

St James's Ambulance Service Ltd

# St James Ambulance Service – St Albans

## 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.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

St James Ambulance Service is operated by St James's Ambulance Service Ltd. The service provides a patient transport service for adults.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 12 December 2017.

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.

### Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Staff recognised incidents and knew how to report them. All incidents were investigated and lessons learnt were shared across the team.
- There was good compliance with mandatory training across the service. This included Mental Capacity Act (MCA) training and safeguarding vulnerable adults training.
- Staff completed training appropriate to their roles, responsibilities and the needs of the service. Staff appraisals were up to date.
- Staff showed understanding of MCA and safeguarding and were aware of their roles and responsibilities in escalating concerns.
- Vehicles were all up to date with servicing, tax and MOT requirements.
- Staff were aware of the limitations of their skills and service, appropriately referring high risk patients to other providers.
- Staffing level and skill mix was appropriate to meet the needs of patients.
- Policies were in line with national guidance and gave clear instructions for staff on their roles and responsibilities. There were appropriate policies in place with regard to business continuity and major incident planning.
- Staff displayed a caring and patient-focused approach to their work and ensured patients' privacy and dignity were maintained. This was reflected in patient feedback.
- Staff provided us with examples of when they felt they had gone beyond their role to ensure patients had a comfortable journey.
- Feedback from the NHS providers that commissioned the service was extremely positive.
- The patient booking process meant patients' individual needs were able to be identified.
- Patients had access to timely care and treatment.
- All patient transport ambulances were accessible to patients who required mobility assistance, including wheelchair users.
- Staff consistently told us that the managing director was approachable and visible.
- The managing director had an understanding and oversight of risks in his service. The risk register was comprehensive, up to date and reflective of the service.
- Senior managers took immediate and effective actions to address the concerns we raised during the inspection.

# Summary of findings

- There was evidence of innovation, including a new electronic application (app) that enabled drivers to input data and information about their patient journeys on their mobile phone. The app also contained a patient feedback questionnaire.

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

- We found some consumable clinical supplies stored on the ambulances to be out of date. This was escalated during inspection and the items removed and disposed.
- We found two fire extinguishers not within their service dates. However, the fire extinguishers were removed and replaced following our inspection.
- Oxygen cylinders were not stored securely on the vehicles.
- Automated external defibrillator (AED) storage bags were not labelled so we were not assured the AEDs were easily identifiable in emergencies. However, the signage was improved following our inspection.
- Service policies did not always contain a completion or next renewal date. However, this was escalated and rectified after our inspection.
- The service did not complete hand hygiene audits, which is not best infection prevention and control practice.
- We found that staff personal details were not stored securely, with staff files located in an unlocked cupboard in the private address, and accessible to family and friends. However, this was escalated as a concern and a lock was installed following our inspection.
- The service could not provide evidence of a disclosure and barring service (DBS) clearance and certificate for one of their five employees. However, the service provided evidence of DBS clearance for the staff member following our inspection.
- The staff personnel files we reviewed did not all contain evidence of staff interviews and their two references.
- The service did not have a lone working policy or a process for checking when staff finished their duty safely.
- There were no formal systems to support patients whose first language was not English and patients with hearing impairments.
- Staff had not received training to support them to care for patients with dementia or learning difficulties. However, we saw evidence that the service was in the process of procuring this training from a commissioning NHS trust.
- Not all staff were able to articulate fully the strategy for the service. However, we observed that staff worked within the ethos of it.
- Minutes from governance meetings were not documented. Therefore, we could not be assured these meetings were effective in identifying risk and improving practice.

Following this inspection, we told the provider that it must take an action to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected the patient transport service. Details are at the end of the report.

## **Heidi Smoult**

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

### Patient transport services (PTS)

### Rating Why have we given this rating?

We have not rated this service because we do not currently have the legal duty to rate this type of service or the regulated activities it provides.

St James Ambulance Service is an independent ambulance provider. It runs from the city of St Albans, Hertfordshire from a private address and provides non-emergency, community-based patient transport services for adults. The service does not transport children.

The service was commissioned by three NHS hospital trusts in central and west London. At the time of our inspection, the service was also supporting another independent ambulance service in a subcontracting capacity.

Standard hours of operation for the service was Monday to Friday 9am to 6pm, and on-call from 9am to 6pm on Saturday and Sunday. The service had recently extended their operational hours to 7pm for one of the commissioning NHS trusts until the end of March 2018.

The service had four active patient transport ambulances and had recently purchased an additional vehicle. During our inspection visit, the managing director was in the process of making the ambulance fit for purpose as it was not currently in use.

At the time of the inspection, the service employed two full-time drivers and three part-time drivers. There was also a managing director and company secretary.

# St James Ambulance Service - St Albans

## Detailed findings

### Services we looked at

Patient transport services

# Detailed findings

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## Background to St James Ambulance Service - St Albans

St James Ambulance Service is an independent ambulance provider based in St Albans, Hertfordshire and is operated by St James's Ambulance Service Ltd. The service has been open since 1999 and is run from a private address. It provides non-emergency, community-based patient transport services for adults. The service does not transport children.

The service is commissioned to provide patient transport services by three NHS hospital trusts in central and west London. The service collects patients from their home and transports them to and from a variety of locations in the three NHS trusts. For example, patients can be collected and brought to their outpatient hospital

appointments. Patients are sometimes accompanied by an escort who could be a family member or in some cases, a medical professional such as a nurse or occupational therapist.

At the time of our inspection, the service was also supporting another independent ambulance service in a subcontracting capacity with low risk patient transport services, such as transporting patients to and from outpatient appointments.

The service had been previously inspected in November 2013 and was compliant in all areas inspected.

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector, Hannah Cattell, one other CQC inspector, and a specialist advisor with expertise in patient transport services (PTS). Julie Fraser, Inspection Manager, oversaw the inspection team.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

At the time of the inspection, the service had four active patient transport ambulances. The service had recently purchased an additional vehicle and was in the process of making this ambulance fit for purpose as it was not currently in use.

The service employed five patient transport drivers, this included two full-time and three part-time drivers, the managing director and company secretary.

Standard hours of operation were Monday to Friday 9am to 6pm, and on-call from 9am to 6pm on Saturday and Sunday. The service had recently extended their operational hours to 7pm for one of the commissioning NHS trusts until the end of March 2018.

During the inspection, we visited the headquarters for the service in St Albans, Hertfordshire, which was a private address. We spoke with four staff, including the managing director, company secretary, and two patient transport drivers. We also spoke with four patients.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Track record on safety:

- Zero never events reported from January to December 2017.
- The service had recorded six incidents from January 2017 to December 2017, all graded as no harm.

- Zero serious injuries reported from January to December 2017.
- Zero complaints from January to December 2017.

# Patient transport services (PTS)

## Summary of findings

We regulate independent ambulance services but we do not currently have a legal duty to rate them.

We found the following areas of good practice:

- Staff recognised incidents and knew how to report them. All incidents were investigated and lessons learnt were shared across the team.
- There was good compliance with mandatory training across the service. This included Mental Capacity Act (MCA) training and safeguarding vulnerable adults training
- Staff were aware of the limitations of their skills and service, appropriately referring high risk patients to other providers.
- Staffing level and skill mix was appropriate to meet the needs of patients.
- Policies were in line with national guidance and gave clear instructions for staff on their roles and responsibilities. There were appropriate policies in place with regard to business continuity and major incident planning.
- Staff displayed a caring and patient-focused approach to their work and ensured patients' privacy and dignity were maintained. This was reflected in patient feedback.
- Staff provided us with examples of when they felt they had gone beyond their role to ensure patients had a comfortable journey.
- Feedback from the NHS providers that commissioned the service was extremely positive.
- All patient transport ambulances were accessible to patients who required mobility assistance, including wheelchair users.
- The managing director had an understanding and oversight of risks in his service. The risk register was comprehensive, up to date and reflective of the service.

- Senior managers took immediate and effective actions to address the concerns we raised during the inspection.
- There was evidence of innovation, including a new electronic application (app) that enabled drivers to input data and information about their patient journeys on their mobile phone. The app also contained a patient feedback questionnaire.

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

- We found some consumable clinical supplies stored on the ambulances to be out of date. This was escalated during inspection and the items removed and disposed.
- We found two fire extinguishers not within their service dates. However, the fire extinguishers were removed and replaced following our inspection.
- Oxygen cylinders were not stored securely on the vehicles.
- Automated external defibrillator (AED) storage bags were not labelled so we were not assured the AEDs were easily identifiable in emergencies. However, the signage was improved following our inspection.
- Service policies did not always contain a completion or next renewal date. However, this was escalated and rectified after our inspection.
- The service did not complete hand hygiene audits, which is not best infection prevention and control practice.
- We found that staff personal details were not stored securely, with staff files located in an unlocked cupboard in the private address, and accessible to family and friends. However, this was escalated as a concern and a lock was installed following our inspection.
- The service could not provide evidence of a disclosure and barring service (DBS) clearance and certificate for one of their five employees. However, the service provided evidence of DBS clearance for the staff member following our inspection.

# Patient transport services (PTS)

## Are patient transport services safe?

### Incidents

- St James Ambulance Service had processes in place to prevent harm to patients and staff understood their roles and responsibilities to raise concerns and record safety incidents.
- The incident reporting system was reviewed in October 2017. Since the improvements were made, we saw that incidents were reported more robustly.
- The service used a paper based reporting system and incident report forms were available in the vehicles and at the head office for staff to access, if required.
- All staff we spoke with described the process for reporting incidents and provided examples of when they would do this. They told us their manager encouraged them to report incidents and supported them with this process. For example, if a patient was late to their appointment, they would report this as an incident.
- Incidents were collated into an electronic log, which was used to identify any themes and learning. The log was used during governance and team meetings. Staff told us they received direct feedback when they reported an incident, and lessons learned from incidents were cascaded to the team during team meetings. Meeting minutes from the November 2017 team meeting confirmed this.
- The service had an incident reporting policy that had been updated shortly before our inspection. The policy set out the types of incident to report and what should be done once a report was received. The policy stated that the managing director was responsible for conducting investigations into all incidents.
- From January 2017 to December 2017, there had been six incidents reported, with five of the six incidents reported between October to December 2017. We saw that all incidents were graded as 'no harm' and that appropriate action had been taken as a result of the incidents. For example, we saw that one incident related to a driver not following infection control protocols and not being 'bare arms below the elbow' when they were collecting a patient from a clinical area. Staff at the hospital raised this with the driver who immediately

rectified it. This incident was also discussed at the team meeting in November 2017 to remind all staff about the importance of good infection prevention and control practices.

- From March 2015, all independent healthcare providers were required to comply with the duty of candour regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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. The managing director was aware of the duty of candour regulation but advised there had not been any incidents where this needed to be followed. The incident reporting policy defined when the principles of duty of candour should be followed.

### Mandatory training

- Staff were compliant with all mandatory training topics. Mandatory training for staff covered key topics such as basic life support, manual handling, infection control and the road traffic act. This training was provided by an external organisation, which specialised in healthcare training, and involved a face-to-face study day with both theory and practical assessments. Staff attended this training as part of their working hours.
- As of December 2017, 100% of staff had completed this training.

### Safeguarding

- There were systems, processes and practices in place to ensure that patients were kept safe from avoidable abuse.
- The service had a safeguarding adults and children's policy, which included information about female genital mutilation (FGM). The managing director provided all staff with a paper copy of the policy, which they could refer to during their shifts. The policy also included contact numbers of the safeguarding leads for the NHS trusts that the service was commissioned by.
- Staff were aware of what to do if they identified safeguarding concerns. This included taking immediate steps to keep the patient safe, seek advice from their manager and liaising with other health and social care professionals to safeguard the wellbeing of a patient.

# Patient transport services (PTS)

- Safeguarding adults and children training was included in the training study day. The service also accessed the safeguarding level one training provided by an NHS trust. As of December 2017, three of the five patient transport service (PTS) drivers had completed level one training. We saw evidence that another driver would receive the training by the end of December 2017.

## Cleanliness, infection control and hygiene

- Standards of cleanliness and hygiene were generally well maintained within the service. We observed the premises and vehicles to be visibly clean on the day of our inspection.
- The service had an infection prevention and control (IPC) policy, which was updated in September 2017. A paper-based version of this policy was given to all staff and they were encouraged to keep this in the vehicle with them at all times.
- Staff were responsible for their own uniforms; however, staff had access to hand sanitising gel and kept this on their person throughout their shifts. Spare hand sanitising gel was also available on the vehicles. The service did not undertake hand hygiene audits to monitor any missed occasions of hand hygiene and identify areas for improvement.
- We reviewed three vehicles during our inspection and found them all to be visibly clean throughout. Equipment contained within vehicles was also clean and stored to ensure it remained free from dirt or dust.
- All three vehicles contained personal protective equipment (PPE), this included gloves and aprons, which provided staff with barriers during cleaning and patient bodily fluid contact. However, the gloves and aprons were not easily accessible as they were stored at the bottom of the equipment bags.
- The staff using the vehicles carried out daily cleaning of the equipment, which included cleaning surfaces and equipment. We reviewed the cleaning logs during our inspection and saw that daily cleaning had been completed.
- Senior managers told us that IPC vehicle audits were completed quarterly. We saw the results from the audit completed in August 2017. Actions from this audit included deep cleaning two driver seats and replacing a front headlight. We found that these actions had been completed during our inspection.
- One vehicle we reviewed had a partially carpeted interior, which is not in line with IPC best practice.

However, the service recognised this and it was documented on their risk register. The register outlined control measures and monitoring for this risk. This included, monthly steam cleaning of the carpeted areas, daily cleaning with disinfectant wipes, and completing regular IPC inspections to ensure staff adhered to the cleaning process. The service had also purchased one new ambulance to replace this vehicle, which did not have a carpeted interior.

- The vehicles were deep cleaned at least once a month, as specified in the IPC policy. We observed that these schedules were up to date and all vehicles had received a deep clean within the necessary period. Staff would deep clean the vehicles immediately after transporting a patient with an infection risk or when the vehicle had become contaminated.
- Vehicle cleaning equipment, including spill kits, were stored securely in the vehicles. Information relating to the control of substances hazardous to health regulations (COSHH) was available within the service and contained relevant details to ensure those using chemicals were able to do so safely. The mandatory study day also included training on COSHH regulations.
- Vehicles contained clinical waste bags and staff disposed of clinical waste at two NHS hospitals, as agreed by the contracting NHS trusts.
- Staff were required to complete infection control training within the service. At the time of our inspection, 100% of staff had completed this training.

## Environment and equipment

- The design, maintenance, and use of facilities and premises kept people safe from avoidable harm. Staff told us that they had access to sufficient equipment to carry out their roles. They said if they needed additional equipment, they could request this and it was supplied promptly.
- The service operated from a private address. However, the vehicles were not generally stored at this location overnight; they were stored at an NHS trust or at the staffs' addresses.
- The service had four active PTS ambulances. The service had recently purchased one additional vehicle from another ambulance provider, which was not in use.

# Patient transport services (PTS)

- All vehicles had an up to date vehicle licence tax, insurance certificate and full service history log. The service kept an electronic record of when the vehicles were next due services and MOTs, and when their insurance needed renewing.
- All vehicles we viewed had the appropriate mechanisms to secure patients own wheelchairs during transport and contained suitable seatbelts/ lap-belts.
- Vehicles were also fitted with an internal tail lift for use when assisting patients in wheelchairs onto and off an ambulance. At the time of the inspection, all tail lifts were working and their lights were functioning.
- The service did not transport children. Therefore, they did not contain seat belts/ restraints/ car seats for children.
- All electrical appliances and equipment, such as wheelchairs and stair climbers, we checked were electrical safety tested and serviced to ensure they were safe to use. Records of equipment service histories were kept electronically. The electronic record contained details of when each item of equipment required its next service. An external provider carried out services and electrical equipment testing. We saw that stickers were visible on equipment that had been safety checked to advise staff when the next check was due.
- Prior to the commencement of each shift, staff were required to complete daily vehicle checks, which involved staff checking the suitability and safety of the vehicle and equipment. The checks included tyres, lights, wheelchairs and PPE stock levels, including aprons and gloves.
- Equipment within the vehicles included first aid equipment, PPE, and automated external defibrillators (AEDs). However, we found some of the consumable clinical supplies stored on the ambulances to be out of date, for example, oxygen masks and tubing. We were assured on site that this equipment would be removed and where necessary, replaced. Following our inspection, the service provided us with evidence that all the out of date equipment had been removed.
- The vehicles only carried oxygen if a patient, who required oxygen, was escorted by a trained healthcare professional. However, we found that one vehicle contained a nitrous oxide (gas and air) giving set. We raised this the managing director who confirmed that the service did not use nitrous oxide and the giving set would be removed. Following our inspection, the service provided us with evidence that this equipment was removed from the vehicle.
- We observed that each patient transport ambulance had two fire extinguishers. All the fire extinguishers were secured appropriately and were clearly marked with the next service test date. However, two of the six extinguishers we viewed were not within service date. Therefore, we were not assured they were safe and suitable for use. After our inspection, the service supplied us with evidence that these two fire extinguishers had been removed from service and replaced.
- Each vehicle contained an automated electronic defibrillator (AED). An AED is a portable electronic device used during cardiac arrests, with audio and visual commands, which provide electrical therapy to re-establish an organised heart rhythm. All AEDs we checked were working, within their servicing date and were stored appropriately. However, the outside of the storage bag was not labelled. Therefore, we could not be assured that the AED was easily identifiable in emergencies. Following our inspection, the service provided us with evidence that 'AED' labels were now on the outside of the storage bags.
- The service provided drivers with high visibility jackets and mobile phones. The phones enabled staff to be contacted easily during their working day, and ensured they were able to keep in contact should they need support or escalate when they did not feel safe, to colleagues or the police.

## Medicines

- There was no medication routinely carried on any ambulance as staff were not trained or permitted to administer drugs. The service did not use or store controlled drugs (which are medicines that require an extra level of safekeeping and handling).
- The provider informed us that the vehicles did not routinely carry oxygen unless an appropriately trained healthcare professional escorted a patient who required oxygen. However, on the day of our inspection, two of the vehicles we inspected contained oxygen. We were told that these oxygen cylinders were left in the vehicles by mistake.
- The vehicles had systems in place to ensure the oxygen cylinders were securely stored. However, the two oxygen

# Patient transport services (PTS)

cylinders we saw were not stored securely and were loose in the vehicles. This meant there was a risk that the cylinders could fall and cause injury to staff or people on the ambulances during transport.

- All two oxygen cylinders we reviewed were in date and full.
- If patients required take-home medicines to be transported with them, these would be stored with the patient.

## Records

- The service did not use paper transport record sheets. At the start of November 2017, the service had introduced an electronic application (app) that enabled drivers to input data and information about their patient journeys via their mobile phones. This included recording collection and drop off times. All the staff we spoke with talked positively about the implementation of the app and told us it had improved the timeliness of their transfers.
- A patient transfer booking form was completed electronically and emailed securely to the ambulance driver. The patient booking form contained information about collection times, patient address, relevant medical conditions and a patient escort, if applicable. We also saw it included other notes such as do not attempt resuscitation orders (DNACPR). Staff told us they were always made aware prior to transporting a patient if a DNACPR order was in place.
- Staff personal details were not stored securely; the cupboard for storing human resources (HR) files and other business details did not have a lock. The cupboard was located in an office at the headquarter address, which meant family and friends could access it. Therefore, we could not be assured that unauthorised persons would not access it. Following our inspection, a lock had been installed on the cupboard and the contents were now only accessible to the managing director and company secretary.

## Assessing and responding to patient risk

- The service transported clinically stable patients who were identified as low risk by the commissioning NHS trusts. However, if a driver felt a patient was 'high risk' and not suitable to transport, they referred the booking back to the NHS trust to make alternative arrangements

for the patient. A commissioning provider confirmed that complex patients, such as those requiring a two-man crew, were not referred to St James Ambulance Service.

- The service did not have guidance for staff on what to do if a patient became unwell during a journey, for example a policy or process to follow. However, staff were able to tell us confidently how they would recognise a deteriorating patient. If they had concerns about a patient's condition during transportation, they would stop their vehicle and telephone 999 for emergency support.
- All drivers had received level two first person on scene (FPOS) training. This training covered topics such as adult, child and infant basic life support and care of burns and scalds.
- The service did not transfer patients detained under the Mental Health Act. Staff and the managing director told us they would not restrain patients or transfer patients requiring specialist mental health support alone. If the contracting provider requested this, the service referred the patient back to the NHS trust or request support from an appropriately trained escort.

## Staffing

- The service had sufficient staff, of an appropriate skill mix, to enable the effective delivery of safe care and treatment on the day of our inspection.
- The service employed three members of full-time staff. This included the managing director, who was the owner of the service and two full-time PTS drivers. The service also employed three part-time drivers and a part-time company secretary. However, one of their drivers was due to retire at the end of December 2017.
- The service did not use agency, bank or locum staff to support the service.
- We saw that shift patterns were aligned to demand. Drivers worked nine hours a days, completing a 45-hour week, which included their breaks. The managing director ensured drivers received a minimum of 15 hours rest time between their shifts. The service did not complete time sheets or rotas so we were unable to confirm this. However, staff told us that they had enough breaks, finished their shifts on time and received sufficient rest time between shifts.

## Response to major incidents

# Patient transport services (PTS)

- There were appropriate policies in place with regard to business continuity and major incident planning. Staff were aware of these, and how to access them if necessary.
- The service had a business continuity plan (BCP) that had been amended in September 2017. The BCP gave guidance on managing adverse incidents, including IT failure, vehicle breakdown and absence of staff. The policy detailed actions to be taken by staff members in the event of an incident, including essential contact details and escalation processes.
- The BCP also outlined the role of the ambulance service when one of their commissioning NHS trusts declared a major incident. This included offering their services and operations to support the NHS trust and the coordination of this support.
- There was a formal system in place to ensure staff were updated on changes to local policies. This included staff signing a checklist to evidence they had received and read the new policy, and the managing director providing updates at team meetings.
- The service completed regular audits, including audits around infection prevention and control for vehicles and equipment. However, the service did not complete hand hygiene audits, which is not in line with infection control best practice.

## Are patient transport services effective?

### Evidence-based care and treatment

- The service used current evidence-based guidance and good practice standards to inform the delivery of care and treatment.
- Local policies were in line with national evidence-based guidance; however, not all of the policies contained a completion or next renewal date. For example, we found the incident management policy did not contain a creation or renewal date despite seeing evidence that it had been updated in October 2017. Similarly, the 'complaints, comments, concerns and compliments' policy did not have a creation or renewal date. Following our inspection, we saw that the service had implemented a new document header for each policy. The header included the original creation date and stated that all policies would be reviewed on an annual basis or sooner if national legislation dictated.
- All staff we spoke with were aware of how to access policies and were all given a hard copy. This meant they had direct access to all the policies whilst on the road. They also told us all the policies were kept in a folder at head office. We saw evidence of this during our inspection.
- We spoke with the managing director who confirmed all the policies were on an internal computer drive and accessible electronically to all staff, which we saw.

### Assessment and planning of care

- Bookings were made electronically by the contracting NHS trust and staff members told us the booking system provided them with sufficient information to plan for their patients. This included details of support needs, infections, and DNACPR.
- There was no formal patient criteria or guidelines used when booking a patient transfer. Staff told us that if they arrived to transfer a patient that was too unwell to travel and needed more support than they could provide, they would not carry out the transfer. This happened very infrequently. However, when it occurred it was due to the hospital not providing an accurate medical history on the booking form.
- Bookings were usually carried out several days in advance; however, the service also offered a short notice transfer.
- Although the service did not use formal nutritional assessment for patients, staff ensured patients had been provided food and drink prior to discharge from the hospital.

### Response times and patient outcomes

- As the majority of work completed by the service was the transfer of patients between locations, there were no defined patient outcome measures to record.
- The service did not have formal contracts or service level agreements (SLAs) with two of the three commissioning NHS trusts. At the time of the inspection, the service had one SLA with an NHS trust; however, it did not stipulate that the service needed to formally monitor key performance indicators (KPIs), including response times.
- Representatives from the commissioning NHS trusts spoke very positively about their experience of using St. James' Ambulance service. They confirmed that there

# Patient transport services (PTS)

was no requirement for the service to report KPIs, and if they were concerned with the service's transfer time or performance, they would raise this immediately with the service lead.

- The service implemented a new electronic application (app) for their patient transport service (PTS) drivers in November 2017. This enabled drivers to easily input data and information about their patient journeys, including collection and drop off times.
- Staff told us that they would report incidences where they were delayed through the service's incident reporting system, however; staff said that patient delays were very uncommon. Out of the six incidents reported, one incident related to a patient being late to their appointment. However, the incident investigation found that this was not due to delays with the driver. The four patients we spoke with also told us their journeys had not been delayed.
- The service did not take part in any national audit or wider benchmarking.

## Competent staff

- Staff had the skills, knowledge and experience to deliver effective care and treatment to patients.
- All staff had recent appraisals and staff told us they were encouraged to set objectives and take advantage of training opportunities. Service data demonstrated that from October to December 2017, 100% of staff had received an appraisal.
- The service did not complete regular formal driving assessments; however, the managing director frequently supported his PTS drivers with transfers. If any driving concerns were highlighted during these transfers, the managing director raised them with the driver immediately. For example, a staff member who required additional driving support was enrolled onto an intensive driving course with a nationally recognised organisation. The service was also in the process of arranging advanced driving training for all its PTS drivers.
- As part of our inspection, we reviewed five staff files. We found all files contained employment contracts, training records and identification. However, not all the files contained evidence of a recruitment and selection interview and two satisfactory references. We saw that only two of the five staff files had evidence of an interview, and two of the five files contained two

satisfactory references. Three of the five files contained one reference for each staff member. This meant we could not be assured effective recruitment processes had been followed and staff were of good character or suitable for their role.

- During the inspection, the managing director demonstrated awareness of the previous lack of robust recruitment processes. The main reason given was that the managing director knew staff prior to their employment. The managing director provided assurance that the service now has robust recruitment processes in place, and we saw that the most recent staff file contained all the necessary documents.
- Disclosure and barring service (DBS) checks for staff were refreshed every three years in accordance with best practice. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- We saw evidence of DBS certificates in five of the six staff files, which included the managing director. However, we could not see evidence of one staff member's DBS clearance. The staff file contained evidence of the application but there was no confirmation certificate. We raised this with the managing director during the inspection who informed us the staff member had misplaced the certificate. After the inspection, we were provided with evidence of DBS certificate for this staff member.
- Driver licence checks were also carried out prior to commencement of employment and the staff we spoke with knew it was their responsibility to inform their manager of any changes to their licence status.
- Each member of staff completes local induction training on commencing employment within the service. This included shadowing an experienced driver. New staff also received a company handbook, which contained information about uniform and appearance requirements, health and safety, whistleblowing and a copy of the service's policies.

## Coordination with other providers and multi-disciplinary working

- The managing director attended regular meetings with commissioners, including their senior management

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meetings at NHS trusts. This provided a helpful insight into the service operation and improved senior management understanding of the impact that efficient discharge and transfer can have on hospital flow.

- We received feedback from the NHS providers that commissioned St. James Ambulance Service for patient transport services. They all provided positive feedback about the service, which included comments about their effective communication and coordination. One representative said that the ambulance service had been integral to their success and the team “have become a highly valued part of our service”.
- Staff consistently told us they felt comfortable to challenge an NHS trust when a booking form lacked important patient information. They gave examples of where they had requested further information about a patient before transporting them.

## Access to information

- Staff accessed the information needed for specific patient journeys via the electronic booking forms, this included patient details such as, name, date of birth, address, pick up, and drop off locations. The booking form also included a section for special notes, which outlined whether the patient required support with mobility, had an escort or had a DNACPR in place.
- Prior to the implementation of the app, the service used paper-based booking forms. We saw that these old forms were stored at the headquarters. However, these forms were not stored securely. Following our inspection, a lock was installed on the storage cupboard.
- The implementation of the app enabled the service to keep an electronic log of the transfers they had completed.
- The service used up-to-date satellite navigation systems and staff used mobile phones for communication, if required.
- The company secretary provided staff with hard copies of the service’s policies. Staff were encouraged to carry these on the ambulances with them so they had direct access to policy information whilst on the road.
- Staff reported that if they needed additional information, they would ask the hospital staff.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were aware of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) as applicable to their role. To underpin this, the service had a set of guidelines for staff to refer to and follow.
- Staff also understood their roles and responsibilities for gaining consent and told us they always sought informed consent before transporting a patient.
- The service did not transfer patients with a known mental health illness. If the contracting provider requested this, the service would refer the patient back to the NHS trust to make alternative arrangements or request support from an appropriately trained escort.
- Staff received training on consent, mental capacity and mental health as part of their mandatory training day. As of December 2017, 100% of staff had completed this training.
- We saw evidence that the service was in the process of procuring dementia training and additional mental health training from a commissioning trust. This was to help strengthen staffs knowledge about mental capacity and their confidence in supporting patients with mental health problems.
- The service had implemented a DNACPR policy in September 2017. This policy gave clear guidance for staff on managing patient bookings with a DNACPR in place and ensuring the DNACPR documentation was correctly completed.

## Are patient transport services caring?

### Compassionate care

- We were unable to observe staff interacting with patients during our inspection. However, we spoke with four patients who frequently used the service. They confirmed that the staff were very caring, and treated them with dignity and respect. One patient told us that the driver “always asks me if it is okay to hold my arm to help support me to the vehicle”.
- Staff did everything they could to make a patient’s journey as safe and comfortable as possible. This included providing blankets if the patient was too cold, adjusting the temperature of the ambulance, ensuring the patient’s seatbelt was on safely, and meeting the patient at their front door when the pavements were icy.
- The managing director had recently implemented a patient feedback electronic application (app) in November 2017. This app replaced patient feedback

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forms. Patient transport service (PTS) drivers downloaded the app onto their mobile phone and asked patients to complete the questionnaire at the end of their journey.

- The questionnaire asked patients to rate different aspects of their journey. This included; the professionalism and courteousness of staff, how well staff understood the patient's condition, the quality of care received and the overall impression of the service. In addition, there was a section where patients could add additional comments.
- Staff told us the number of patients providing feedback on the service had significantly improved following the implementation of the app. From 08 November to 12 December 2017, 17 patients had completed the feedback questionnaire.
- All 17 patients rated the service as 'excellent' or 'very good' for each of the four questions. Patients commented that they thought the service was "very efficient", "very caring" and "very professional".

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

- Patients told us they received the information they needed to understand their transfer journey, this included staff providing them with an estimated pick-up and drop-off time.
- Staff were able to demonstrate an understanding of patients' needs, giving examples of when they had gone beyond their role to ensure the patient had a comfortable journey. For example, a staff member purchased a meal of choice for an elderly patient during a journey, when the driver found out the patient had no food at home for dinner.
- Staff told us that patient family members were always welcome to accompany the patient if it was safe to do so.
- We saw an email from a relative of a late patient who had used the service for three years. The relative wanted to thank the driver for being "polite, efficient, gentle and extremely calm" towards their family member. This helped the relative feel comfortable that their family member was treated with care and respect in their absence.

## Emotional support

- All of the staff we spoke with demonstrated a caring and supportive attitude. We were told on multiple occasions

that staff would not leave a patient's address until they knew the patient was safely in their home. This was confirmed by a commissioning NHS trust who told us that staff provided "supplementary caring support to patients, ensuring they are safely settled at home rather than merely transporting them to their front door".

- A patient comment from the feedback questionnaire also stated that the driver made sure the patient "was home safely and comfortable" before leaving them.

## Are patient transport services responsive to people's needs?

### Service planning and delivery to meet the needs of local people

- Service delivery was based on implied contracts or service level agreements (SLAs) with three NHS trusts that required patient transport services in their locality and wider community. The service did not have formal contracts in place. However, the managing director reported they had effective working relationships with all three commissioning NHS trusts. This included transporting patients recently discharged from hospital wards and those attending outpatient clinics or routine investigations at the hospital.
- The managing director frequently attended meetings with the contracting providers to assess its performance in terms of meeting their demand.
- The service had shown its ability to respond to the additional needs of an NHS trust. The trust required the service to extend their operational hours by 2.5 hours per day during the winter period. Additional driver shifts were introduced by the service to manage this extra demand.
- At the time of the inspection, the service had an additional implied contract with another ambulance provider in a subcontracting capacity.

### Meeting people's individual needs

- The patient booking process meant patients' individual needs could be identified. The transport booking form had a designated section for the NHS trust to complete about the needs of the patient, for example, the patient required a wheelchair.

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- The ambulances were accessible to wheelchair users. The vehicles were fitted with an internal tail lift for use when assisting patients in wheelchairs on and off the ambulance, and some of the vehicles carried their own wheelchair.
- Vehicles were not designed to meet the needs of heavy patients. Patients requiring bariatric services were referred to alternative providers.
- At the time of the inspection, there were no formal systems to support patients whose first language was not English or patients with hearing impairments. If an interpreter was needed, staff utilised the hospital's translation service. However, this was not always possible. The managing director told us that the service was looking into methods for communicating with patients who spoke other languages or had hearing impairments, including implementing basic communication cards and accessing telephone interpreting services. This risk and the actions to control and resolve it were documented on the service's risk register. The risk had a completion date of 31 December 2017. Staff members working at the service were from diverse backgrounds. Therefore, they took on the role as a language translator, where possible.
- The service did not provide training to support staff to care for people with dementia or learning difficulties. However, we saw evidence that the service was in the process of procuring training from one of their commissioning NHS trusts. If staff were transporting a patient with dementia or learning difficulties, they would find out as much information as possible about the needs of the patient from staff at the contracting provider, the patient and their relatives. They would also request a carer or escort to accompany the patient.
- The managing director told us that should patients become violent or aggressive then staff were expected to withdraw from the job and request police assistance either directly or by calling the managing director.

## Access and flow

- Patients had access to timely care and treatment.
- Patient journeys were booked by the contracting NHS trust through an online booking form. The booking forms were then emailed directly to the patient transport service (PTS) driver using secure email addresses.
- The service did not have formal patient eligibility criteria because patient eligibility was predetermined by the

commissioning NHS trust. The driver also decided whether the patient was suitable for the service to transport once they received the booking form. If they were unsure, they contacted the managing director for guidance.

- Response times, journey times and turnaround times were recorded but not monitored by the service. This was because the service did not work under key performance indicators (KPIs) for any of their contracts.
- We spoke with four patients during our inspection who confirmed that drivers were never late to pick them up.
- Emergency transfers were not provided by St James Ambulance service.

## Learning from complaints and concerns

- The service had a complaints policy, which outlined the process for recording and investigating complaints. The complaints manager was the managing director of the service.
- The complaints policy stated that all complaints would be acknowledged either verbally or in writing. The complainant would then receive the full complaint response within 25 working days, unless a different timescale was agreed with the complainant.
- There was an option for patients to make a complaint through the patient feedback questionnaire on the service's 'app' via mobile phones. However, two of the patients we asked did not know how to raise a formal complaint. The managing director recognised that patients were often unaware of the complaint process, and was in the process of creating a service website and a patient experience email address to help improve awareness.
- The service had received no patient complaints from January to December 2017. Similarly, the service had not received any formal complaints from any of their commissioning NHS trusts. Regular attendance at the trusts' meetings enabled the managing director to resolve any issues directly and immediately with them.

## Are patient transport services well-led?

### Vision and strategy for this this core service

- The service's vision was identified in the quality assurance and governance policy and included 'promoting an open and no-blame culture, effective practice, life-long learning and the management of safe

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practices'. There was also a 'quality agenda', which identified what the service needed to do to achieve the vision. For example, audit patient satisfaction, undergo independent quality reviews and employ competent staff with required skills and knowledge to deliver high quality patient care.

- The managing director told us that he wanted to continue with the service they provided and grow it in a sustainable and measured way, only taking on contracts the service had the capabilities and resources to carry out effectively.
- Whilst the staff we spoke with were unable to fully articulate the vision and strategy of the service, it was evident they always worked within the ethos of it. Following our inspection feedback, the service's vision and strategy was included on the agenda for the January 2018 team meeting.

## Governance, risk management and quality measurement

- There were systems in place to assess and respond to risks in the service.
- The service held quarterly governance meetings with the managing director and company secretary. The meetings reviewed the service's audits, incidents and risk register. However, minutes from these meetings were not recorded. Therefore, there was limited evidence to support the effectiveness of these meetings in identifying risk and improving the service. Following our inspection, the managing director informed us that minutes from all future meetings would be formally documented.
- Audits and action plans were discussed at the governance meetings and shared with staff during their regular staff meetings.
- The service did not use key performance indicators (KPIs) to monitor performance. This was because the commissioning NHS trusts did not require the service to formally work under KPIs. However, the service used patient and commissioners' feedback, incidents, and complaints to ensure they were providing a good service and help identify any necessary improvements.
- When our inspection was announced in August 2017, the managing director introduced measures to ensure there was adequate oversight of the service's work, risks and quality. For example, he commissioned an

independent quality review of the service. The review identified areas of improvement for the service, including the development of a comprehensive risk register.

- We reviewed the service's risk register, which comprised of eight risks. Each risk had mitigating actions; for example, to address the potential infection prevention and control risk of the carpeted interior of one patient transport service (PTS) vehicle, there was a mitigating action to steam clean the interior monthly and undertake regular vehicle inspections. Each risk had an owner and target date for compliance specified, and risks were rated appropriately in accordance with their level of impact.
- The service did not have a process for checking when staff finished their shift safely or a lone working policy.

## Leadership/ culture within the service

- The service had a CQC registered manager in post who was responsible for the daily running of the service, provision of staff, equipment and booking all work. The manager was fully aware of the Care Quality Commission registration requirements.
- The registered manager was the managing director who provided cohesive daily leadership and had the right skills and abilities to run a sustainable service.
- The managing director understood the service's performance, limitations, and the challenges it faced, and these were all documented on the service's risk register. He was also aware of the actions needed to address those challenges.
- The managing director frequently met informally with the staff. The service also held regular team meetings. Staff spoke positively about the meetings because they provided them with oversight of the service's performance and changes. Along with updates on incidents, learning and organisational improvements.
- All staff had their manager's phone number and were told to contact him at any time during the day, if needed. Staff worked alone, so this meant they always had a point of contact if any issues or concerns were raised during the patients transfer or their working day.
- Staff told us that the managing director was approachable and visible. They told us they felt well supported.

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- The managing director of St James Ambulance service promoted a positive culture that supported and valued staff, and this was evident during our inspection.
- Staff consistently told us they felt proud to work for the service. For example, one member of staff said, “I love working here, I wished I joined sooner”. A patient also told us that they had “not seen such a dedicated team” and that “nothing is too much trouble for them”.
- Staff described a good working relationship with the hospital staff and would raise a concern if they felt the patient was too unwell to travel. At times, a healthcare professional escort would accompany them if a patient needed additional care and treatment.
- The first staff survey for the service was completed shortly before our inspection in December 2017. The survey asked staff to grade statements on a scale of ‘strongly agree’ to ‘strongly disagree’, this included statements such as ‘I look forward to going to work’ and ‘I always know what my work responsibilities are’. We reviewed the results of the survey, and saw that responses to all statements asked were positive. The managing director told us the staff survey would now be completed quarterly.
- The service requested patient feedback through a questionnaire on their newly implemented electronic application (app) via staff mobile phones. There were no other systems for public and patient engagement.

## **Public and staff engagement**

- The service routinely engaged with its staff and patients to assess the level of service it provided.
- There were regular staff meetings taking place. We reviewed the meeting minutes from the October and November 2017 staff meetings and saw there was good engagement and participation of staff. Staff told us the meetings provided them with an update on any service developments, changes to practice and shared learning.
- Communication within the team also took place via emails and face-to-face discussions. One staff member told us they were informed about an updated policy via email.

## **Innovation, improvement and sustainability**

- There was evidence of innovation within the service. This included the electronic app that enabled drivers to input data and information about their patient journeys through their mobile phone. The app also contained a patient feedback questionnaire. The PTS drivers asked the patients to complete the anonymous questionnaire at the end of their journeys.
- The senior management team took immediate and effective actions to address the concerns we raised during the inspection.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service provided bespoke patient transport services, which reflected patient needs. Staff frequently went beyond their role to ensure patients had comfortable journeys and were settled safely in their home before leaving them. For example, a staff member purchased a meal of choice for an elderly patient during a journey, when the driver found out the patient had no food at home for dinner.
- The service implemented a new electronic application (app) in November 2017. The app enabled drivers to input data and information about their patient journeys on their mobile phone. The app also contained a patient feedback questionnaire. The driver asked the patient to complete the anonymous questionnaire at the end of their journey.

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must improve their recruitment processes so that all new, employed staff have evidence of interview and two references in their staff personnel files.

### Action the hospital **SHOULD** take to improve

- The provider should ensure all staff have up to date disclosure and barring service (DBS) checks and that copies of their certificates are stored in their staff files.
- The provider should introduce a lone working policy and a process for checking when staff have finished their duty safely.
- The provider should provide training for staff on how to care for patients with dementia or learning difficulties.
- The provider should consider producing guidance for staff on what to do if a patient deteriorates during a journey.
- The provider should ensure that consumable clinical supplies stored on the ambulances are in date.
- The provider should carry out regular hand hygiene audits to monitor and improve infection prevention and control practices.
- The provider should secure oxygen cylinders in their vehicles so that patients and staff are protected from injury during journeys
- The provider should record minutes from their governance meetings to evidence the effectiveness of these meetings in the identification of risk and improvement to their service.
- The provider should monitor response times, journey times and turnaround times to enable the managing director to understand the service's performance, limitations, and the challenges it faced.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance, regulation 17 - (1) systems and processes must be established and operated effectively to ensure compliance with this part.</p> <p>(2) without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to-</p> <p>(a) assess, monitor and improve the quality and safety of the service provided in the carrying on the regulated activity (Including the quality of the experience of the service users in receiving those services) ;</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The service did not have evidence of recruitment interviews and two references for all employed staff to ensure all staff were of good character and suitable for their role.</p>