- The service made sure staff were competent for their roles. Managers appraised staff work performance.
- Staff worked with other organisations to benefit patients.

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

- These areas are highlighted in the overall summary along with patient transport services.

Emergency and urgent care

Are emergency and urgent care services safe?

Good 

We rated safe as good.

Mandatory training

Staff had mandatory training in key skills, including advanced life support.

- The management and completion of all mandatory training across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate this service.

Safeguarding

- The management of safeguarding across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Cleanliness, infection control and hygiene

- The management of cleanliness, infection control and hygiene across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Environment and equipment

- The management of the environment and equipment across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration.

- Staff had access to advanced resuscitation equipment such as airway management equipment and this would be used, if required, to provide clinical intervention for patients who were being conveyed.
- Staff could carry out monitoring and observation of patients if they were needed. Staff could carry out blood pressure testing, temperature monitoring, blood sugar testing, electrocardiograms (ECG) and oxygen saturation.
- Staff had access to a senior paramedic for advice if it was required.
- The service made emergency medical plans for each event which included the location of emergency hospital services.

Staffing

- The management of staffing across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Records

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

- Staff documented care and treatment of patients who were conveyed off site during events.
- We saw the primary and secondary assessment was completed on all patients if required. All the patient records we reviewed were clear and fully complete with a signature of the staff member.
- Patient records are on the ambulance during the inspection.

Medicines

- The management of medicines across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence

Emergency and urgent care

detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Incidents

- The management of incidents across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Are emergency and urgent care services effective?
(for example, treatment is effective)

the inspection the service had no measurable patient outcomes or response times due to the small amount of patients who were conveyed to hospital. Therefore, we were unable to rate effective. However, we did inspect most of this domain.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

- Policies and procedures reflected national guidelines. For example, the resuscitation policy included clear guidance for staff from the United Kingdom Resuscitation Council (UKRC) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC). This included guidelines on how to manage a cardiac arrest and post resuscitation care.
- The service followed National Institute for Health and Care Excellence (NICE) guidelines. Staff followed NICE guideline NG51 the recognition, diagnosis and any management of sepsis. Staff used a recognised sepsis screening tool which provided a flowchart for staff to identify and provide emergency treatment for patients with sepsis. This tool was available on all vehicles.
- The registered manager told us they would seek definitive care for stroke and heart attack patients

within one hour. However, as the service only provided emergency care events, these incidents were usually witnessed, and advanced life support was commenced immediately.

Pain relief

Staff assessed and monitored patients' pain.

- Staff told us they assessed patients pain regularly.

Response times

- The service did not monitor response times for urgent and emergency care. They did not provide a service that had response time targets.

Patient outcomes

- The service did not monitor patient outcomes. They did not provide a service that had patient outcome targets.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff work performance.

- Staff that carried out urgent and emergency driving had advanced driving certificates.
- All other arrangements for ensuring competent staff were the same for both patient transport services and emergency and urgent care. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Multi-disciplinary working

Staff worked with other organisations to benefit patients.

- The service worked with other organisations and professionals to ensure the safety of patients.
- Staff liaised with the local emergency department about specific patients' care. When they conveyed an acutely unwell patient they alerted the hospital to ensure the department was ready to receive the patient.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Emergency and urgent care

- The management of consent, mental capacity act and deprivation of liberty safeguards across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Are emergency and urgent care services caring?

During the inspection we did not observe any direct patient care and were unable to talk to or contact patients, families or carers. Therefore, we were unable to rate caring. However, we read compliments received by the service that showed compassion and kindness shown by staff to patients, friends and staff from other organisations.

Compassionate care

- The delivery of compassionate care across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Emotional support

During the inspection we did not observe any direct patient care and were unable to talk to or contact patients, families or carers. We are therefore, unable to comment on this section

Understanding and involvement of patients and those close to them

During the inspection we did not observe any direct patient care and were unable to talk to or contact patients, families or carers. We are therefore, unable to comment on this section.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

- The emergency and urgent care service provided transport to hospital for patients from events.
- The service did not provide an emergency ambulance service and did not respond to 999 calls.

Meeting people's individual needs

- Meeting individual needs was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Access and flow

- Access and flow was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Learning from complaints and concerns

- The management of complaints across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Are emergency and urgent care services well-led?

Good 

We rated well-led as good.

Leadership of service

Emergency and urgent care

- The leadership of this service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Vision and strategy for this service

- The vision and strategy was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Culture within the service

- The culture within the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Governance

- Governance arrangements across the service were the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Management of risk, issues and performance

- The management of risk, issues and performance across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Information Management

- The management of information across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.




Public and staff engagement

- Public and staff engagement was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Innovation, improvement and sustainability

- Innovation, improvement and sustainability across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and therefore has been used to rate the service.

Patient transport services

Safe	Good 
Effective	
Caring	
Responsive	Good 
Well-led	Good 

Information about the service

Kings Medical Services is operated by Mr David Chown. The service was registered in April 2016. It is an independent ambulance service in Uttoxeter, Staffordshire. The service primarily serves the communities of the Midlands.

The service had two ambulances. The vehicles were parked at the location.

Activity (1 January 2019 to 31 December 2019)

There were 63 patient transport journeys undertaken but 61 of these were insurance based. Two of these transfers were carried out for private patients and fell under the scope of our inspection. None of these transfers were undertaken for the NHS.

Summary of findings

We found the following areas of good practice:

- 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 service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse. The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them.
- The service controlled infection risk well. Staff used control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. The design, maintenance and use of vehicles and equipment kept people safe. Staff were trained to use them.
- Staff completed risk assessments for each patient swiftly. Staff kept records of patients' care and treatment. The service used systems and processes to safely administer, record and store medicines and medical gases.
- The service provided care and treatment based on national guidance and evidence-based practice. The service made sure staff were competent for their roles.
- All those responsible for delivering care worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Patient transport services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned provided care in a way that met the needs of local people and the service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care in a timely way.
- 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. Leaders and staff openly engaged with patients and staff to plan and manage services.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes. Staff could find the data they needed, in easily accessible formats.

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

- There were products on the vehicle which were past their expiry date.
- Managers did not formally appraise staff's work performance.
- Leaders did not always use systems to identify and escalate relevant risks and issues and identify actions to reduce their impact.

Are patient transport services safe?

Good 

We rated safe as good.

Mandatory training

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

- The service had mandatory training which all staff needed to undertake to work at the service. The modules included safeguarding adult and children level two, Mental Capacity Act and Deprivation of Liberty Safeguards, infection control, emergency first aid, manual handling and medical gases.
- The service also offered additional training for staff through the secure staff portal. The modules offered included; dementia awareness, autism awareness and illicit drug awareness.
- Staff mandatory completion rate was 100%. All staff members had undertaken this mandatory training with the service or provided evidence of completion through another role.
- The registered manager kept track of mandatory training and emailed staff when they were due to update training.

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.

- The service had a safeguarding lead and safeguarding policy which was in date. Staff at the service were aware of the procedure. Staff had access to local authority numbers on each of the ambulances.
- All staff members had a minimum of level two safeguarding training with both adults and children.
- There were three staff members who were level three trained in safeguarding adults and children. One staff member had undertaken a course which allowed them to deliver safeguarding training.

Patient transport services

- Staff members could contact someone with level four safeguarding in adults and children if they needed advice.
- Staff at the service had reported no safeguarding incidents in the last 12 months.

Cleanliness, infection control and hygiene

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

- The service had both infection control and hand hygiene policies.
- Staff cleaned the ambulances between each patient and carried out daily cleaning and vehicle checks. There were cleaning wipes available on the ambulances at all times.
- The service carried out deep cleaning on a six weekly basis and staff recorded when these deep cleans had taken place. If the service was transporting someone with a transmittable infection the vehicle would be deep cleaned after the journey.
- We saw that all sterile supplies including single use dressings, were stored correctly, packaging was intact. However, not all of these products were in date. Products that were out of date were removed and disposed of immediately.
- All reusable equipment was visibly clean and stored safely. We saw that the stretcher trolley, carry chair and seats were clean and surfaces intact.
- Staff were responsible for washing their own uniforms. Staff were provided with the manufactures recommendations temperatures. Staff are issued with two pairs of trousers, two shirts and a soft shell jacket.
- Staff had access to hand gels, gloves and all necessary personal protective equipment (PPE).
- We found out of date products on the ambulances whilst we were on inspection. Staff at the service immediately disposed of the out of date products. Following the inspection, the trust provided assurances that that during the six weekly deep cleaning of ambulances they would ensure out of date products were removed.
- All vehicles had valid insurance when required, road tax and MoTs. At this inspection we saw two of the vehicles used by the service. One ambulance was off the road awaiting a part. A second ambulance was actively used. All vehicles had breakdown cover with the same company.
- The service had suitable equipment that was tested and ready for use. The service used an external company that came and serviced the company's stretchers, carry chairs, suction units, ECG machines and Automatic external defibrillator units (AEDs) and wheelchairs. This ensured that the medical devices were calibrated and expertly serviced by qualified staff and were accurate and safe for use.
- Staff told us that the service did not transfer bariatric patients and only transferred patients up to the weight limit of their equipment.
- There were seat belts for all seats and a two-point harness on the stretcher. There was a child harness on another vehicle, but staff reported that they would also transport younger children and babies in patients own car seats.
- Clinical waste bags and sharps bins were available on the ambulance. Staff told us these were emptied after use and collected for disposal by a specialist company which provided a lockable yellow wheelie bin. The specialist service emptied the clinical waste on a three monthly basis.

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. Staff identified and quickly acted upon patients at risk of deterioration.

- The booking system recorded patient details and requirements. This included gathering essential information such as the patient's medical requirements and potential risks.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, there were products on the vehicle which were past their expiry date.

Patient transport services

- Staff responded to patients who became unwell while with the service. The registered manager and staff told us that if a patient's health deteriorated while being transported the team would review their condition and drive to the nearest emergency department. If possible, they would call ahead or contact 999 for urgent assistance.
- The service carried out basic observations if they were required and these were kept on an escort medical form.
- Staff told us that they were able to contact a senior clinical advisor from within the service for advice if it was not deemed to be an emergency.

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 gave bank staff a full induction.

- The service had a registered manager and seven bank members of staff. Three of the bank staff members were first responders, two were paramedics and one was a trainee paramedic.
- The registered manager showed us the training and qualifications recorded in the staff records. This included mandatory training and non-mandatory courses attended through their full time employment and through this service.
- All staff had recruitment checks including a passport check, the right to work in the UK, employment history, references and a disclosure and barring service (DBS) check in line with national regulations.
- There was a full staff induction process for all bank staff. The service had a staff handbook which included all the information staff needed. Staff also signed a checklist to show they had read all the policies and procedures that were put in place.
- The service had a 'no lone' working policy so there was always a minimum of two staff on duty together. If they were doing a long distance journey the service would use three staff members and rotate the drivers.

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.

- The service could take bookings either by email or over the phone. The service would take events booking, medical repatriation work and private patient transport work.
- The service gathered the patient details, the collection address, destination and reason for journey. Staff had clinical details, diagnosis, infections or mental health needs, the presence of a Do Not Attempt Cardio-pulmonary Resuscitation order (DNACPR) and any escorts to accompany the patient.
- Staff had access to both electronic and paper records during patient transfers.
- We reviewed the two patients transfer records and they were clear up-to-date and contained the relevant information needed for the transfer.
- Patient records were stored securely either on a password protected computer or in a locked cupboard if they were paper records.

Medicines

The service used systems and processes to safely administer, record and store medicines and medical gases.

- The service had a medicines management policy in place. The policy referenced Joint Royal Colleges Ambulance Liaison Committee's (JRLAC) Guidelines. Staff had access to the guidelines in their vehicles.
- The service did not carry any controlled drugs. Patients own medication was kept with their belongings. Medicines to be taken home from hospital were placed in the patients' bags by staff at the hospital.
- Staff carried over the counter medication, such as paracetamol, which was always signed in and signed out by staff members. There were medical directives for each of the drugs within each of the ambulances.

Patient transport services

- The service stored oxygen appropriately on both its ambulances. Staff at the service had appropriate medical gases training carried out by a competent person. There was appropriate signage on the ambulance to show that oxygen was on the vehicle.
- Staff told us they referred to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines when they required further guidance on the use of medication and medical gases. These were updated as new advice or guidance was published and were available on all vehicles.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them. Managers investigated incidents and shared lessons learned with the whole team.

- The service recorded three incidents in 2019. One of these was related to a complaint and three were related to access to potential patients at events. None of these incidents resulted in any harm to patients.
- The service had no never events.
- The service had no serious incidents.
- The service had an incident reporting policy in place. There were incident forms on all of the vehicles and the policy stated that all incidents must be reported directly to the registered manager.
- Staff were aware of the incident reporting process and it formed part of the induction process for all staff.
- The registered manager and staff members were aware of duty of candour. Duty of candour formed part of the incident reporting policy. Duty of candour requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide support to that person. Staff told us that they were aware of the duty of candour policy and their responsibilities relating to it. Staff were able to give examples of being open and honest when an incident occurred.
- There was evidence of communication with the event organisers with regards to access in the incidents that were recorded. The services worked collaboratively to reduce patient risk.

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

During the inspection the service had no measurable patient outcomes or response times due to the small amount of patient transport journeys which fell into regulation. Therefore, we were unable to rate effective. However, we did inspect most of this domain.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

- Staff had used updated and new guidance as it was made available to them. New medical guidance was shared by the Clinical Director and then shared with staff. Staff told us they had access to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. The registered manager told us staff had access to sepsis and Advanced Life Support flowcharts as in the National Institute for Health and Care Excellence (NICE) guidelines. We were also told that at some events water pumps and emergency cards for the treatment of acid attacks were provided.
- The registered manager was aware of and told us they would follow the unified Do Not Attempt Cardio-pulmonary Resuscitation orders (DNACPR) from the hospital wards. The service had never transported anyone who was subject to a DNACPR order.

Response times / Patient outcomes

The service did not monitor any response times or patient outcomes.

- The service did not have any contracts with agreed response times or specific patient outcomes.

Competent staff

The service made sure staff were competent for their roles. However, managers did not formally appraise staff's work performance.

- The service had a full staff induction checklist which included the vision, training requirements, duty of candour and whistleblowing, incident reporting, patient complaints and feedback, safeguarding, Mental

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Capacity Act and Deprivation of Liberty Safeguards, consent to treatment, equipment and vehicle maintenance and cleaning, vehicle keys, medicines procedures, medical gases, infection control, uniform, smoking and team meetings. There was also a section on this which allowed for staff to receive any additional training that was required.

- The service did not formally appraise its staff. We raised this with the registered manager on inspection. Following the inspection, the provider introduced an appraisal form for all staff and was to carry out yearly appraisals starting when each staff member came in to work a shift.
- The service carried out annual driving license checks of its staff members.
- Staff worked in a crew of two or more and there was no lone working.

Multi-disciplinary 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.

- The staff group consisted of ambulance technicians with paramedics. Staff told us that they had contact with medical staff at hospitals or other units if it was required.
- The staff worked closely with air ambulance staff and medical escorts when carrying out this type of patient transfer.
- The registered manager told us the team would work alongside the local authority especially when raising safeguarding concerns about patients if it was required.

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. They used agreed personalised measures that limit patients' liberty.

- All staff had training in consent. If the patient lacked capacity or was confused staff reported, they would remain calm and compassionate.
- Staff had access to training in mental health awareness. However, the service did not provide transfers for patients with mental health conditions.
- Staff told us that they did not use restraint if a patient had challenging behaviour. Staff would try and de-escalate the situation, talk to health care professionals who knew the patient and call the police if the situation was not manageable.
- Staff told us that when a patient declined to be transported it was documented on the patient transport form (PTF). Staff were able to refuse to take a patient if they deemed the patient or staff would be unsafe. For example, if a patient was aggressive or at risk of harming themselves or others.

Are patient transport services caring?

During the inspection we did not observe any direct patient care and were unable to talk to or contact patients, families or carers. Therefore, we were unable to rate caring. However, we read compliments received by the service that showed compassion and kindness shown by staff to patients, friends and staff from other organisations.

Compassionate care

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

- The service had three patient feedback forms from 2019. The patient feedback forms were 100% positive. One patient said, 'fantastic service and would always recommend' and another patients described the service as, 'professional and caring'.
- Staff told us that they would maintain the privacy and dignity of patients. If a patient died during a transport, they would cover them with a blanket and act with care and compassion to any relatives or carers present.

Emotional support

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During the inspection we did not observe any direct patient care and were unable to talk to or contact patients, families or carers. We are therefore, unable to comment on this section.

Understanding and involvement of patients and those close to them

During the inspection we did not observe any direct patient care and were unable to talk to or contact patients, families or carers. We are therefore, unable to comment on this section.

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

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

The service planned provided care in a way that met the needs of local people and the communities served.

- The service did not have any contracts with local NHS organisations. All of the work carried out by the service was on request by private booking arrangements.
- The majority of the work carried out by this provider was medical cover for events which we do not currently regulate.

Meeting people's individual needs

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

- The service did not provide patient transfers for mental health patients or end of life patients.
- The service had access to an internet-based translation app on all of its ambulances for use when transporting a patient whose first language was not English.

- The service provided staff with additional training in dementia awareness via the staff portal. Staff told us that they did not regularly transfer patients with dementia, however, staff had awareness and would always treat patients with compassion.
- All ambulances were equipped to transport patients who required assistance with getting in and out of the ambulance or who used wheelchairs or other walking aids. There was a child harness for use with the stretcher on the ambulance.

Access and flow

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

- The service operated 24 hours a day 7 days a week.
- Patient transport bookings were booked on the day of travel or in advance. Staff assessed the resource requirements and capacity on an individual basis. The registered manager or a designated staff member were responsible for taking patient transport bookings. The service advertised using a mobile phone number.
- Bookings for air ambulances were taken in advance and the vehicles would be on site before arrival of the patient and escort.

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 service had a complaints policy which told patients, their family, carers and other professionals how to make a complaint. The policy stated that complaints were accepted verbally or in writing. The complaint would be considered formal if the person making the complaint requested it and the details of the complaint were provided. The registered manager told us people making a complaint by telephone were made aware of the complaint policy and would be sent a copy of the complaints procedure.
- There are feedback forms on all ambulances along with on the website.
- Complaints would be acknowledged within three working days and a written response sent within three

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weeks. If the complaint was more complex and took longer to investigate, the policy stated that the complainant would be kept informed. If the complaint involved other providers, the service shared the complaint with consent and requested they respond separately.

- Between 1 January 2019 and 31st December 2019, the service had received one complaint. The complaint did not relate to patient care. Staff responded to this complaint appropriately.
- We saw patient feedback cards available on the ambulance with a locked post box for patients to post the cards confidentially.
- Staff told us they were aware of the complaints process.

Are patient transport services well-led?

Good 

We rated well-led as good.

Leadership of service

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. However, they did not always support staff to develop their skills through appraisal.

- The registered manager was responsible for the management of the company.
- They registered manager worked alongside the staff at events and on patient transport journeys when needed.
- At the time of inspection the service did not provide appraisals for staff members. However, following the inspection the registered manager introduced an appraisal form and would carry out appraisals on a yearly basis.
- The registered manager and another staff member were responsible for the management of risk, complaints and incident investigation and governance of the service.
- Staff told us that managers were visible and approachable.

- Staff told us that communication with the leadership team was very good. The registered manager was in regular contact with staff members and was available when required.
- We found the leadership team were very responsive. The registered manager responded to the issues we raised on inspection immediately and made the required changes.

Vision and strategy for this service

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply the vision and monitor progress.

- The service had a vision and strategy that stated they would 'provide safe and effective care'. They would do this by having dedicated staff who put care first and ensuring every patient has the best possible outcome.
- The staff told us there was an emphasis on continuing to provide high standards of care to see the service improve and grow.
- The service planned to expand the number of patient transfers it did in the future and had plans in place to support staff with any additional needs that they may require as a result of this.

Culture within the service

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

- Staff demonstrated throughout the inspection that they placed a high priority on ensuring a good standard of patient centred care. Staff said they were proud of their commitment to patient care.
- Staff told us they treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs.
- Staff told us they felt respected, supported and valued.
- The registered manager was visible and approachable for all staff and staff told us they could raise concerns without fear.

Governance

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

- The registered manager was responsible for all governance arrangements.
- Staff were aware of governance procedure and their responsibilities to report any issues. In all policies and procedures it outlined that all incidents and issues should be reported to the registered manager as soon as it was possible.
- All staff could access the on-line staff portal where they could read policies.
- The registered manager held team meetings for staff but it was difficult to have them regularly due to the shifts of bank staff. The registered manager told us they ensured staff were updated on incidents, complaints and other feedback via email.

Management of risk, issues and performance

Leaders did not always use systems to identify and escalate relevant risks and issues and identify actions to reduce their impact.

- The service did not have a risk register at the time of inspection. A risk register is a tool used to identify risks, dates they were identified and mitigation to minimise the identified risks.
- Following the inspection, we saw evidence of a risk register form which the service had made. They added the previous risk of out of date products to the risk register and included the actions they would take to minimise this risk.
- The service had an asset register to monitor its equipment.

Information Management

Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

- Staff had access to a password protected electronic staff portal where they could read policies and access other forms.
- Confidential information was stored on secure electronic systems. Paperwork which contained patient identifiable information was stored in a locked cupboard. The registered manager and one other staff member had access to the keys for the cupboard.
- The registered manager would submit notifications to the CQC following safeguarding's or serious incidents. They would also complete safeguarding alerts to the local authorities and hospitals.
- The registered manager was responsive to requests for data and additional information as requested following this inspection.

Public and staff engagement

Leaders and staff openly engaged with patients and staff to plan and manage services.

- Staff were able to comment on policies and procedures by accessing the staff portal or contacting the registered manager. Staff told us they were happy to give feedback to the registered manager.
- We saw a feedback cards on the ambulance. These could be completed by patients, families and carers and placed in a secure post box fixed to the internal wall of the vehicle. The service told us that patient feedback was generally positive but a low response.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services.

- The service had plans in place to increase the amount of private patient transfers it would undertake. The registered manager and staff were looking at what additional learning it would need to undertake in order to expand and maintain a good standard of patient care.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The registered manager should ensure that measures are taken to remove out of date products from the ambulance in a timely manner. (Regulation 15)
- The registered manager should ensure that they formally appraise staff's work performance yearly. (Regulation 18)
- The registered manager should ensure that they continue to utilise a risk register to identify and escalate relevant risks and issues and identify actions to reduce their impact. (Regulation 17)