North West Private Ambulance Liaison Services Limited

North West Private Ambulance Liaison Services Limited

Quality Report

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

Ratings

Overall rating for this ambulance location	Good
Patient transport services (PTS)	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

North West Private Ambulance Liaison Services Limited is operated by North West Private Ambulance Liaison Services Limited . The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 24 and 25 April 2019.

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.

We rated it as **Good** overall.

We found the following areas of good practice:

- Patient transport support workers were inducted and trained for their role including safeguarding patients in line with national guidance.
- The service monitored the maintenance and cleaning of ambulances and other equipment in suitable premises.
- The service had electronic systems linked to each depot where information was stored including any incidents, compliments and dashboards to monitor response times.
- The service had contracts mainly with NHS ambulance providers or local authorities covering a 24 hour service, seven days a week if required.
- Staff interacted well with NHS hospital staff during an inter-hospital transfer of a patient. Patients comments, received by the service were positive and included that staff were caring, respectful, considerate and professional.
- Ambulances included a folder with paper versions of job sheets, in case of failure of their electronic tablets
- Folders included picture cards and 'easy read' words for patients with communication difficulties. Staff could access interpreters for patients whose first language was not English.
- The service had ambulances that were suitable for patients requiring bariatric equipment.
- There was clear, visible leadership and structure. Staff enjoyed working for the service and felt supported. Processes were in place for recruitment and monitoring of the service.

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

- The packs, on vehicles did not include information about how crews communicated with patients with a sensory loss such as hearing or visual impairment.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report

Ellen Armistead

Deputy Chief Inspector of Hospitals (area of responsibility), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)	Good	The provider was an independent ambulance service that provided patient transport services across the North West of England. It delivered non-urgent patient transport mainly on behalf of the local NHS ambulance trusts or local authorities. We found that there were sufficient staff with the right skills. Equipment and environment checks were carried out. Feedback from patients and those close to them showed staff were caring and compassionate. There was visible and clear leadership with appropriate management processes in place.

Good

North West Private Ambulance Liaison Services Limited

Detailed findings

Services we looked at
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Detailed findings

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Our inspection team

The team that inspected the service comprised of a CQC lead inspector,one other CQC inspector, and a specialist advisor with expertise in ambulance care. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Facts and data about North West Private Ambulance Liaison Services Limited

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited the Morecambe station headquarters and the Accrington depot. We spoke with 25 staff including; patient transport support workers, managers and the director. We observed the transportation of one patient during an inter-hospital transfer. We spoke with one patient who had used the service, by phone and reviewed written feedback, for 12 patients. We inspected seven ambulances at the headquarters and one at the Accrington depot.

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 twice, in 2015 and 2017. At the last inspection we did not rate the service. However, we found six regulatory breaches in relation to fit and proper persons for management and staff employed, safe care and treatment, safeguarding, governance and evidence of staff competency records. Since the inspection report was published, CQC have monitored the service and observed improvements in areas where breaches were identified.

Activity (January 2018 to December 2018)

- In the reporting period January 2018 to December 2018 there were on average 2, 708 patient transport journeys undertaken per month. Of these, the service transported about one child per month.

The service employed 110 patient transport support workers, 75% of which were permanent staff; the others were bank staff.

Track record on safety (November 2018 to April 2019)

- There were no never events or serious incidents.
- There were 130 incidents that all were classified as either no harm or low harm.
- There were 10 complaints and 230 compliments.

Our ratings for this service

Our ratings for this service are:

Detailed findings

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

Patient transport services (PTS)

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

Information about the service

North West Private Ambulance Liaison Services Limited is operated by North West Private Ambulance Liaison Services Limited . The service opened in 2012. It is an independent ambulance service in Morecambe, Lancashire. The service primarily serves the communities of the Lancashire, Cumbria and Merseyside areas.

The service has had the current registered manager in post since 20 October 2017.

Summary of findings

We found the following areas of good practice:

- There was adequate staffing with appropriate skill and training to carry out the role of patient transport support workers. Staff received an induction and training package when recruited, followed by annual updates.
- Staff had received safeguarding training, understood how to recognise patients identified with a safeguarding concern and how to report them.
- There were processes for the maintenance and checking of vehicles and equipment as well as for controlling infection with cleaning schedules in place. Staff followed national guidance with managers monitoring practices.
- Medical gases were checked daily, transported in vehicles and stored at depots appropriately.
- The service had an electronic system for incidents, complaints and compliments as well as dashboards with contract information, audits, training and personnel information.
- Services were contracted mainly from NHS ambulance trusts or local authorities. There was effective multidisciplinary working covering a seven day service.
- We observed positive interactions between crews and a patient during an inter-hospital transfer. Comments we reviewed, from patients, showed that staff were caring, respectful, considerate and professional with patients and those close to them.

Patient transport services (PTS)

- Each vehicle included a folder with paper versions of job sheets, in case of electronic failure of tablets These also included picture cards and 'easy read' words for patients with communication difficulties. Staff could access interpreters for patients whose first language was not English.
- Vehicles included stretchers that were suitable for homes with restricted space and ambulances were available that were suitable for patients with bariatric needs.
- There was clear, visible leadership with an open culture. Staff enjoyed working for the service and felt supported. There were managerial processes in place.

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

- There was no information about how crews communicated with patients with a sensory loss such as hearing or visual impairment.

Are patient transport services safe?

Good

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.**
- Staff reported incidents via their electronic tablets that were then uploaded to the electronic reporting system.
- From November 2018 to April 2019, there had been no never events. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systematic barriers are available as at a national level and should have been implemented by all healthcare providers.
- Incidents were shared with the referring NHS ambulance service when needed. Following the last inspection, the service had introduced a colour-coded system that indicated the seriousness of incidents, for example purple required an immediate action within an hour, red within seven days, amber within fourteen days and green within 28 days. The system did not however show the level of harm to patients, if any. This was recorded as part of a requirement notice in the last inspection report. It was addressed on-site and the system was immediately amended to include the level of harm such as no harm, moderate or severe.
- From November 2018 to April 2019, there were no serious incidents. Serious incidents are adverse events, where the consequences are so significant or the potential for learning is so great, that a heightened level of response is justified. There were a total of 130 incidents. The service confirmed that all incidents were either low or no harm.
- Electronic screens were available at all sites and linked to the headquarters. These displayed any learning from incidents and indicated any changes as a result of an incident.
- Staff we spoke with understood the duty of candour. 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.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Training was a combination of e-learning and practical skills.
- Staff were required to complete a three-day corporate induction programme, followed by a foundation course in ambulance care and then an emergency first aid at work course.
- Following the initial training, staff worked alongside experienced staff for 250 hours. Staff were then required to complete a work-based assessment to be able to work independently as patient transport support workers.
- Staff then completed e learning modules that included communication, moving and handling and medical gases. This could be completed outside working hours in an alternative location which included the providers e-learning suite. On completion of training staff were paid for the appropriate training time.
- All staff carried out a dual role of driver and patient transport support worker, with crews varying on a day to day basis.
- Staff were alerted 30 days prior to renewal dates for training with a requirement to update modules annually. If required training was not updated, staff were put on hold and not able to be allocated work.
- At the time of inspection, training compliance for patient transport support workers was 94% (due to long term sickness) and the headquarters staff was 100%.

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.**
- The service had safeguarding policies and procedures in place as well as two members of staff trained to level four safeguarding who could provide guidance and support to staff.
- From May 2018 to April 2019, the service reported 11 safeguarding notifications to CQC. The organisation also notified the contracting service. Staff used their electronic tablets to report a safeguarding incident. These were linked to the organisation's electronic system.
- Since the last inspection, staff received safeguarding training as part of annual mandatory requirements. They completed level three training for adults and for children.
- The provider was not routinely informed if a protection plan was in place, although in certain circumstances patients had individual requests such as travelling alone, a female crew or not to be left alone at the home address. This information was passed to the controller who shared it with the crew in the job notes and if required to, verbally instructed the crew of what had been requested.
- Staff had an application on their phones, used by NHS ambulance services, that had prompts regarding safeguarding information.
- Visitors were escorted and required to record details in the visitors' log.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment, vehicles and the depots clean.**
- Infection control was included in staff induction and annual mandatory training. Hand hygiene was assessed annually using a light box. These were used in training to demonstrate correct hand washing techniques. They used ultraviolet light to highlight any concerns with hand hygiene.
- The service was considering the introduction of spot checks with the light boxes to monitor the effectiveness of hand-washing by staff.
- There were wall-mounted handwashing sanitizers and hand creams available at depots and in ambulances with handwashing instructions. Hand gels and personal protective equipment such as gloves, were adequately stocked in all areas.
- Staff completed cleaning checklists, at the end of a shift, as part of routine daily checks. Clinical wipes were available if required in addition to routine cleaning.
- Mops and brushes were colour-coded to identify their use, including yellow for inside a vehicle, black for

outside, blue for the depot and red for the toilet or any contaminated area. Staff told us that mops were changed weekly, unless contaminated. During the inspection, signage at headquarters was amended to indicate the day for a mop change, with a plan to cascade to the depots.

- Blankets and linen, obtained from NHS trust hospitals, were available in ambulances. After patient use, these were returned to the hospital trusts for washing. A service level agreement was in place for the disposal of waste that was colour coded to indicate if clinical.
- Following the last inspection, there were locked cupboards at headquarters and the depots for control of substances hazardous to health. Washing liquids and screen wash for vehicles were stored in the garages for daily use.
- At the headquarters a staff member was responsible for the outside cleaning of vehicles, with a designated cleaning bay, as well as weekly vehicle checks, such as tyres. At depots, unless the exterior temperature was below three degrees, staff were required to keep vehicles clean inside and out. All staff were required to make daily checks of the vehicle prior to use.
- Vehicles were deep cleaned routinely every six weeks unless contaminated. This included swabbing surfaces to check for possible infections. If the swab counts were above a certain amount, the deep clean was repeated and re-swabbed.
- At the depot we visited, there was an unknown dried liquid in the cab area, mainly on a patient handling slide board. This was addressed on site and cleaned immediately.
- Water supplies were run weekly for two minutes to help prevent legionella.
- Health and safety audits were carried out at each depot approximately quarterly to monitor compliance with health and safety regulations. Any issues found were graded in priority with target dates for completion of any actions. Examples of high priority issues included boxes stored near an electrical cupboard, gas bottles needing to be secured tighter with a chain and electric leads on floor. Positive findings were recorded in the narrative including comparisons to previous audits. Action plans were followed up to ensure completed in a timely manner.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service had a main headquarters where most of the ambulances were stored and operated from. Other vehicles were stationed at one of three satellite depots depending on the contracts. At the time of the inspection, there was a total of 25 vehicles that included support vehicles and two that had been hired. There were arrangements for breakdowns, crashes and maintenance including servicing and renewal of tyres. Vehicles were routinely serviced every 10,000 miles. Electronic processes were in place to highlight when vehicle checks were required including ministry of transport testing.
- In the depots, keys to access the building and vehicles were stored in key safe boxes. Buildings were locked when not in use overnight or when staff were off-site. At the headquarters, staff accessed office areas by swipe cards.
- Equipment was routinely checked twice yearly, and we observed electrical equipment indicated checks within the 12 months before the inspection.
- Satellite navigation systems were available on the electronic tablets.
- The office layout at the headquarters had recently changed in order to separate the training room and e-learning suite from the garage area. The control room had moved downstairs, near the station entrance. Facilities were available at each location for staff refreshments, meeting areas and toilet.
- If a request for a child was made, age appropriate seating was available either at the service's headquarters or from the NHS ambulance contracting service.
- A 'red' area was designated at headquarters for any broken equipment. Transit boxes were stored at headquarters, where the main stores were located, for transporting any necessary items to the depots.
- We checked seven vehicles at the headquarters and one at one of the depots. We found that they were all stocked appropriately with the stretcher and seating securely fastened. Each included high visibility jackets as well as patient transfer aids. Wheelchairs could be clamped in to secure them.

Assessing and responding to patient risk

Patient transport services (PTS)

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- Contracting staff completed risk assessments for each patient and shared them with the service.
- Some vehicles included automated external defibrillator as part of a requirement for a former contract. Plans were to not replace these once out of action. All ambulances included sealed first aid boxes.
- Adult and paediatric basic life resuscitation training was included in annual mandatory training. In the event of a patient's condition deteriorating, staff reported an incident and depending on the patient would either transport them as instructed or call for an emergency ambulance from the referring NHS trust. We were provided with an example when a patient required transporting to the local NHS hospital emergency department.
- Staff told us that patients with known health conditions such as dementia or mental health issues, were often escorted to assist them, although staff used skills and experience to support patients when needed.
- Five of the ambulances had blue lights. These were used only for events as a requirement for providing that service.

Staffing

- **The service had enough staff with the right skills and training to provide the right care.**
- At the time of inspection, the service employed about 110 staff of which 75% were employed on permanent contracts with the remaining 25% bank staff. All staff were required to complete an induction and mandatory training.
- Staff were mainly employed as patient transport support workers with a dual role of driver or patient support.
- There was also office administration support and managers who had responsibilities for activities such as quality checks, appraisals, health and safety checks, rotas and training.
- The role of an operational support lead had been created to support patient transport staff but also link with managers.
- Staff who had been trained, for other providers as paramedics, used their skills in managerial or supervisory roles and practised as patient transport support workers only during transfers.
- At the time of inspection, there was no active recruitment due to changes at the service including transference of staff records to the electronic system.
- Rotas were populated for the duration of the contract, for example, if a service was contracted from a referring NHS ambulance trust, for a year, this was filled with permanent staff for the whole of that contract.
- Other contracted work was planned as jobs arose. Crews were allocated to these jobs by the control room staff, if at headquarters or direct from the referring NHS trust ambulance service if at the depots.
- Any unfilled contracts were offered to staff as overtime or to bank staff. Staff were informed about the working time directive at time of application. Staff we spoke with told us they had adequate breaks during their shift times.
- There was staff available at headquarters or on call 24 hours a day to support staff.
- A daily service support team briefing was completed that identified who was on call as well as who was in the control room and any other items that needed to be shared.

Records

- **Staff kept records of patient's care and transport details. Records were clear, up-to-date and easily available to all staff providing care.**
- Staff were provided with the necessary patient information needed to transport them, including the patient's name and location details.
- Electronic job sheets were created by the referring NHS ambulance trust and shared with the control room staff at headquarters or direct with crews in the depots. Depot crews completed paper job sheet records whereas headquarters was all electronic. On the electronic system, drop down menus to indicate any additional needs such as any dementia, any reduced mobility, mental health concern, infection or if a do not attempt cardio pulmonary resuscitation was in place.Sub categories for severity of a condition gave further details.
- Each vehicle carried a folder with paper forms in case of an electronic failure. For crews who completed paper

forms, these were faxed securely to the headquarters control room then destroyed safely. Locked internal post boxes were available to store any confidential records prior to their destruction.

Medicines

- Staff confirmed that no medicines were stored at any location or vehicle, with the exception of medical gases. We reviewed a medicines management policy, that referred to paramedics carrying medicines, although no medicines were used at time of inspection.
- Oxygen cylinders were stored securely on vehicles and included in daily checks by crews. We found one oxygen cylinder in a vehicle in a carrying bag but not secured: this was addressed at the time of the inspection.
- At the headquarters, cylinders were stored in purpose built racks with signage to highlight them and chains that attached them to walls.
- A standard operating procedure was in place for patients carrying their own medicines during transport.

Are patient transport services effective?

Good

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance such as the National Institute for Health and Care Excellence and the Health and Safety Executive. Managers checked to make sure staff followed guidance.**
- Managers carried out quality checks of staff to monitor compliance with best practice and audited care and practices.
- Staff were directed to policies and procedures at the time of recruitment. Documentation was currently paper-based, however; these were being transferred to the electronic system, where staff could access remotely.
- Each depot included a noticeboard with a policy of the month and a standard operating procedure of the week. These enabled staff to review policies and procedures that were in line with national guidance. Staff were required to sign that they had read and understood these documents.

Nutrition and hydration

- Staff provided water for patients when needed All vehicles carried bottled water.
- Vehicles carried male urine bottles if needed. If a patient became unwell as a result of not eating, this was discussed with managers and emergency support was provided if necessary.

Response times

- The NHS ambulance provider who contracted the service, monitored response times monthly, to check if vehicles were within the expected time frames. For 2018, the service was 'on time' for an average of 65% of transport services. The NHS ambulance provider set the parameters for the service to follow. This information did not indicate how long patients had waited prior to being allocated a job. There were plans to increase engagement to monitor response times with the NHS provider
- The service maintained dashboards for contracts to monitor service delivery. Details of one contract was shared that showed the date and time when the job was received, the time when on route, time at the pickup location, time clear of the pickup, time at the drop off location, and time clear of the drop off for completion. Mobility level and history of mental health issues was recorded along with the location details. For this contract, from October 2018 to April 2019, there were 3,030 jobs booked with approximately 10% cancelled. Reasons for cancellations included duplications, cancelled by ward or travelled with a family member.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance.**
- All staff received the same induction and training package, including annual updates.
- There was 100% compliance with staff appraisals. At the time of inspection, annual appraisals had been scheduled at the headquarters and depots. Some crews had been allocated appointments on their days off but were paid to attend.
- Quality spot checks were carried out, unannounced, at least twice yearly to monitor the quality of care provided by staff.

- Managers told us examples of specialised contracts where certain competencies were identified and only those trained in those competencies completed those jobs.
- The service had arrangements to share information with other providers if a staff concern had been identified.

Multidisciplinary working

- There was effective multidisciplinary work with commissioning and contracting services.
- Staff from the NHS ambulance services liaised with the provider on a daily basis either via the control room at headquarters or directly with the crews at depots.
- We observed positive interactions between crews and staff at a local NHS hospital trust. Reception and nursing staffing were familiar with the crews and communicated well.
- The service was required to attend ad hoc meetings as arranged by the commissioners and attended as required.

Seven-day services

- The service operated seven days a week according to contracts in place. The control room at headquarters was open from 7am until midnight. Between midnight and 7am the service had an on-call rota system.
- Lone worker devices were available for staff if in the control room working alone between 7pm and midnight. The device included a panic button with built in tracker.
- Managers were on call 24 hours a day, on a rota system, to support staff if needed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.**
- The Mental Capacity Act (2005) is designed to protect patients who may lack capacity, to make certain decisions about their care and treatment. Mental Capacity Act and Deprivation of Liberty Safeguards training was included in annual mandatory training.
- We observed staff obtaining verbal consent from a patient when transporting them during an inter-hospital transfer.
- The service did not provide transport to patients who required restraint. Any patient identified as having a Deprivation of Liberty Safeguard in place would be escorted on the journey from the client who was suitably trained.

Are patient transport services caring?

Good

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- Patient feedback cards were available on all vehicles, that included a freepost facility. The electronic system recorded any feedback received. From November 2018 to April 2019, a total of 230 compliments had been received.
- We reviewed 10 comment cards; all patients, or those close to them, rated the service as five stars out of five, with all saying that they would recommend the service. Patients comments included that crews were friendly, helpful, caring, gentle, courteous, kind, respectful, professional and drove sensibly.
- We observed staff introduce themselves and communicated well to ensure patients fully understood. We observed staff interacting positively with patients and others caring for them. Staff spoke to patients sensitively and appropriately.
- Compliments were received either direct from patients, or those close to them, from the referring NHS ambulance trusts or via social media.
- For contracts that involved transferring the same patients on a routine basis, these contracts were allocated to the same staff. This provided continuity for the crews and for the patients who may be in vulnerable circumstances.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- We observed staff providing reassurance and comfort to patients. Staff provided support as required.

Understanding and involvement of patients and those close to them

Patient transport services (PTS)

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Patients were able to be escorted by those close to them if required. We observed staff involving a ward nominated escort in an inter hospital transfer.

Are patient transport services responsive to people's needs?

Good

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The service covered areas of the North West, mainly Lancashire and Cumbria, with contracts from local clinical commissioning groups or local authorities.
- Contracts were mainly routine services of patients requiring transport for regular hospital appointments or unplanned transportation, such as hospital discharges or inter-hospital moves. One contract, due to the layout of the hospital, included the transfer of the deceased from wards to the mortuary.
- One contract was solely to deliver a pain-relieving gas for home births as community midwives did not transport gas in their own vehicles.

Meeting people's individual needs

- **The service tool account of patients' individual needs.**
- All ambulances carried a standardised pack that included a laminated sheet with coloured pictures and words in an 'easy read' format for patients who may need support with communication, such as a learning disability.
- Since the last inspection an interpreter service was available for patients whose first language was not English, however; there was no information seen for patients with a visual impairment.
- Patients were able to be escorted by staff or those close to them if needed, for example for a mental health condition or a patient living with dementia.
- Patients could request a chaperone of the same gender if preferred.
- The electronic booking system included a flagging system to indicate if a patient had do not attempt cardio pulmonary resuscitation paperwork.
- Certain ambulances were appropriate for patients with bariatric needs and this would be requested at the time of booking.
- The design of the ambulance stretchers, used by the service, meant that they could be adapted to manoeuvre tight spaces, such as patient homes.
- All vehicles carried bottled water, urine bottles and vomit bowls for patient use if required.

Access and flow

- **People could access this service when they needed it.**
- Bookings were either pre-arranged for regular patients or booked as required by the referring NHS ambulance service. This meant patients may have been waiting for transport prior to receiving the booking.
- In addition to NHS contract work, the service also provided private patient transport services.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- All vehicles carried feedback cards for patients to complete. The service provided a leaflet 'your opinion counts to us' regarding feedback from patients. Since the last inspection, this included signposting to other organisations if not satisfied with the services response.
- From November 2018 to April 2019, there had been 10 complaints. The examples shared on inspection were managed in a timely manner and improvements demonstrated.
- Staff demonstrated how complaints were recorded in their electronic system and shared examples of responding in a timely manner to concerns.
- Learning from complaints was shared with staff via the electronic boards that were located at each depot.
- The service liaised with contracting services when necessary to resolve concerns.

Patient transport services (PTS)

Are patient transport services well-led?

Good

Leadership of service

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- Prior to the inspection, there had been changes in the leadership structure. There was one director in post and two directors had left the organisation. The director of the company was the registered manager with CQC.
- There had been reorganisation of some staff members including managerial responsibilities to support the director.
- There was clear and very visible leadership with staff understanding the revised structure. Control room staff told us that the director visited them each morning. At the time of the inspection, managers engaged with staff throughout the visit.
- A role of operations support lead had been created to support the ambulance crews but also link with the management team at headquarters and each depot.
- Managers at each level visited the depots when needed and we observed this whilst appraisals were taking place at a depot.
- Staff at each depot had been updated about changes with the director arranging minuted drop-in sessions at each depot.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff.**
- The vision and strategy for the service was included in the CQC statement of purpose.
- Staff we spoke with understood the recent changes and were supportive of any new plans.

Culture within the service

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- There was an open and transparent culture that encouraged reporting of incidents in order to learn from them and improve quality for people in the local community.
- There was a positive attitude and culture where staff valued each other. Staff reported good team working and a sense of pride, providing continuity of care using a team approach.
- All staff were passionate about the service they provided and felt supported by managers.
- Staff we spoke with had been employed by the service for varying lengths of time, but all staff demonstrated a strong commitment to the service.

Governance

- **The service systematically improved service quality to maintain high standards of care.**
- There had been recent changes in the structure of the service that included governance responsibilities such as service support, service delivery team and operations support leads. The service support team had responsibilities for procurement, recruitment/retention, quality and compliance. The service delivery team oversaw the control room, logistics, stocks and vehicle maintenance. The operational support leads managed the transport depots and supported the patient transport staff.
- Staff were required to have a full UK manual driving licence to drive the service's vehicles.
- The service also carried out a license check to confirm the details shared on application. For this patient transport service there was no requirement for 'blue light' training for emergency transport.
- Applicants were required to attend an assessment with a member of staff who themselves had been trained by an external assessor who trained driving instructors. This included assessment of cockpit drills, vehicle control, awareness, use of speed, road positioning, consideration, reversing and turning in the road. Applicants that passed this assessment, then progressed to the interview process.
- Once selected, staff driving licences were checked twice a year on a government website for validity and any penalty points incurred. A licence with at least six points resulted in the role of attendant rather than driver and depending on the seriousness of another concern, this could result in termination of employment. Details of drivers licences were monitored on a spreadsheet.

- There had been recent changes to the application process, with more information required on the application form and three references requested.
- Staff were required to undertake an enhanced Disclosure and Barring Service check as part of the recruitment process and the service requested a copy of the check once received. The check included checking the adults and children's barred lists.
- Following the last inspection, the director explained that if any information was highlighted, on application or Disclosure and Barring Check, this would be assessed for suitability for the role.
- A health declaration was completed, at time of recruitment with any concerns referred to an occupational health service.
- We reviewed personnel files for six staff and the director. Following the last inspection, we found that these had all been completed appropriately. The service was in the process of transferring all personnel files to the electronic system.
- We reviewed management meeting minutes for December 2018. These included agenda items such as training, quality checks, procurement and rotas.

Management of risk, issues and performance

- **The service had effective systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- There was a risk register that was reviewed monthly and completely refreshed annually. It was divided into categories that included financial risks, operational risks, staff and vehicle risks. There were actions included to mitigate the risks.
- Each location including headquarters and the depots had close circuit television cameras, for security reasons. These were viewed at headquarters.
- Vehicles were fitted with systems that monitored driving performance during transporting on roads. If a driver scored 90% or less, this would be addressed by managers. The service found this had happened twice and both were vehicle maintenance drivers rather than ambulance crews.
- Copies of insurance, indemnity and CQC registration were displayed on walls at headquarters and the depots.
- The service had a back-up generator at the headquarters in case of any power failure.

Information Management

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- Information was received on password protected electronic tablets. There were charging points in depots and docking stations on ambulances. These were used to communicate with control / ambulance trusts direct, report incidents, report safeguarding report vehicle defects, and had a satellite mapping system.
- Dashboards were used to monitor performance such as driving, number of phone calls, audits, training and human resource processes.
- Processes were being updated from paperless to electronic systems.
- Electronic systems were backed up, off-site in case of failure offsite.

Public and staff engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage the service and collaborated with partner organisations effectively.**
- Any feedback received by the NHS ambulance was shared with the service.
- The electronic screens at headquarters and the depots displayed the same information for staff to view such as upcoming events or feedback from incidents to share any learning or changes.
- Minutes from team meetings showed that these were held at each location and items such as such as layout changes at the headquarters, leave, work requirements and any other issues were discussed.
- The director had introduced the operational supervisor liaison role to improve engagement. Bi-monthly meetings were held with the director, where contracts and depots were discussed highlighting any concerns. In addition, an employee assistance programme had been introduced to support the well-being of staff. This was an anonymous service although managers were aware if the service had been accessed.
- Staff we spoke with told us that the director would often buy the staff breakfast particularly at weekends.
- The service was predominantly for patient transport only, however; the service was engaging in a carnival by transforming a traditional milk float to resemble one of their fleet for a procession.

Patient transport services (PTS)

Innovation, improvement and sustainability

- **The service was committed to improving services by learning from when things went well or wrong.**

The service had achieved accreditations: ISO 14001 environmental management, ISO 9001 quality management system and ISO 45001 occupational health and safety management. Certificates were displayed alongside insurance certificates.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should consider how to meet the needs of patients with a sensory loss such as visual impairment.
- The provider should consider reviewing the medicines policy in line with their current practice of patient transport.