

ERS Transition Limited

ERS Medical South

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

Our rating of this location stayed the same. 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. Managers ensured staff were competent for their roles. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for the service.
- 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 always ensure that medicines were managed in a safe way. Expired oxygen cylinders were found on the vehicles, and oxygen cylinders were not always safely stored within the vehicles.
- The service did not always ensure all employees had appropriate and validated references in place prior to commencing employment.
- Leaders did not always identify and escalate relevant risks and issues.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	See above summary

Summary of findings

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Summary of this inspection

Background to ERS Medical South

ERS Medical South is operated by ERS Transition Ltd. They are an independent ambulance service in East London that provides non-urgent, planned transport for people with a medical need who need to be transported to and from NHS services. They take transport bookings directly from their NHS partner organisation as well as members of the public.

The service had conducted 42,893 patient transports in the 12 months prior to the inspection. They transported both adults and children. They employed 37 staff. The service had a registered manager who had been in post since July 2020.

The service is registered to provide the following regulated activities:

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

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the short, announced inspection from 24 May 2023 to 26 May 2023.

We visited the main base of this location in Leyton, London, which included the control room.

During our inspection we spoke with 10 staff members including control room staff, drivers, supervisors and senior managers. We spoke with one partner organisations, and 6 patients. We checked 5 vehicles and reviewed 5 patient records.

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>.

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 effective systems and processes are in place to safely administer and store oxygen. This includes ensuring all oxygen cylinders available for use are within their use by date, and that all oxygen cylinders are safely and securely stored within the vehicles. (Regulation 12 (2)).

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

Summary of this inspection

- The service should ensure all employees have appropriate and validated professional references in place prior to commencing employment (Regulation 18).
- Leaders should ensure they have clear oversight of the risks to the service and that these are appropriately reflected on the risk register (Regulation 17).

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
Overall	Requires Improvement	Good	Good	Good	Good	Good

Patient transport services

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

Is the service safe?

Requires Improvement 

Our rating of safe went down. 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. The mandatory training was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and dependent on their role. Topics included, but were not limited to, conflict resolution; basic life support; infection prevention and control; safeguarding children and adults; equality, diversity and human rights; moving and handling; and preventing radicalisation.

At the time of our inspection, compliance with mandatory training for the various modules was 100%.

Managers monitored mandatory training and staff were alerted when they needed to update their training. Systems in place allowed managers to clearly view staff training files and ensure staff completed training in a timely way.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles. Services

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. The safeguarding adults at risk of harm and safeguarding children and young people's policies were in-date and accessible to all staff.

Patient transport services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults and children in vulnerable circumstances. All staff knew who the safeguarding lead was, how to make a safeguarding referral and who to inform if they had concerns.

Staff received training specific for their role on how to recognise and report abuse. All staff had received level 2 training in safeguarding adults and children. The medical director was the organisational safeguarding lead and was trained to safeguarding level 4. This met the requirements within the intercollegiate documents for adults and children's safeguarding training. Compliance with safeguarding training at the time of our inspection was 100%.

Safety was promoted through recruitment procedures and employment checks. Staff had enhanced Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There had been no safeguarding concerns reported to the CQC in the reporting period, from May 2022 to April 2023.

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 the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and generally well-maintained. This included the garage bay where vehicles were deep cleaned. During the inspection we viewed 5 vehicles and saw they were visibly clean and in a good state of repair. The service had an up-to-date vehicle cleaning standard operating procedure (SOP) in place.

Touch areas within vehicles were wiped down in between patient use and there were cleaning records that showed vehicles and equipment were cleaned at the end of each shift. There was a deep cleaning process carried out every 90 days through an external contractor. Where vehicles were contaminated, staff carried out an initial clean and the vehicle was taken off the road until a deep clean could be completed. Data between May 2022 and April 2023 showed 100% compliance with vehicle cleaning.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Daily, weekly, monthly and quarterly checks were in place that included regular cleanliness inspections and there were records of this. Monthly audits of hand hygiene, uniforms and vehicle cleanliness were carried out. Compliance was high with audit areas achieving 100% between May 2022 and April 2023.

Staff followed infection prevention control processes in place to minimise the chance of cross infection. All staff were up to date with yearly infection prevention and control training and had good knowledge of infection prevention control processes. All staff we saw were bare below the elbow.

Infection risks were identified at the point of referral as part of the service's triaging process. In addition, staff sought a handover from ward staff that included the identification of any infection risks. Spill kits (for use when cleaning body fluid spillages) were held on each vehicle and were seen to be in date. There were vomit bowls, couch roll (for covering patient stretchers), clinical cleaning wipes, clinical waste bags and a full range of PPE. The provider's infection prevention and control policy included guidance for staff on laundering of uniforms and the use of PPE.

Patient transport services

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.

The design of the vehicles followed national guidance. At the time of our inspection the service had 22 vehicles that were suitable for use. During our inspection, we checked five vehicles. We found that vehicles were well stocked, and the equipment, including wheelchairs, were working and well-maintained. We saw that all staff were trained in the use of wheelchairs and staff secured the wheelchairs to the floor of the vehicles correctly.

The service used a third-party provider to monitor vehicles including servicing, tax, MOT, or whether vehicles were off road. We checked the maintenance records for five vehicles and saw that all had received full services and were MOT compliant. We saw that all the fleet was DVLA compliant. Safety inspections were completed every three months, and safety and servicing records were saved to the electronic fleet system. Vehicles were serviced in line with manufacturers' guidelines.

Staff completed a vehicle checklist using an app at the start of their shift which required them to report stock, mileage, and any issues with the vehicle. In addition, staff completed weekly vehicle checks. Staff told us there was a defect reporting process and they had to complete a form when they identified a defect with their vehicle. Managers were able to use the app to monitor compliance with checking vehicles, as well as having early oversight of any vehicle problems.

Staff managed clinical waste well. Waste was appropriately disposed of in line with each partner organisation's policy. Disposal of all waste was monitored by the partner organisations, and audits showed staff were compliant with their waste disposal policies and procedures.

The management of control of substances hazardous to health (COSHH) standards within the organisation was in line with best practice. The equipment was locked away and stored appropriately.

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.

The service provided by this location was patient transport services delivered by ambulance care assistants for patients who were not acutely unwell. Staff did not take routine observations of vital signs for standard patient transport journeys but were aware what to do if a patient became unwell. Staff were trained to respond promptly to any sudden deterioration in a patient's health. The service had a safe and effective escalation process for deteriorating or seriously ill patients. Staff would usually call 999 but may take patients back to hospital if they were onsite or very close as per their deterioration of a patient during transport policy. As they were not an emergency service and completed a thorough eligibility criteria assessment with patients, this rarely happened.

Staff and patients told us that staff interacted with patients regularly and were attentive to their needs throughout the journey. This meant they could pick up on any signs of patient deterioration promptly. Staff and patients told us that drivers would safely fasten patients into seats, or safely secure their wheelchairs, and checked they were comfortable before transportation, and checked the environment was safe when arriving at the patient's destination.

Patient transport services

The service ensured that there was a risk assessment in place to ensure patient safety. The referring partner organisation was required to complete a risk assessment for the planned patient transportation. This was reviewed by the service prior to them accepting the transfer. The service also completed their own formal risk assessment using a risk matrix to identify any red flags such as if a patient had additional needs, infection control needs, or used specialist equipment.

The service had risk assessments in place. These included wheelchair assessments, ramp use, vehicle assessments, equipment assessments and visual assessments by staff of the patient's environment. Any identified safeguarding concerns, for example patient is not safe at home, would be immediately reported to the correct team for action and in some cases, patients were transferred back to hospital.

Staff could contact a senior manager 24 hours a day, 7 days week if they needed to escalate a risk or seek advice or help.

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.

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe. There were a total of 37 staff working for the service which included managers, patient transport controllers and planners, call centre staff, hospital liaison staff, and ambulance care assistants (ACAs). Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.

The service had a control room which monitored the location of all vehicles. The control room was in regular communication with the staff on the vehicles regarding patient journeys and new requests for work.

All staff records were securely stored on an electronic system. Managers made sure all new staff had a full induction tailored to their role and a high level of support.

During the inspection we reviewed ten staff employment files. All staff had an up-to-date DBS check, proof of identification, and application details. Ambulance care assistant (ACA) files also showed evidence of appropriate driving licences.

However, not all staff had appropriate references in place. Four out of the ten staff files we viewed did not have fully completed references in place, meaning leaders did not have evidence of their previous employment, or conduct during that employment. We raised this with the leaders at the time of the inspection. Leaders immediately removed the staff from patient facing activity and prohibited them from working until the references had been obtained. Leaders supported staff to obtain the references and we saw one ACA was able to obtain their references and be back on duty within two hours. Since the inspection the service has provided CQC with fully completed references for all members of staff.

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 transport services

During our inspection we looked at five patient records. Patient records were appropriate, and all staff could access them easily. Records were stored securely. Patient records were electronic and initiated by the control room operatives when taking a booking.

The records contained relevant information to enable driver companions to safely transport patients. This included details of the patient and their journey, details of any vulnerabilities, risks and the patients' COVID-19 status.

Medicines

The service did not always follow best practice when administering, recording and storing oxygen.

The service carried oxygen cylinders on vehicles, and crew members received training in the administration of oxygen as part of their induction and ongoing mandatory training updates. The service did not carry, store or administer any other medicines.

There was a clear standard operating procedure specific to the administration of oxygen. This guidance was developed in line with the Joint Royal Colleges Ambulance Liaison Committee and Resuscitation Council (UK) guidance.

Oxygen cylinders were regularly checked to ensure there was enough supply, however the service did not check cylinders for expiry dates. During the inspection we found three expired oxygen cylinders. One cylinder had expired 9 months prior to the inspection, and two cylinders expired 8 months prior to the inspection. This meant that during the past 9 months, patients may have been administered expired oxygen from these cylinders.

Oxygen cylinders were not always stored securely on vehicles. We found one cylinder had been tied to the vehicle with a make shift tie as the storage bracket had broken. The tie did not secure the cylinder or prevent it from moving while the vehicle was in use.

We raised these concerns with the leaders at the time of the inspection. All vehicles were immediately checked to ensure all remaining oxygen cylinders were in date. Leaders added oxygen cylinder expiry dates to the daily vehicle checklist and sent urgent communication to all staff informing them of immediate implementation of the additional check. The following day leaders provided CQC evidence that there were no other expired cylinders on the vehicles, all staff had been in receipt of the communication, and oxygen expiry dates had been added to the daily vehicle checklist and these had been completed.

The service was unable to safely secure the oxygen cylinder on the vehicle, therefore leaders immediately took the vehicle off the road until the storage bracket was able to be fixed.

Incidents

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

The service had an up-to-date incident reporting policy, which detailed staff responsibilities to report, manage and monitor incidents. An electronic reporting system was available which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

Patient transport services

There had been no never events at the service from May 2022 to April 2023. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

During the same reporting period, one serious incident had been reported. The incident had been reported and investigated in accordance with the provider's policy for incident management, and lessons learnt had been fed back to staff.

The provider had a duty of candour policy which staff could easily access. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened.

Learning from incidents was shared in a variety of means including weekly senior management meetings, daily staff briefings, and emails.

Managers debriefed and supported staff after any serious incident. Staff we spoke with corroborated this.

Is the service effective?

Good 

Our rating of effective stayed the same. 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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service ensured that guidelines and local policies were available for staff to access easily. Staff followed NHS England eligibility criteria for patient transport services to ensure they transported appropriate patients.

There was a comprehensive range of local policies and procedures for the safe transfer of patients and any relevant activity. There was an effective process for managing and reviewing policies. We reviewed 5 policies which were all in date.

There was a regular audit programme across the service. Managers used information from audits to improve care and treatment. For example, infection prevention and control, and key performance indicator audits such as response times. The results of these were shared with staff and reported as part of the services' assurance process.

Patient transport services

When handing over care, staff routinely referred to the psychological and emotional needs of patients. Staff spoke with hospital and care home staff, carers and family when collecting or dropping off patients. They shared information about the patient relevant to the patients' needs.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff received specific training as part of their mandatory training. All staff we spoke with understood the principles of the Act and could give examples of considerations in practice to support people. The service did not provide a secure transport service for people detained under the act and would refer patients requiring this service to another provider that provided this service.

Nutrition and hydration

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

Patients' nutrition and hydration needs were considered and there were arrangements, such as bottled water in the vehicles, which could be given to the patient if required. Longer journeys were planned in advance and staff could stop at service stations if it was appropriate to do so. Staff considered the needs of individual patients taking into consideration any special dietary requirements.

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.

The service had an effective system to regularly assess the quality of its services to ensure outcomes were monitored and measured. Regular audits and monitoring of key performance indicators facilitated this.

The service used locally agreed key performance indicators to monitor objectives. Data was collected and reported at regular intervals to monitor performance. This included information about journey times, punctuality, complaints, and number of patient transfers. Punctuality reports were discussed at weekly external clinical governance meeting with referring organisations.

In the reporting period May 2022 to April 2023, there were 42,893 patient transport journeys undertaken. The service operated between the hours of 6am and midnight, seven days per week.

The service monitored the number of patient transfers completed and tracked journey times. Each vehicle had an electronic tracking system which was used to monitor response times. The software allowed staff to run reports to help them identify when improvements might be needed.

We saw that the service consistently met the response and journey times key performance indicators (KPIs) set by the partner organisation over the previous 12-month period, scoring on average 86% in all KPIs for response and journey times, which met the 85% target. Managers told us that it was very difficult to always meet the target wait times due to the variable traffic conditions in the area, as well as high volumes of on the day bookings.

In the event of an unplanned surge in demand, the service was able to sub-contract journeys to partner organisations to ensure that patients were able to be transported in a safe and timely manner.

Patient transport services

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.

Staff had the right skills and knowledge to meet the needs of patients. Staff employed by the service were trained to carry out their roles.

The service had effective staff recruitment processes in place. Most necessary checks on new staff had been carried out. There was a process in place to ensure that ambulance care assistants held an appropriate license to drive vehicles. Licenses were checked as part of the recruitment policy. Each staff member had a file which contained details of their application, enhanced disclosure and barring service checks (DBS), and references. However not all staff had appropriate reference checks in place.

Managers gave all new staff a full induction before they started work. All new staff undertook induction training which comprised classroom-based induction and driving training. The classroom training was a combination of face-to-face training such as basic life support and manual handling, and e-learning. Following this, new staff members were allocated to shifts with more experienced drivers. New ambulance care assistants were not permitted to work alone until they were signed off as competent. A member of staff we spoke with had recently completed their induction and felt confident to complete their role following their training.

Staff had the opportunity to discuss training needs with their manager and were supported to develop their skills and knowledge. Staff we spoke with confirmed the provider offered refresher training on a regular basis and ensured staff were up to date with their skills, knowledge and learning requirements.

Managers supported staff to develop through constructive appraisals of their work. As of April 2023, 100% of staff had received an appraisal.

Managers identified poor staff performance promptly and supported staff to improve. There were systems in place to monitor performance in relation to driving. This included an automated system that monitored the quality of driving. Staff were asked to log onto the system at the beginning of the shift and this monitored aspects of driving such as speeding, harsh acceleration, cornering and braking. Performance was analysed and issues were addressed by line managers and additional training as appropriate.

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.

The team worked well together and communicated effectively for the benefit of patients and their families. There was effective team working between all staff including the senior management team, transport coordinators and ambulance care assistants.

Staff worked across health care disciplines and with other agencies when required to meet the needs of the people who used the service. The service had established strong links with the local NHS trust and held monthly meetings to share information about the service. They worked with managers and other professionals to help keep patients safe and provide a quality service.

Patient transport services

We spoke with partner organisations, and all feedback regarding the service was very positive.

Staff spoke positively of team working, effective communication and peer support. We observed constructive examples of staff working well together.

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 gained consent from patients for their journey in line with guidance. Staff had access to an up-to-date policy on consent. Where patients with capacity to consent declined to go on the transport, staff respected this decision, although they did try to encourage patients to make the journey.

Staff received training in the Mental Capacity Act. At the time of inspection, 100% of staff had received their training.

The service transported patients who were voluntarily attending treatment for mental illness. Staff engaged with hospital staff and escorts to ensure the patients' rights were upheld. The service did not transport patients who were subject to the Mental Health Act or a deprivation of liberty authorisation.

Staff gained consent from escorts or carers if they deemed a patient to not have capacity. We acknowledged that patients with more severe dementia who were less likely to have capacity were usually supported by carers on the journey, therefore asking registered carers in the best interests of the patient was appropriate.

Is the service caring?

Our rating of caring stayed the same. 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.

Patients we spoke with told us that staff treated all patients as individuals, courteously and helped them remain autonomous and independent wherever possible. Staff were trained to care for patients in a way that respected dignity by ensuring they were addressed in their preferred way. Staff appropriately dressed patients prior to transfer.

Staff asked patients if they wanted to walk or use a wheelchair. Staff communicated with patients during the transfer from hospital and when discharging them home by explaining what was happening to ensure they understood.

Patient transport services

Patients said staff treated them well and with kindness. All patients told us the staff were friendly, kind and put them at ease. They had no complaints about their care or treatment.

Staff followed policy to keep patient care and treatment confidential. Staff respected people's right to privacy and confidentiality.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

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 able to build supportive professional relationships with regular patients and understood how having long-term health conditions impacted upon a person's life.

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.

Staff made sure patients and those close to them understood their care and treatment. Staff told us they spoke with families and carers to ensure they could be involved in the patients care either before the journey or at the end of the journey.

Staff talked with patients, families and carers in a way they could understand. We observed a call where a control room operator took a booking. The operator introduced themselves by name and spoke politely throughout. They reconfirmed all details with the patient to ensure a full understanding.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Managers actively sought feedback from patients. Most patients we spoke with gave very positive feedback about the service. Patients said the service was "fantastic" and the staff were "very understanding and helpful". However, some patients said they felt the wait time was sometimes too long, but that staff always apologised if they were delayed.

Is the service responsive?

Our rating of responsive stayed the same. 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.

Patient transport services

Managers planned and organised services so they met the changing needs of the local population. They worked with referring organisations to plan service provision. The individual needs of the patient was central to all planned transfers.

The service ensured risk assessments were completed as part of the referral process and used to tailor the crew and vehicle to meet individual patient needs. The service was available 18 hours a day, 7 days a week and was able to offer immediate support for patient transfers.

The service offered transfers for patients across the country. We were given examples of journeys undertaken, which included transfers between London and other parts of England. Staff told us that most transfers were short distance, however, when transfers were provided over longer distances, additional risk assessments were required to ensure there were enough staff and rest breaks.

The facilities provided by the service met the needs of the individuals using the service. For example, all vehicles were equipped with their own wheelchair, but could also transport patients in their own chairs if required.

The service had strong links with local NHS and independent organisations and had developed good working relationships with service providers. Managers met regularly with NHS service commissioners to support the safe discharge of patients and to avoid delays for patients leaving the hospital. The service had liaison staff based at the hospital to facilitate safe and timely journeys.

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.

Staff treated patients as individuals, with their needs, preferences and their ethnicity, language, religious and cultural backgrounds respected.

The referring organisation were required to provide a clear outline of the patients' needs prior to the journey. The service then catered the transfer based on the assessment provided. For example, if the patient preferred to travel in their own wheelchair.

Staff made sure patients living with mental health problems, learning disabilities, autism and dementia received the necessary care to meet all their needs. Staff received training in the awareness of those who required additional support, such as those living with dementia or those with a learning disability.

We were told that staff considered individuals needs for each transfer and ensured that they kept patients informed.

The service transported regular patients who required medical treatment several times a week and were aware of the personal preferences and choices these patients had. For continuity, the service ensured patients who used the service regularly had the same driver companion for all of their journeys.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had information on how to do this available to them and staff we spoke with understood the process for this.

Access and flow

Patient transport services

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

Managers monitored waiting times and made sure patients could access services when needed and within agreed timeframes and targets. There were service level agreements in place with key targets for patient waiting times for transport.

All vehicles were tracked by a navigation system that allowed staff at base to see where a vehicle and driver companion were. Journey times were monitored, and the service maintained a dashboard which was presented and reviewed at regular senior leadership team meetings.

We reviewed the service's waiting time performance from November 2021 to October 2022 and saw the service met the agreed waiting times for over 85% of journeys. Managers told us that it was very difficult to always meet the target wait times due to the variable traffic conditions in the area, as well as high volumes of on the day bookings.

Managers knew the service's busiest times in a typical weekday and made plans to meet demands on the service.

In the event of an unplanned surge in demand, the service was able to sub-contract journeys to partner organisations to ensure that patients were able to be transported in a safe and timely manner.

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 we asked knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern. We saw notices and forms onboard explaining how patients could give feedback with contacts inside the back of vehicles. Staff told us they could help patients complete these if needed.

Staff understood the policy on complaints and knew how to handle them. The service acknowledged, responded to, and investigated all complaints with an outcome given to the complainant within 28 days. If necessary, an apology was also offered to the complainant.

People's concerns and complaints would be responded to and used to improve the quality of care. The registered manager understood the systems in place to manage complaints.

The service reviewed all complaints and implemented actions to improve the patient journey. If a complaint identified a safeguarding issue, then staff informed the appropriate agencies, and followed all protocols.

Managers investigated complaints and identified themes. The service reviewed complaints and if necessary, put additional training into place, implemented an action plan, reviewed policies and standard operating procedures with possible updates. Managers would then make staff aware of these changes.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was identified and shared amongst team members. This included learning from complaints that had occurred within the provider's other services.

Patient transport services

Is the service well-led?

Good 

Our rating of well-led went down. 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.

There was a corporate leadership team that consisted of the chief executive officer, chief operating officer, medical director and a quality and governance director. There were also directors for finance, communications, human resources and training, business relations and development.

There was a regional senior operations manager for the service who was also the CQC registered manager. The service had a local operations manager and a team leader who provided operational leadership to staff daily.

The senior leadership team met regularly and set clear objectives for service priorities and there were systems and processes for addressing issues the service faced. Operational service managers met regularly and reviewed priorities, performance and issues.

Staff told us that leaders were visible and approachable. They told us they felt confident in the support they received from operational managers.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a vision to 'be recognised as a leading provider of health and social care services in the UK by 2025'. They had developed a strategy in consultation with stakeholders, where the development process included analysis of the health transport and health and social care sectors. There were clear priorities such as service delivery, quality, finance and commercial, people, environmental and digital considerations.

The senior leadership team created an annual mission statement. The current mission statement was to 'grow a profitable, patient focused business' in order to achieve their 2025 vision. We saw there was a 'mission analysis' (regional development plan) relating to the current year. This included the identification of potential barriers to success, focused actions, personal actions, and the identification of support needed to ensure the actions were completed. Key performance indicators were identified as a measure of success. For example, in relation to human resources, mandatory training, personal development plans and vehicles and events.

Patient transport services

The identified service purpose was 'to provide a reliable, caring service that puts people at the heart of everything we do.'

The business values were built around a C.A.R.E ethos (collaborative working, being accountable, being respectful, and excellence). Staff we spoke with understood the values of the service and they demonstrated these during our observations. We saw that the values were displayed within all staff areas.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work [SA1] and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we met with were welcoming, friendly and passionate. They spoke positively about their roles and demonstrated pride and passion. The culture was centred around the needs and experience of people who used the service.

Staff told us that they enjoyed working for the service and felt supported by their managers. Staff told us it was a friendly place to work and that all staff were treated equally. Leaders received training in equality and diversity. We saw examples of staff who had been supported to progress in their career, such as an ambulance care assistant who was supported to become a team leader. Senior managers told us that they had an open-door policy, and they were proud of their staff.

Patients, their families, and staff could raise concerns without fear. There was an identified Freedom to Speak Up Guardian so that staff could raise concerns outside of the line management structure of the organisation. Patients and their families were encouraged to raise concerns when they arose. We saw evidence of concerns being addressed and discussed as part of the quality and safety committee meetings and there was clear action taken when this was needed.

Governance

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

There were clear governance processes and structures within the service. There was a committee structure where issues and performance were discussed, and local managers provided reports to inform decision making. Quarterly patient safety committee meetings took place across the whole of ERS Medical. We reviewed minutes of patient safety committee meetings and saw that these included a review of risks, compliance, information governance, shared learning and feedback, incidents and complaints and the identification of trends.

A regional governance and performance review meeting was held monthly. This included attendance from operations managers and fed into monthly corporate governance and performance meetings. Issues such as audits, incidents, safeguarding, complaints, patient experience surveys, vehicle compliance and an analysis of trends were reviewed. Monthly governance and performance review reports were collated to provide data and evidence of performance.

Patient transport services

The Chief Operating Officer for ERS Medical held a weekly operations meeting with all senior operations managers across the regions. The senior operations manager also held calls three times a week to discuss operational issues with their operations managers. Staff meetings were held on a minimum of a quarterly basis. We reviewed minutes of staff meetings and saw that issues such as vehicle cleaning, driver standards, contracts, incidents, training and other areas of performance were discussed.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. However, they did not always identify and escalate relevant risks and issues.

The service had a system to identify, record and manage risks and issues. The service had an investigation and incident reporting policy, which described the risk assessment matrix and how to score risks.

The service maintained a risk register which included a description of the risk, the impact and likelihood scores. Each risk had control measures and an identified owner. The service kept regular updates of the actions taken and the dates of the completed actions. The risk register was reviewed during the governance meetings.

However, leaders did not always demonstrate knowledge and oversight of the service's main risks. Leaders were not aware of the risks inspectors found during the inspection. The service did not check or record cylinder expiration dates therefore managers were not aware of the risk of the service having expired oxygen available for use. Managers did not have oversight of the risk of employing staff who may not be fit and proper people, as references were not being appropriately checked.

Since the inspection managers have demonstrated that oxygen cylinder expiration dates are being checked daily, and that all staff have two full and complete reference. However, managers have not demonstrated that these have been added to the service's local risk register.

Information Management

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

The service had systems in place to collect and analyse data. We saw information could be easily retrieved and was in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance and audit data was frequently collated and reviewed to improve service delivery.

Staff understood information governance and the importance of securely storing patient information. Patient transfer forms were electronic and were stored securely and only assessable to those with permission to do so.

Managers understood their responsibilities in relation to the submission of notifications to external organisations. This included notifications to CQC about serious incidents and safeguarding concerns.

Patient transport services

Engagement

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

Managers worked collaboratively with staff regarding the service. Managers openly engaged with staff through a variety of communications. Staff told us the leaders engaged with them about developments within the service.

The service worked with local organisations to plan and improve the healthcare of the local people. Staff told us how they had strong links with the local NHS services and partner organisations.

The service collected feedback from the referring and receiving organisations, as well as feedback from patients using the service. There was information available to patients on board vehicles to encourage them to communicate with and provide feedback to the service. The review of patient experience was an agenda item on meeting agendas so that feedback was shared, learned from and used to improve services.

The service worked closely with the referring organisation, patients and their families to ensure the patients' needs could be addressed during the planned transfer.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

There were clear processes for continual learning and how this was used to improve services. Information was collated and reviewed at every level of the service to ensure that learning was cascaded.

Quality assurance and improvement methodologies were apparent, with audits and reviews used to measure quality. There were comprehensive approaches to the management of incidents and complaints with subject specialists undertaking reviews of how these were managed to ensure actions and improvements were appropriate.

The service had launched an environmental and social impact report. This showed that vehicle emissions had been reduced by 110 tonnes of CO₂. The service had 4 fully electric vehicles in the fleet, with plans to have 6 vehicles providing services by the end of 2023. The service aimed to be fully electric by 2029.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service did not always follow best practice when administering, recording and storing oxygen.</p>