EMC Medical Services Limited

EMC Medical Services - Blewbury

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

EMC Medical Services-Blewbury is operated by EMC Medical Services Limited and was registered with the Care Quality Commission (CQC) on 15 May 2011. It is an independent ambulance service provider based in Blewbury, Oxfordshire. The service provides patient transport services (PTS), first aid, medical training, event medical cover, fire, and health and safety training. The provider is registered to provide the regulated activities: transport services, triage and medical advice provided remotely; treatment of disease, disorder and injury; and diagnostic and screening procedures. The patient transport service was staffed by ambulance care assistants and operates twenty-three hours a day, five days a week and on Saturdays 10am to 8pm.

We inspected the patient transport service using our comprehensive inspection methodology. We carried out an unannounced inspection on 6 November 2018 and a further announced visit on 16 November 2018.

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

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

The provider had made significant steps towards improvement since the inspection in 2016, to address the areas of poor practice identified in the CQC report (9 January 2017). A registered manager had been in post since 18 August 2017 and was introducing systems and improvements to governance.

Our rating of this ambulance service as **Good** overall.

We found the following areas of good practice:

- The staff had a clear ethos of putting the patient first and caring for them in a professional and compassionate manner.
- EMC Medical Services had a multidisciplinary approach and worked well with the acute NHS hospitals and the acute ambulance service.
- The staff were responsive and applied their knowledge, experience and common sense to find practical solutions to the day to day challenges they faced.
- The service provided mandatory training in key skills to all staff. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Ambulances and equipment were visibly clean. They consistently followed good infection control practice.
- The service had enough staff, with the right qualifications and skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service took account of patients' individual needs.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

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

- There was no clear audit program to monitor the quality and effectiveness of the service. We were unable to interrogate the risk register to gain assurance all identified risks were captured, mitigated and reviewed.
- Staff informed us while they saw and knew the registered manager, they did not often see the directors.
- Some staff did not have a form of personal identification such as a name badge.
- Not all staff were happy with the induction they had received and felt that it had been kept to a minimum.

Summary of findings

- While staff talked about being open and honest they did not all demonstrate an understanding of the term and requirement of duty of candour. Significant improvement had been made in duty of candour training in the last year, however there had been inconsistent delivery of the material.
- Although EMC Medical Services had a number of contingencies including spare devices and WIFI access in areas of poor signal. Staff were using their own phones as a back up to personal digital assistants (PDAs) as they were unaware of this contingency.
- The wall-mounted glove storage system on the new ambulances, was not secure and there was no evidence of any remedial action although staff had reported this as a safety concern.
- There was no system for the safe storage of waste on the vehicles.
- There was no system for the management of information with out of date paper copies of policies in the office and risk assessment on the internet.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had been breached, to help the service improve.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South), 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	Patient transport services (PTS) was the only service we inspected on this occasion and we rated the service as good. We have reported the detailed findings in the patient transport services (PTS) section.

EMC Medical Services - Blewbury

Detailed findings

Services we looked at
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Detailed findings

Contents

Background to EMC Medical Services - Blewbury

EMC Medical Services-Blewbury part of EMC Medical Services Limited was registered on 15 May 2011. It is an independent ambulance service in Oxfordshire. The service primarily serves the communities of Oxfordshire.

On the last inspection (September 2016) the service had not had a registered manager for over six months. At the time of this inspection, the registered manager had been in post for over a year and had been registered with the CQC since 18 August 2017.

Our inspection team

The team that inspected the service comprised of one CQC inspector and a specialist advisor who was a paramedic.The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Patient transport services (PTS)

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

Information about the service

Downside Farm, Blewbury is the main site for operations for EMC Medical Services. The site comprises of space for ambulance parking, a crew room and an administration office. EMC Medical Services-Blewbury, is an independent ambulance service which provides patient transport services, event medical services, first aid training and fire safety training. There is an ambulance standby area in Upper Heyford, linked to event work in North Oxfordshire, although this was due to be closed. We focused our inspection on EMC Medical Services (Blewbury) site. We inspected the patient transport services.

EMC Medical Services-Blewbury, was contracted by a local NHS trust to undertake patient transfers and the service also undertook some work for the local NHS ambulance trust, through a verbal agreement. Some private transfers were booked directly by the Clinical Commissioning Group or nursing homes. EMC Medical Services (PTS) services based at Blewbury, operates up to 11 vehicles between the hours of 7am and 6am Monday to Friday and 10am to 8pm on Saturdays. There were nine ambulances in operation for patient transport services (PTS), in addition there were two (VOR) vehicle off road ambulances being repaired. A service was provided to adults and children from birth.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder and injury.
- Diagnostic and screening procedures.

On inspection we spoke with eight ambulance care assistants; the office administrator; one team leader, the registered manager and one of the directors. We spoke with two patients and one relative. During our inspection, we reviewed five sets of patient records. We looked at the local policies, staff files and servicing records. We spot checked the five available vehicles, one of which we were talked through the daily check.

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 was inspected in September 2016. At this time improvements were required to ensure they was a system to monitor the quality of the service and to ensure risk were identified and mitigated. The provider also needed to ensure there was a registered manager in post, and to ensure staff received training in the principles of the duty of candour. There had been significant improvements since the registered manager had been in post however there were still areas that needed further work.

Activity (April 2017 to March 2018)

- There were 15,971 patient transport journeys undertaken.
- EMC employed a core crew of 23 ambulance care assistants (ACAs), with an additional 15 bank ACAs and two self-employed crew members.

Track record on safety

- No ‘Never Events’
- No serious injuries
- No deaths

Patient transport services (PTS)

- Seven ‘complaints’ were reported, although these were incidents.

Summary of findings

We found the following areas of good practice:

- The staff had a clear ethos of putting the patient first and caring for them in a professional and compassionate manner.
- EMC Medical Services had a multidisciplinary approach and worked well with the acute NHS hospitals and the acute ambulance service.
- The staff were responsive and applied their knowledge, experience and common sense to find practical solutions to the day to day challenges they faced.
- The service provided mandatory training in key skills to all staff and there was a system in place to ensure all staff completed it.
- Staff understood how to protect patients from avoidable harm and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept ambulances and equipment visibly clean. They had a system for deep cleaning and used control measures to prevent the spread of infection.
- The service had suitable premises and equipment. There were systems to ensure they were maintained.
- The service had enough staff, with the right qualifications and skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff recognised incidents and gave us examples of when they reported them appropriately.
- The service made sure staff were competent for their roles.
- The service provided care and treatment based on national guidance and evidence.
- Staff gave the patients drinks and ensured they had food, to meet their needs during and after transfer.
- Staff of different kinds worked together as a team to benefit patients.
- The service took account of patients’ individual needs.
- The service provided care and treatment based on national guidance and evidence.

Patient transport services (PTS)

- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

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

- There was no clear audit program to monitor the quality and effectiveness of the service. We were unable to interrogate the risk register to gain assurance all identified risks were captured, mitigated and reviewed.
- Staff informed us while they saw and new the registered manager they did not often see the directors.
- Staff did not have a form of personal identification such as a name badge. Not all staff were happy with the induction they had received.
- While staff talked about being open and honest they did not all demonstrate an understanding of the term and requirement of duty of candour.
- Although EMC Medical Services had a number of contingencies including spare devices and WIFI access in areas of poor signal. Staff were using their own phones as a back up to personal digital assistants (PDAs) as they were unaware of this contingency.
- The wall-mounted glove storage system on the new ambulances, was not secure and there was no evidence of any remedial action although staff had reported this as a safety concern.
- There was no system for the safe storage of waste on the vehicles.
- There was not a robust system for the management of information with out of date paper copies of policies in the office and risk assessment on the internet.

Are patient transport services safe?

Good

We rated safe as **good**.

Mandatory training

The service provided mandatory training in key skills to all staff and were developing a centralised system to monitor and provide evidence of who had completed it.

- We saw a partially completed spreadsheet the staff records for training that were in the process of being transferred to a centralised system. We were told by the registered manager and staff themselves, they were 100% compliant with their mandatory training and we checked with staff on inspection to confirm this.
- We were told there were two tablet devices for staff to use in the ambulances, to complete their e-learning in between patient transfers to utilise spare waiting time productively.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- Staff occasionally transported children between hospitals in Oxford. The registered manager, director and team leads had training at level three for child protection and adult safeguarding training and the ACAs were trained to level two. They knew how to recognise and report abuse.
- The safeguarding referrals took slightly different routes depending on which service the issue occurred in (either the acute NHS hospitals work or the NHS ambulance service). The registered manager took overall responsibility as safeguarding lead to ensure the forms went through the correct pathway.
- There were clearly defined and embedded systems and processes to keep people safe and safeguarded from avoidable harm, using local safeguarding procedures whenever necessary.
- All staff told us that safeguarding concerns were raised using a safeguarding referral form which were available both electronically and as paper forms on all vehicles.

The forms were screened by the registered manager and then submitted to the relevant bodies (social services or the NHS ambulance service (if the referral was a subcontracted journey). The registered manager knew that if there were any safeguarding concerns they should notify the CQC.

- EMC Medical Services were in the process of introducing a new safeguarding referral form which would be more easily accessible to crews. This would also provide a record of any investigative action and onwards referral. However, some staff were unaware who the safeguarding lead was although they correctly guessed it was the registered manager. 'The Safeguarding and Mental Capacity Policy' (EMC 2015), directed staff to inform the duty officer.
- We observed that four out of eight staff did not wear name badges or carry any form of identification (ID), although they wore distinctive EMC uniforms. We were told that this was due to a missing electrical lead for the ID machine but when the lead was located and attached it was found to be faulty and sent off for repair. By not wearing name badges EMC Medical Services were not adhering to their own policy.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.**
- Ambulances and equipment were visibly clean. They used control measures to prevent the spread of infection.
- We observed staff using hand sanitiser gel in-between patients and before entering the acute hospital. The staff sanitised equipment with antibacterial wipes immediately after patient use.
- The five patient transport vehicles we inspected were all visibly clean. The vehicles were cleaned more frequently if needed and deep cleaned every three months.
- We observed step by step how staff checked the cleanliness and safety of the vehicle and entered the data on the handheld Personal Digital Assistant (PDA). Vehicle daily inspection (VDI) checks were carried out daily by the crew members before the vehicle left the base and recorded on a VDI check-sheet.
- Staff took a photograph of the floor of the ambulance with the PDA to provide assurance that the tracking had been cleaned.
- A colour-coded mops system was in use to reduce the risk of cross contamination and a new ambulance wash-down area had been installed.
- The staff had an informal arrangement to replace linen at the acute NHS hospital sites replacing used for clean sheets, they used sheets to cover the stretcher.
- Every vehicle was regularly audited for standards of cleanliness and we saw from audits there had been a marked improvement since the last inspection report, published 15 January 2017. Each vehicle had a pack of sporicidal wipes (to clean if there was any suspicion of clostridium difficile) as well as antimicrobial wipes used to clean the vehicle and equipment after each patient. The managers planned to take a 'random (microbial) swab' on the vehicles and audit the result to provide further assurance of the level of cleaning.
- All the staff wore uniforms provided by EMC Medical Services. EMC Medical Services supplied each member of the crew with two sets of uniform and it was the crew member's responsibility to wash them each day. The staff had personal protective equipment (PPE) on every ambulance and used gloves on one occasion when putting on a patient's socks. EMC crews had an arrangement to restock PPE at the acute NHS hospitals or at the ambulance base. We were told that if there was a spillage at work, spare uniforms were available.
- Staff had reported a tear in the fabric of one stretcher and although it was still in use, it was due to be taken off the vehicle and restored in the next batch of repairs.

Environment and equipment

- **The service had suitable equipment and had processes and systems to looked after it.**
- There was a clear system for removing equipment from use. We observed equipment clearly labelled with red tags as 'out of use' awaiting the subcontractor to service and repair.
- The out of use equipment was stored in the crew room. We observed this made it difficult to access top up supplies from the cupboards obstructed by this equipment. The crew room was being moved to a portacabin (that had recently been delivered to the premises) to provide more storage space.
- All servicing of trolleys, wheelchairs and other equipment was contracted to an external specialist equipment company. We were told by staff equipment awaiting repair or service was stored until a sufficient amount had accumulated to justify the call out fee. One stretcher was awaiting re-upholstering in the next batch of servicing. The equipment had gone to be repaired by the second visit on 16 November 2018.

Patient transport services (PTS)

- We inspected five patient transport ambulances and they were found to be clean and tidy and well stocked. In each ambulance there was a 'red box' containing a vehicle defect report form; multilingual phrase book; incident report form and other key documents.
- Staff had access to the risk assessment on the intranet for each piece of equipment they used. Where necessary there was also a manual handling procedure to assist in the safe moving or handling of patients. These risk assessments and procedures were available for the carry chair; orthopaedic scoop stretcher; stretcher; wheelchair; slide sheets; patient assisted transfer (PAT) slide and wheelchair restraint system. We found the website had the previous version of the risk assessments (10 February 2015) and the management team were made aware and were going to ensure the website was updated. If a patient required a hoist the staff did not have a portable hoist and were not trained to operate one so would not be able to take the patient.
- A paediatric five-point harness system was kept at the acute NHS trust for the transfer of a child. Three restrain straps easily attached to any cot.
- There were no bins for the disposal of waste on the vehicles. Staff put waste (acquired in the journey), in a loose bag inside the back of the vehicle or wrapped inside a glove when it was discarded and then disposed of in a black bag at the NHS hospital. If there was clinical waste or infected waste they would be disposed of in the appropriate colour coded waste bins (yellow bins were on site at EMC).
- There were three secure clinical (yellow) waste bins on site. While these were locked we also found they were full. When this was pointed out to a staff member they said they would contact the subcontractor immediately to empty the bins.
- EMC Medical Services used a software package that provided the manager with alerts prior to the MOT and road fund licence being due. We were told that all vehicles were safety checked every six to eight weeks, by a motor repair service. We checked the service records, MOT certificates and insurance documents of all the vehicles and they were in order.
- Two vehicles had glove-holders that had a design fault and were not fixed securely to the wall of the vehicle. On both journeys the inspector accompanied, the holders fell off the wall once hitting the inspector and on another journey, landed with a crash behind the seats. This had been reported by crew members and they said that no action had been taken.
- The operational administration team answered the phone calls with the handset cradled under the chin whilst multi-tasking on the computer without the comfort and convenience of a headset.
- Keys for the ambulances were securely stored in a key coded safe and this was in a locked room. There was a burglar alarm for the building and an alarm and CCTV for the yard where the ambulances were parked.
- Crew members told us they used their own phones in situations when they could not get a signal on the Personal Data Assistants (PDAs) and sometimes used their phones to access the online training. An alternative system to the PDA such as a phone was not provided by EMC Medical Services. The provider told us there was a number of contingencies to include spare devices and WIFI access in areas of poor signal.
- Each EMC staff member had a designated web phone extension number and incoming and outgoing messages were recorded and monitored.
- The office based staff knew where the crews were at any point during the day as the times of pick up were entered on the PDA.
- The environment in the offices was cramped. There was a lack of storage space for faulty trolleys and wheelchairs awaiting service and repair and this obstructed access to storage and the crew area.
- The service was in the process of expanding their premises as they had outgrown the current facility. They had a replacement programme for their fleet of ambulances and they had systems and contracts to service the vehicles and to repair equipment.
- EMC Medical Services had two rooms in their main building, a crew and training room and an office. There was limited parking on site for ambulances and staff cars.
- The staff were in the process of redecorating their office while it was still in day-to-day use, therefore on the day of inspection the administration office was temporarily cluttered and untidy.

Assessing and responding to patient risk

Patient transport services (PTS)

- **Staff performed dynamic risk assessments or used the risk assessment of the provider for the patients they transported.** Dynamic risk assessment is a continuous process of identifying hazards, assessing risk and taking action if needed, to reduce or eliminate risk.
- Patients with restricted mobility to and from a hospital or nursing or care home would have had their individual handling assessments undertaken by the hospital or home rather than by EMC Medical Services. EMC staff liaised with the healthcare professionals for a handover specifically about their ability to transfer and any risks or symptoms they needed to be aware of.
- The crews aimed to be responsive in bad weather and each employee was given a defrosting kit by EMC Medical Services and if weather was severe then there were additional four-wheeled-drive vehicles available.
- The acute NHS hospitals, NHS ambulance trusts and patients themselves provided the crews with patient information such as 'do not attempt cardio-pulmonary resuscitation' (DNACPR) and special notes and instructions. We saw staff asking for this information when collecting patients from home and hospital.

Staffing

- **The service had enough ambulance care assistants, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment**.
- The staff at the ambulance base consisted of a compliance and quality manager (also the CQC registered manager), one NEPTS (Non-Emergency Patient Transport Service) lead and an administration manager. Ambulance care assistants (ACAs) and their team leaders staffed PTS vehicles. Each patient transfer took one patient (and their relative) per journey, with two ACAs. One ACA would drive the vehicle and one ACA travelled in the back, with the patient.
- EMC Medical services used a shift management software package and crew members could access their rotas and request shifts from an application on their phone. We were told there was always a minimum of two crew on a two-person shift, except for a specific one-person crew for an NHS ambulance service contract.
- We were told, when there was a single crew they would be in constant contact with control for safety purposes of lone-working.
- There was always a senior member of the team on call twenty-four hours a day, contactable by phone for the support of the crews on shift.
- There was local demand for the level of activity to increase each month; however, based on safe staffing levels, the managers decided that EMC Medical Services could not provide this service and turned down the work.
- The crew members generally worked three days on and three days off between the hours of 7am to 6am Monday to Friday. The shifts were twelve hours with staggered start times. Staff took their breaks and liked their working pattern and some staff chose to work more than 36 hours per week.
- EMC Medical Services were finding difficulty in recruiting Ambulance Care Assistants in rural Oxfordshire. We were told this was because of the cost of housing and the need to own a car and the insurance requirement to be over twenty-five to drive a PTS vehicle. The management team were attempting to mitigate this risk by advertising in supermarkets and on social media.
- EMC Medical Services used bank staff. Bank staff who regularly had shifts with the provider were given EMC mandatory training. Any agency staff that were used, were asked copies of their mandatory training certificates from other organisations. In addition, agency staff had to complete an EMC driving assessment for insurance purposes and a Disclosure and Barring Service check.

Records

Staff kept records of patients' care and treatment.

- We saw seven records available in paper form and one the personal digital assistant (PDA). Records were clear, up-to-date and easily available to all staff.
- Patient Transport Service drivers received work sheets at the start of the shift, these included: collection times; addresses and patient specific information such as travelling with an escort, if they had mobility issues or an infection. This information was also available on the PDAs and these sheets were a paper back up. Staff recorded on the back of these sheets or on the PDA. These records were kept in the locked cab or in the locked crew room, in folders.

- Paper records were scanned into the electronic record. Once scanned the paper records were stored in secure containers and shredded on site every month by a document destruction service.

Medicines

The service followed best practice when giving, recording and storing oxygen.

- Oxygen was the only medicine carried on the patient transport service ambulances. Oxygen cylinders were store securely in the ambulance.
- Medical gases were store appropriately. However, we noticed that a single cylinder was stored incorrectly. The team leader was with us and noted the error and said they would immediately rectify the situation.
- Patients or their accompanying carers were responsible for their own medicines administration whilst in transit.
- The ambulance care assistants worked with the nurses in the acute NHS trust to ensure the patients' medicines went home with them. Patient transport service staff would ensure medicines provided by the hospital for patients to take home would be stored securely in a tagged red bag on the ambulance.
- Staff were given training in the administration of oxygen and there was a system of written instruction from the hospital staff if the patient needed to have oxygen.

Incidents

Staff recognised incidents and gave us examples of when they reported them appropriately although information did not appear to be captured centrally.

- We saw a record of seven incidents between 7 January 2017 and 29 March 2018, that the managers had investigated and closed. Lessons learned were shared with the whole team and the wider service through a variety of communication methods. We noted the number of incidents reported was low which may indicate they were not being captured and shared
- Staff told us that if things went wrong, they apologised and gave patients honest information and suitable support.
- There had been no never events or serious incidents reported by the organisation. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The seven incidents were a mixture of complaints and incidents but all were uncategorised into no harm, low harm, moderate harm, severe harm or death. The registered manager kept the log but did not differentiate between complaints and incidents. None of the complaints/incidents were upheld. The most serious example was of a patient who became violent during transportation when the ambulance care assistance phoned for advice and assistance was arranged at the receiving acute NHS trust. Two incidents mentioned not being able to get through to the acute ambulance service who had assigned the journey to EMC Medical Services.
- Incidents were reported electronically or by paper forms and staff were also encouraged to phone into the office as well so the incident could be dealt with by the registered manager, which also created a recorded account. The staff said they were confident about reporting accidents, incidents and near misses.
- We were given an example of an incident when a member of staff was accused of being rude by another provider. This was investigated and as all calls were recorded on a shared system with the other provider, it provided evidence that both parties were satisfied the EMC staff member had not been rude.

Are patient transport services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- All policies and procedures we reviewed online from the office, were up to date and staff could access clinical guidelines on their PDAs, smartphones or could phone back to base for advice from the duty manager (registered manager or team leader).
- The service provided policies based on best practice and legal guidance. Clinical and Operational Guidance Sheets (COGS) were available for staff to use to ensure crews provided patients with the most appropriate care.

Patient transport services (PTS)

- EMC Medical services policies and procedures were based on national guidance, for example EMC Safeguarding & Mental Capacity Policy (version 1), review date January 2019, had been developed to satisfy the requirements of No Secrets, Speaking up for Justice, Mental Health Act (1983), Mental Capacity Act (2005) and Article 5 (1), European Convention of Human Rights, Advance Decisions to refuse treatment'.
- We reviewed a sample of seven policies. The policies were clearly written with version number, author, referred to supporting documents and in date of their review dates. A few policies had the date for review 'as required'. The explanation for this was they related to national guidance and when national guidance changed, only then the policy changed.
- However, some paper policies in the office were out of date: No Smoking Policy HS2b (version1.0), for review 03032018; Health and Safety Policy HS3 (version 1.0), for review 03032018 and Driving Standards Policy DS1 (version 3.0), for review 28082018. The team assured us they would replace these with the up-to-date versions.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs.**
- Staff provided bottled water for the patients drink to meet their needs during transfer and checked they had food in the house for their immediate needs.
- The patient transport service ambulances told us how they carried extra supplies of bottled water during the heatwave for both the patients and crew.
- The crew told us they would always wait for a patient to finish a meal if they were midway through eating, as they recognised how important it was for patients to keep to their normal routine to eat and drink on time. At times the crews would ask the discharge lounge or ward for sandwiches that the patient could take with them on longer journeys.

Pain relief

- **Staff were confident in the process to follow if a patient was in pain.**
- Staff were not required to administer medication. If a patient was in pain they told us they would treat the patient with care and compassion and ensure that further medical advice had been sought from the referring healthcare professional.
- The crew members regularly asked the patient if they were comfortable before and during their journey, and made minor adjustments in positioning to ensure that they were. We were told, if the crew had any concerns about the level of pain a patient was in they would contact the duty manager and the duty manager would advise the crew to call 999 for further assessment and review.
- Staff were sensitive and aware of patients' pain. They gave an example of repositioning the harness strap to make a patient more comfortable with a fractured shoulder and other non-medical strategies they could use to make the patient more comfortable during transfer.

Response times

- **Managers monitored their response times and used the findings to improve the systems.**
- The 15,971 journeys made by patient transport services (April 2017-March 2018) were mainly journeys booked in advance. However, the NHS acute trust used their contract for same day transfers and discharges and five to six journeys per day were direct requests to EMC Medical Services for same day transport.
- We saw examples of crew worksheets which demonstrated the service monitored pick up times, arrival times and site departure times. The managers told us they did not receive any direct formal feedback from the two NHS trusts for whom they worked. However, the registered manager would sometimes join EMC crews at the acute NHS trust to ensure patient transport was working well.
- We saw evidence that the service had an internal system of triaging calls. Any calls which could not be answered went straight to voicemail and these calls were subsequently answered, texted and emailed to the relevant person or department. A different telephone extension was designated for different types of call to prioritise calls directly associated with patient transport.

Competent staff

- **The service made sure staff were competent for their roles.**
- Managers appraised staffs' work performance and held annual supervision meetings. Team leaders provided support to five to six ambulance care assistants and whenever possible observed them at work.

- Team leaders had been externally trained to deliver the manual handling training and were allocated the responsibility for health and safety, logistics and fleet maintenance. The crew leads had taken extra courses for their development as team leaders. The registered manager was a qualified assessor.
- EMC Medical Services provided all the staff with First Aid at Work (three-day course) and a Manual Handling (one-day practical course) before they could undertake any patient journeys. Some crew members had additional qualifications or were working towards an ambulance technician or paramedic qualification.
- Staff induction included at least one, third-person shift where they were supernumerary and observed the practice of a crew. New staff were given third-person crewing shifts, until they felt competent to be the second crew member. Some staff felt that the time spent on their induction was "minimal," although they told us they always "asked if they were not sure about anything." The staff in the acute hospital where the patients were collected from were mentioned as "a great source of information."
- We talked with staff who had recently joined the service and others who had been there for several years, and their experiences of induction were variable. Some staff members reported to us the induction was "good-although (they) had had a big learning curve" and others said that "doing was a lot better than watching."
- All staff members completed an educational software package within three months of joining the service. The educational software package included: oxygen awareness; infection control; safeguarding adults and children; health & safety; fire safety; introduction to risk assessments; manual handling practical and theory; mental capacity and first aid essentials.
- We were told that EMC Medical Services appraisal rate was 99.9%, with one crew member outstanding due to long term sickness. We were shown a partially populated spreadsheet of one to one conversations completed annually between September and November 2018. EMC Medical Services were in the process of transferring all their staff training and supervision records onto an electronic database.
- If the staff member was going to be driving the ambulances they would have a driving assessment with an in-house trainer, this applied to most staff. Newly appointed staff had to be in possession of a current, full United Kingdom driving licence. Driving assessments were carried out by a nominated, approved member of EMC staff at: interview/selection process; during an annual driving assessment; following a driving incident and when they became sixty-five.
- The current insurance policy covered drivers aged twenty-five and over. We were informed that it was possible for under twenty-five-year olds to be insured after the completion of an 'Additional Drivers Form' supplied by the Insurance Company for additional cost. Employees Driving Licences were checked prior to employment and annually. We saw scanned copies of driving licences stored in the electronic personnel records of staff.
- Some staff were dissatisfied with their driving assessment that "only lasted fifteen minutes" and said they had raised this as they had felt it was a big change to drive a patient transfer ambulance, rather than a private car. This was fed back to the manager who was going to look in to this. Other staff contradicted this as they said they had done half a day of driving assessment and had also taken a turn at role play (being a patient on a stretcher and experiencing a ride with their eyes closed). We saw a random selection of five online scanned documents that showed completed driving assessments.
- Several staff fed back how much they had "enjoyed" the annual refresher training on: oxygen; masks; CPR; use of carry chairs and wheelchairs and manual handling principles, they found it very useful.
- Some staff told us that EMC Medical Services did not prioritise staff development. Some members understood that there had been a promise on employment, to do the first person on the scene training that had not been delivered.

Multi-disciplinary working

The crews at EMC Medical Services worked together as a team to benefit patients.

- We saw crews interacting in a positive way with doctors, nurses and other healthcare professionals in the acute

NHS hospital and they supported each other to provide the best possible care. Examples we saw on inspection were working with nurses to ensure the patient's medicines went home with them.
- We heard EMC Medical services' staff reassure the NHS hospital staff they would wait for the patient, whether they needed to finish lunch or go to the toilet, demonstrating how they worked together to ensure the best patient experience.

Health promotion

- We observed staff taking every opportunity to engage in constructive conversations about health promotion. We observed an example of an ambulance care assistant in a patient's home prompting them to use their walking aid to prevent falls.

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.** Staff followed EMC Medical Services' policy and procedures when the patient could not give consent.
- We observed staff asking for the patient's consent and clearly explaining who they were and what they were doing, and gaining verbal consent before they attempt to move them.
- Staff we spoke with informed us that they could not transfer a patient without their consent and they would never force a patient into an ambulance but would take time to explain to the patient why they needed to go to hospital. All staff had training on mental capacity as an online module during their induction period and updated annually.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Most staff were very experienced and gave examples of supporting anxious patients and those with mild dementia. All staff completed a module on mental health, dementia and learning disability on the electronic learning system. However, staff told us how they had learned mainly by experience, how to talk to patients with dementia.

Are patient transport services caring?

Good

We rated caring as **good**.

Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- We read five comment cards filled in by service users, described the patient transport services (PTS) crews as 'helpful, kind and courteous,' 'showed such compassion' and 'were exceptional in helping my Dad.'
- We observed staff treating the patients with kindness, compassion and patience. Some staff said they had a real passion for doing a good job otherwise they would not be doing this work.
- We observed staff making sure the patient's dignity was maintained during the transport in and to the vehicle by making sure the patient was adequately dressed and suggested that they wore gloves and socks as the weather was no longer warm.
- The staff asked relatives or hospital staff about any specific needs of the patient being transported before departure. They called the patient by their preferred name and treated patients with patience, respect and kindness.
- The staff showed a genuine interest in the patients they were transporting and engaged them in appropriate conversation depending on how able or how much the patient wanted to chat.
- Some staff told us about the role play they had undertaken, to experience a journey from the patient's perspective and to adjust their driving habits to be more empathetic. The staff said the experience had highlighted the need to make the patient journey as smooth as possible on bends and when braking.
- We observed the staff check patients were comfortable and warm several times during the journeys. The staff told us they would often make the patient a cup of tea on drop off, if they lived alone and would ensure they had food in the house.
- One staff member told us they treated the patient "as though they were my Dad." The staff told us about patients they had become close to and of the positive feedback they received from those patients. I was told

by several staff that some patients would request EMC Medical Services over other patient transport service providers as they appreciated the care with which staff took in transporting them.
- One relative told us they were confident leaving their loved one in the care of the crew and would follow along to the acute hospital in their own time.
- We heard staff at the base deal with all enquiries with in a friendly manner. They did their best to be flexible and provide the transport being requested within the requested timeframe. If they were unable to provide patient transport they would signpost the enquirer onwards to another service.
- Feedback from staff in the transfer lounge in the acute NHS Trust confirmed that 'attitude (towards patients) and professional conduct' met all expectations. A member of NHS hospital staff told us "EMC staff were lovely…they talked to the patient and told them what was going on" and if they were going to arrive late they would let them know.
- Several staff said they liked working for EMC Medical services it was a friendly service and their colleagues were "amazing" and they were always encouraged by the managers to always wait for the patients and "to give them time."

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff understood that ambulances were normally associated with unhappiness and understood that they needed to give patients emotional support and make the patient journeys as positive as possible.
- Staff had a good understanding of how a patient may be nervous, frightened or distressed going into a patient transport service ambulance and how the inside of the vehicle could appear disorientating at night. The staff explained how they would talk to the patient to calm them down and explain to them what they were doing.
- Although the staff we spoke with, had not transported a patient who had died during transit, they described how they supported people who were being transported from the NHS hospital to the hospice. The staff said that they would always ensure the syringe-driver was in a locked box before transporting the patient. Staff knew what to do if a patient were to die on the Patient Transport Service (PTS) ambulance and would return to the acute NHS trust.
- Written feedback from the acute NHS Trust confirmed the crews dealt with the patients with 'compassion, care, dignity and professional behaviour on every occasion.'

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- The operational administrator who accepted the transport booking took all the details the EMC crews needed to ensure they understood as much as possible about the patient before arriving to transfer them.
- The staff involved all the relatives and patients in their conversation about the journey details and timings. They took patient's advice on how they best liked to be moved and encouraged as much independence as possible and gave clear easily understandable instructions when help was needed.

Are patient transport services responsive to people's needs?

Good

We rated responsive as **good.**

Service delivery to meet the needs of local people

- **The service planned and provided patient transport in a way that met the needs of local people.**
- The service planned and provided services in partnership with the local NHS acute trust and the acute ambulance service through formal and informal contractual arrangements. EMC Medical Services also took direct bookings from Clinical Commissioning Groups, individuals or care homes.
- They had a been a recognition there was demand for an increased service however this would not be offered until staffing recruitment challenges had been overcome.
- The local NHS ambulance trust sometimes asked EMC Medical Services for an additional two to three crews on the same day and EMC have responded to this unplanned request.

Meeting people's individual needs

Patient transport services (PTS)

- **The service took account of each patient's individual needs.**
- The staff received monthly updates to help raise awareness of specific risks and individual needs such as dehydration during the heatwave (Summer 2018) and mental health issues.
- The staff understood that patients with dementia could easily become frightened and needed to be handled sensitively and given time to respond. The team leader provided education with goggles and weights to simulate the experience of people with dementia, however uptake of this training had been low.
- The staff we spoke with said that they had no personal experience of patients being aggressive towards them. The crews were aware that every patient had a need for clear information on what was happening and should be given enough time to get on and off the ambulance as independently as possible.
- Staff had completed online training modules 'Personal Safety,' 'Mental Health, Dementia and Learning Disabilities' and 'An introduction to risk assessment.' These modules were designed to support staff to respond to individual needs.
- We were told by the EMC crews that they could use a translation service but they had never had the necessity to do so.
- EMC services had a trolley designated and designed for bariatric patients. This trolley was kept at the acute NHS hospital and collected when needed and returned clean as there was limited space at the Blewbury site, for storage.
- The internal design of the new ambulances was commissioned with patient and staff feedback in mind. All ambulances were being replaced on a rolling plan. The design modifications included the position of the windows; space for the patient's own wheelchair and to give the patient the choice of sitting or lying down.
- The EMC ambulance care assistants (ACAs) were trained to use carry chairs. Using carry chairs allowed them to take a patient upstairs to their bedroom if they wished and allowed for greater flexibility in transferring a patient to hospital. For heavier patients a specialised carry chair was on tracking in the ambulance.
- The staff were also mindful of driving some routes over others, and would chose slightly longer routes to avoid speedbumps or potholes if they knew there was a possibility the patient was experiencing pain.

Access and flow

- **People could access the service when they needed it.**
- The managers were aware of the need for increased provision of ambulances and crews to cover 'winter pressures.' The EMC management team were in the process of negotiating an extension of their contract with the acute NHS trust, to allow for additional flexibility. The term 'winter pressures' relates to the high occupancy level of hospital beds over the winter months. However, the ability to increase provision was limited by staffing and the difficulty in recruiting suitable ambulance care assistants locally.
- EMC Medical Services had a contract for resilience overflow calls with the current call management service. In the case when the acute NHS ambulance service was deployed on an incident response, EMC Medical services would answer the overflow calls within thirty seconds.
- When the local acute NHS trust had to urgently close beds, EMC Medical services had organised their crews to transport move than sixty-five patients that afternoon.
- The acute NHS trust contracted EMC Medical Service to sit in the ambulance, on the main hospital site. In this way the EMC staff could be reactive and transport patients as soon as they were ready for discharge, to enable rapid transfer.
- We were told by to EMC Medical Services that they also supported the local NHS ambulance trust when they were unable to meet demand.

Learning from complaints and concerns.

- **The service encouraged reporting of concerns and complaints and would investigate any that required further action. However, the central recording of complaints and incidents was combined and therefore it was not clear what lessons had been learned or changes to practice had been implemented.**
- We were told some patients could be unhappy and sometimes verbally abusive to staff. This could happen in situations where they had been given the incorrect information about the arrival times of EMC crews or if EMC crews had been given the incorrect address for a patient by the booking organisation. However, we were not made aware of any formal complaints.

Patient transport services (PTS)

- We saw five feedback cards with positive comments. We were told that there was little feedback from response cards as the patients were often frail and elderly did not want to fill them out. We were told by the office based staff that EMC Medical Services often received positive feedback and thanks via telephone or email. We spoke to two patients and a relative who were very happy with the service and saw some excellent comments from service users and their relatives who said the same.
- There were no formal complaints in the last year. Staff told us "if a mistake is made, we admit the mistake, apologise and learn from it." Any complaints or concerns were discussed by the management team at the monthly governance meetings. The registered manager told us they always fed back to complainants and a written investigation log would be completed by the registered manager. If a complainant was not happy with the outcome, it was escalated to the directors or alternatively the complainants were provided with details of who to escalate their complaint to.

Are patient transport services well-led?

Requires improvement

We rated well led as **requires improvement.**

Leadership of service

- **Managers had the right skills and abilities and were developing as a team. However, they needed more dedicated time to engage and develop the crews and to develop quality assurance and governance processes.**
- The management structure of EMC Medical Services was headed up by two directors (one clinical director and one operations director), a compliance and quality manager (also the CQC registered manager), project manager, operations manager for events and emergency planning. There were four NEPTS (Non-Emergency Patient Transport Service) leads and an administration manager. The business change manager post was vacant.
- The leaders understood the challenges to quality and sustainability in the local area due to the service being the only patient transport service in a geographical area where there was massive care home expansion. The leaders had plans to develop the service to provide patient transport services to a wider geographical area and the opportunity to specialise, however the ACAs were unaware of the strategy for the service.
- Some staff told us the service was not always well managed by the senior managers and they thought this was due to a different duty manager on rota which meant some issues were not one person's responsibility and therefore were not sorted out.
- All ACAs we spoke with, told us they had good relationships with their team leaders.
- Staff told us the directors were not a physical presence within the service although we were informed that one director visited the site four times per week but would not necessarily see the crews as they were off site. The crews without exception, felt that they would like to see more physical presence from the directors although they felt they had good support from the registered manager. Although they did not see much of the directors (except on training), some team leaders thought they had a "good grasp of the issues." Staff told us that one of the directors had plans to hold coffee mornings to engage with the crews, in response to their feedback. They told us they were an "expanding company and needed more bonding."

Vision and strategy for this service

- **The managers of the service had developed a vision and strategy for what it wanted to achieve and develop, however this still needed to be embedded across the organisation.**
- The leaders had a vision of what they wanted to achieve and were in discussion with the NHS organisations who contracted work to them. They were aware of informal patient feedback in the conversations they had with patients and carers during patient transfers to and from hospitals. The service recognised unmet needs in the local population and wanted to develop their skill and expertise on transporting patients with mental health illness and recognised that this would require additional staff training.
- EMC Medical Services had a well-defined fleet and facilities strategy to address the need for increased parking, storage, cleaning and toilet facilities. The strategy for the infrastructure included: a review of the office information technology and the real-time tracking system; ensuring General Data Protection Regulation (GDPR) compliance and improving the company

website for remote online access to communications, policies and procedures. However, the ambulance care assistants in general did not seem aware of the plans or involved or in these improvements.

Culture within the service

- **We found a mixed culture within the service.**
- Managers across the service said they promoted a positive culture that supported and valued staff and they gave the example of the staff awards and social events they had put on for the crews. However, some staff felt differently and that morale was low as their views were sometimes ignored and that managers did not invest enough time in the permanent staff.
- At the inspection in September 2016 we found staff had not received training in the principles of the duty of candour. During this inspection we were told and saw evidence on the IT system that all staff had undertaken duty of candour training, but on inspection, two crews had not heard of the legislation. When this was fed back to the organisation they immediately investigated why this was, and duty of candour had been inadvertently left off the latest induction indicating that there was a lack of consistency in the subjects delivered on the induction programme.
- EMC Medical Services had developed a duty of candour quiz to ensure their staff had a good understanding. We looked at four random samples of a duty of candour quiz and answers included 'legal duty to be honest and open with patients and their families of something happens like an incident,' the example of an incident that this member of staff gave was 'if a patient were to fall off a stretcher' and then correctly listed the six actions listed under the duty of candour.
- Staff were aware of whistleblowing and told us they felt able to talk to managers regarding any concerns. However, some staff members told us they had raised issues that had not been addressed. The examples given by staff given (the lack of waste-bins on ambulances; more PAT slides; inadequate fixtures for the glove boxes inside the ambulances) were observed on our visit and we also given the example of a promise of training that had not been honoured.
- The directors had developed their social media page in the last few months to convey messages about the organisation and to communicate who people were within the structure with an organogram. Social events were planned but the uptake was not necessarily good and therefore most social events were organised at team level.
- Those who operationally managed the service were mindful of working time directives and did not expect crews to work over their hours. For those crew members who could not work over their shift time then they were given the option to refuse a job.
- The registered manager told us that they as leaders had good relationships with the crews and as a management team they had attended events. The leaders had arranged a barbecue and were arranging two Christmas celebrations for the staff, mindful that only half the staff could attend at any one time.
- The registered manager described the company from their perspective as "a little family" whereas some ambulance care assistants disagreed and felt that morale was low.
- The company offered their employees independent debt management advice and legal advice if they needed it. If an employee was in difficult financial circumstances then the company offered some flexible options on a personal basis.
- An employee assistance programme was also in place for counselling where six face-to-face counselling sessions could be arranged. Staff had accessed the programme and found it beneficial.
- Team leaders said they "liked to give praise where praise was due." The management team had a scheme in which they nominated an employee of the month who received a certificate and a voucher.

Governance

- **At the last inspection in September 2016 we found there was a lack of governance processes. During this inspection we found the service were trying to establish a monthly clinical governance meeting for the management team**. However, the team had found it difficult to meet over the summer months and there was a gap of four months between the meetings. A review of three sets of minutes demonstrated there was no standardised agenda, with different items discussed at each meeting.
- There were a lack of audits and other processes to monitor the quality of the service. There was no clear audit program. A limited number of audits were

undertaken to monitor the standard of cleanliness on the vehicles and hand hygiene. It was not clear how other aspects of quality and effectiveness of the service were monitored.

- The staff told us the team tried "to keep improving, keep reviewing and constantly change" to increase the quality of their service. If there was something wrong that they could not fix they escalated the problem to the registered manager or one of the two directors.
- One of the team leaders had presented a case for a patient assisted transfer (PAT) slide on each vehicle, at the clinical governance meeting; however, this was not going to be considered to the next meeting in December. The perception from management level was they were not often used. However, the crew members felt there should be one PAT slide on each vehicle (there was a total of five for nine vehicles) as there was often a gap between the stretcher and the bed and although stable, it could be uncomfortable for the patient. The EMC crews "packed the void with a pillow or blanket" to make the patient more comfortable when they transferred.
- All relevant information was cascaded down through the operational team leaders using a variety of methods including: a newsletter; one to one conversations; the intranet; social media; crew observations and personal data assistants.
- There was a Core skill handbook available for all staff to access. This handbook included clinical operational group guidance. The EMC Medical Services' intranet was in the process of being updated so the guidance would be available on the intranet via the personal digital assistants (PDAs).
- Staff underwent employment checks including: Disclosure and Barring Service check; previous employer references, a formal interview, 'Right to Work' (any job applicant must be checked).
- We viewed employment records of five randomly selected members of staff on the database. All the records were complete apart from one page of a driving assessment had not been scanned in (an oversight).
- One of the directors assured us that systems were in place to ensure working time directives were adhered to and that staff were not working excessive hours that could adversely impact on the care and service provided.
- We were assured there were systems in place to manage staff poor performance. The registered manager gave us several examples of when lateness and poor performance had been managed.

Management of risk, issues and performance

- **Members of the leadership team could articulate risks. While we were told there was a risk register in place, the information we were provided with meant we were unable to assess the effectiveness of the register.**
- The management team understood risk and the risk register was referred to in comments and in the minutes of the 'Company Compliance and Governance Meeting' (April, June and Oct 2018). Following the inspection, the provider sent us a screen shot of part of their risk register, however we were unable tointerrogate the register to gain ensure the identified risk were captured with mitigation in place
- The management team and the staff told us that their greatest risk was staffing. However, they had various strategies to mitigate this risk: flexible working of existing staff; advertising on supermarket boards; social media and an online recruitment agency.
- The size of the company was also linked to this risk as they were reliant on being able to keep up with the requests of the larger organisations they had formal and informal agreements with.
- The contracts forming the basis of the patient transport services (PTS) work for EMC Medical Services were a potential risk to sustainability. EMC Medical Services had a formal agreement with the acute NHS trust and an informal contract with ambulance NHS trust.
- Another risk was a lack of drivers as the driving insurance age had increased to twenty-five from twenty-one and therefore excluding a group of potential employees. The risk was sometimes over-ridden by special arrangement with the insurance company on a named driver basis.
- EMC Medical Services participated in the winter plans of the NHS services they worked for and provided contingency when there was bad weather and met with the NHS trusts to discuss their role in this.

Information Management

- **The service collected, managed and used information well to support all its activities, using secure electronic systems with security safeguards**

- The service managers used a tablet for their communication and recording. The service had recently purchased personal digital assistants (PDAs). These devices were used to track patient journeys and recorded information as well as giving mobile crew access to policies and procedures. The PDAs were also used to provide evidence by photograph of a clean ambulance.
- The service manager said the services monitored any data breaches and had recorded none in the past year. The paper records when completed were handed into the office and locked until scanned in and shredded and if this was at the weekend they posted into a locked box.

Public and staff engagement

- **While the service engaged with patients, staff, the public and local organisations there was limited evidence to support action was taken following feedback from staff.**
- The service engaged well with partner organisations and had good relationships with the staff involved in discharge services at the acute hospital NHS trust.
- The service had developed links with different groups in the community and integrated these groups into an event calendar. This resulted on staff learning more about groups representing the local community and the service users learning more about the patient transport service.
- The team leaders and managers of the service said they found staff engagement a challenge. Although they had wanted to engage the staff and had invited them to drop in to share ideas and provided them with a question box, neither of these strategies had been successful. They said they were thinking of a team building exercise in the summer months to keep up morale and encourage participation.
- We looked at a draft EMC NEPTS Employee Survey 2017 (undertaken in January to February 2017). A total of twenty-two responses from both Core Crew (those employed on full time or part time contracts) and Bank Crew. There were forty crew members employed who were eligible to take part at this time.
- Main themes included dissatisfaction about pay; management; training and morale. Eighteen members of staff indicated and made suggestion about things they could improve, however only two out of seventeen ACAs felt the management had acted on their suggestions.
- Only two of the remaining fifteen had been given reasons that their suggestions had not been acted on. A statement within the survey stated 'we are pleased that crew aspire to be more keen to learn and earn more than the NEPTS (Non-Emergency Patient Transport Service) role requires. Once trained beyond this role people leave. Financial penalties for leaving aren't the best method of keeping crew.'
- This comment supported the feelings of staff that felt they had little incentive to stay and more training and development.
- The staff survey reflected that some staff felt they were managed ineffectively and were overworked and felt undervalued and disrespected. Half the staff surveyed felt they were underpaid for the job they were doing. There was an indication that 'rumours were rife' due to lack of communication by managers and some staff felt as though they were 'treated like children.'
- Positive suggestions from staff were captured in the survey. Improved training and completion of mandatory before starting on the job were suggested. There was a desire from some staff to be trained to a higher level; to help with training; to be given ring fenced time at the end of the shift to clean down the ambulance and suggestions for ways to counter low morale.
- We requested to see the action plan developed in response to this survey but one was not provided. Therefore, we had no evidence to indicate an action plan had been taken in response to the survey.

Innovation, improvement and sustainability

- The crews told us they continually made suggestions of how the service could improve however, these suggestions were sometimes not acted on by the managers. An example of this was the glove boxes that fall off the interior wall of the patient transport ambulance whilst in transit due to poor manufacturer's design. We observed this risk to patients when we saw the boxes fall off in two separate vehicles, in one afternoon. This risk was fed back to the Registered Manager who said immediate action would be taken.
- EMC Medical Services strategy for sustainability was a combination of waiting and seeing what work they would be commissioned for (from the acute NHS hospital), and being a step ahead in terms of preparing a fleet of brand new vehicles.

Patient transport services (PTS)

- The crews were not aware of the possible strategy and felt that the aim was that EMC Medical Services just employed staff to work and were not aware of wider plans.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Introduce a system to include audit to monitor the quality of the service provided and to ensure all risks are known, captured, mitigated and reviewed.

Action the hospital SHOULD take to improve

- A form of photo identification such as a name badge for all members of staff.
- Review staff satisfaction with the induction programme and driver training.
- Assurance of the delivery of all fundamentals of induction.
- The process for ensuring paper copies of policies and website information is up to date.
- Review the provision patient transfer slides in all vehicles.
- The safe storage of glove-boxes on vehicles.
- Review the mechanism for the safe storage of waste on the vehicle.
- The visibility of directors.
- Contract management.
- Review the communication of outstanding issues between managers on the duty manager rota.
- Promote staff professional development.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person must ensure there is a system to assess, monitor and improve the quality and safety of the service provided and assess monitor and mitigate any risks Regulation 17 1, 2 (a) (b)