

Thames Ambulance Service Limited

Thames Ambulance Service

Quality Report

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

Ratings

Overall rating for this
ambulance location

Inadequate



Patient transport services (PTS)

Inadequate



Summary of findings

Letter from the Chief Inspector of Hospitals

Thames Ambulance Service is operated by Thames Ambulance Service Limited. The service provides a patient transport service from 16 sites nationwide.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 23 October 2018.

We previously carried out an announced comprehensive inspection of the service on 22 November 2016 and an unannounced inspection on 8 December 2016, both were at the service's Canvey Island base, which was one of only two sites operated by the service at the time. We also carried out unannounced inspections of the service at two local hospitals and at the Milton Keynes base on 9 December 2016. At this inspection there were a number of safety and quality concerns identified. Following this inspection, the service voluntarily ceased their urgent and emergency work and became a solely patient transport service. During 2017 the provider expanded their patient transport significantly, taking on a number of patient transport contracts nationwide.

We carried out another comprehensive inspection of the service on 22 September and 9 October 2017 at the service's Canvey Island, Grimsby and Scunthorpe sites. Following this inspection, we issued a warning notice for breach of Regulation 17: Good governance. We followed this up in February and March 2018 and extended the compliance date due to extenuating circumstances, because there had been significant changes in the management and governance structures.

We had also issued requirement notices in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment; Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints; Regulation 18 HSCA (RA) Regulations 2014 Staffing.

The service was last inspected on 15 May 2018 where we carried out a focused inspection to follow up a warning notice we had issued to the provider in October 2017 under Regulation 17: Good governance.

In April 2018 we issued and published details of two fixed penalty notices for breaches of Care Quality Commission (Registration) Regulations 2009: Regulation 12 Statement of Purpose and Regulation 15: Notice of changes. These were paid in full by the service in May 2018.

Over 2018, Thames Ambulance Service Limited has been attending regular risk review meetings with CQC, NHS England and clinical commissioning groups, due to the level of concern. Given our level of concern at this service we contacted NHSE and they commenced risk review meetings to oversee the actions the provider was taking.

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 (MCA).

The main service provided by this service was non-emergency patient transport services (PTS).

- Some staff we spoke with during our inspection of the ambulance stations said they had not completed safeguarding or mandatory training and station managers told us they had no access to training data. At the time of our inspection, the provider was unable to tell us staff compliance rates with safeguarding or mandatory training.
- Some ambulance staff we spoke with during our inspection said they had no training on the MCA or meeting the needs of bariatric patients. Staff said they had not received handling and moving training and felt unsafe transferring bariatric (morbidly obese) patients. However, we could not corroborate this

Summary of findings

- All staff files were held centrally at the Lincoln head office. However, at the Grimsby ambulance station, managers told us they had no access to staff contact information and didn't know how to contact staff if they needed them to cover shifts or inform them of any changes.
- We found infection control issues at the ambulance stations we visited, this included staff not having access to running water at the Spalding location and staff were unable to clean vehicles, and records of deep cleaning were unavailable. At the time of our inspection, the Grimsby ambulance station had ongoing issues with cleanliness and bird control. Following our inspection, the provider took action to install pest control equipment to eliminate this. We found visibly unclean vehicles at the Spalding and Lincoln ambulance stations.
- Some ambulance staff and managers we spoke with during our inspection did not understand risk at the stations we visited, we found out of date policies in use and some of the ambulance staff had no personal digital assistants (PDA) to support their day to day activities limiting their access to information. This was particularly evident at Grimsby, where nine PDA were out of use.
- Ambulance staff we spoke with during our inspection told us they had no access to equipment for transporting children, despite the provider offering this service and we found limited equipment for this purpose during our inspection.
- Medical gasses at Spalding site were not being stored safely, there were environmental issues with the base being on a second level and staff access to equipment provided.
- Some ambulance staff told us they had not received appraisals or supervision, and data supplied by the provider showed appraisal rates below the providers compliance target.
- Generally, ambulance staff we spoke with during our inspection told us of their concerns regarding the safe transport of patients with mental health needs or dementia and questioned how the provider was assessing patient needs and if staff were competent to transfer these patients.
- Some ambulance staff told us they did not receive feedback from complaints or incidents, unless they were directly involved. Information sharing was not routine and we found staff lacking in information about the new organisational structure and proposals for the business going forward.
- Some managers and ambulance staff were not using key performance data at ambulance station level, generally staff we spoke with were unaware of how this was used or how it impacted on the business or quality of the service.
- The provider monitored call centre handling times and at the time of our inspection we saw compliance against call handling targets was not being achieved. Some ambulance staff we spoke with questioned how work was allocated to the ambulance teams as they often felt patients were not assessed correctly.
- Generally, staff we spoke with at the ambulance stations didn't know the providers vision or strategy, staff did say they wanted to provide good care, but they were not aware of the providers vision or strategy.
- We found limited records of team meetings at the stations we visited, staff told us they have had very few meetings, if any, in the last six to 12 months.
- Leadership was not embedded throughout the service, staff described a culture of significant change, consistent changes in management and a lack of senior management presence throughout the organisation.
- Some ambulance staff we spoke with told us that relationships with the transport booking and call handling teams was fractious and there were difficult relationships between front line and office staff. Ambulance staff said that workloads often led to them not getting breaks or correct information about patients.

Summary of findings

- Generally, staff told us that staff morale was low at the ambulance stations we visited. Staff said they had no contact with the senior team and that managerial posts had changed so much they were unsure who was in managerial roles.

However, we also found:

- The provider had recruited a fleet manager, we noted an improvement from our last inspection in terms of fleet management and the provider had detailed records of vehicle maintenance and scheduling.
- Staff we spoke with across the providers teams, demonstrated caring attitudes towards patients and a will to provide them with the right level of care and support.
- The complaints team had increased in size and the provider now had a system to log and respond to complaints formally.
- The provider had implemented a corporate risk register, strategic plan, vision and business plan.
- The provider had introduced a quality team and was beginning to review some areas of performance data.
- The provider had increased the number of staff trained to safeguarding level 3 and 4.

Following this inspection, we told the provider that it must make other improvements, to help the service improve.

Amanda Stanford

Deputy Chief Inspector of Hospitals, 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

Inadequate



Why have we given this rating?

The main service provided was non-emergency patient transport.

We rated caring as good. We rated the service as inadequate for being safe, effective, responsive and well-led because staff were not trained or appraised to ensure their competency. Safeguarding training was inadequate. We found infection control issues at the ambulance stations we visited, staff not having access to running water, not able to clean vehicles, and records of deep cleaning unavailable. We found out of date policies in use and some of the ambulance staff had no personal digital assistant (PDA) to support their day to day activities limiting their access to information. During inspection ambulance staff raised concerns with us regarding the transport of patients with mental health needs or dementia and questioned how the provider was assessing patient needs and if staff were competent to transfer these patients. Ambulance staff told us they did not receive feedback from complaints or incidents, unless they were directly involved. Information sharing was not routine and we found staff lacking in information about the new organisational structure and proposals for the business going forward. Managers and ambulance staff did not understand risk at the stations we visited, and not using key performance data at ambulance station level, staff we spoke with were unaware of how this was used or how it impacted on the business or quality of the service. Staff we spoke with at the ambulance stations didn't know the providers vision or strategy. Leadership was not embedded throughout the service, staff described a culture of significant change, consistent changes in management and a lack of senior management presence throughout the organisation. Ambulance staff told us that relationships with the transport booking and call handling teams was fractious and there were difficult relationships between front line and office staff. Ambulance staff said that workloads often led to them not getting breaks or correct information about patients. The staff morale was

Summary of findings

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Inadequate



Thames Ambulance Service

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Detailed findings from this inspection

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Background to Thames Ambulance Service

Thames Ambulance Service Limited (TASL) provided non-emergency patient transport services (PTS) nationwide. The service had locations in Hull, Grimsby, Scunthorpe, Lincoln, Louth, Boston, Grantham, Spalding, Leicester, Loughborough, Canvey Island, Sussex, Kettering, and Northampton. During our short notice announced inspection on 23 October 2018, we inspected at the Lincoln Head Office and the Lincoln, Spalding and Grimsby locations.

The majority of Thames' PTS services were contracts awarded by local commissioning groups.

At the time of our inspection there were approximately 400 non-emergency patient transport (NEPT) vehicles in service and two bariatric ambulances.

At the time of our inspection the provider was in the process of completing the registered manager application process in post for the service. In October 2018 we wrote to the registered provider in respect of a criminal offence of failure to comply with conditions of registration (section 33 of the Health and Social Care Act 2008).

Our inspection team

The team that inspected the service comprised a CQC lead inspector, four other CQC inspectors and three assistant inspectors. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

How we carried out this inspection

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

We carried out an announced inspection of the service on 23 October 2018 and visited the providers Lincolnshire head office, and ambulance stations in Lincoln, Grimsby and Spalding.

Detailed findings

Facts and data about Thames Ambulance Service

During this inspection we spoke with the chief executive officer, executive assistant, director of operations, head of quality and clinical governance, associate director of corporate services, head of patient experience team, fleet manager, head of clinical training the senior human resource business partner, and the head of call centre operation. We spoke with three team leaders, four area managers, 15 ambulance care assistants, six control room staff, a quality and governance lead for the northern region and a member of the domestic team. We also inspected 12 ambulances, two cars and associated equipment, listened into four call bookings and records relating to the running of the service.

Activity from October 2017 to October 2018

In the reporting period October 2017 to October 2018 the service undertook 697,137 patient transport journeys, 117,783 (17%) of journeys were cancelled and 98 journeys included the transportation of children.

Track record on safety







- No Never events
- The provider supplied us with complaints data from June 2018 to October 2018, showing 37 complaints over seven locations.
- Data supplied by the provider post inspection showed that between April 2018 and September 2018 they reported 282 incidents.

Our ratings for this service

Our ratings for this service are:

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

Patient transport services (PTS)

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

Information about the service

The service was led by a chief executive officer and executive team. The provider employed a wide range of staff including ambulance care assistants, managers, call handling and control room staff, human resource and training staff, domestic staff and administrative staff amongst others.

At the time of our inspection the provider was in the process of completing the registered manager application process in post for the service. In October 2018 we wrote to the registered provider in respect of a criminal offence of failure to comply with conditions of registration (section 33 of the Health and Social Care Act 2008).

The provider supplied a non-emergency patient transport service (PTS) to commissioners across various areas of the United Kingdom. The service operated non-emergency patient transport service (NEPTS) vehicles, including ambulances, cars and wheel chair accessible vehicles from dedicated ambulance stations.

Thames Ambulance Service Limited (TASL) operated approximately 400 non-emergency patient transport vehicles, including ambulances, cars and wheelchair accessible vehicles. The provider employed a full time fleet manager, responsible for oversight of the vehicles.

The provider did not hold controlled drugs (CDs) at its locations for use on patient transport services.

Summary of findings

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Patient transport services (PTS)

Following our inspection, the provider took action to install pest control equipment to eliminate this. We found visibly unclean vehicles at the Spalding and Lincoln ambulance stations.

- Some ambulance staff and managers we spoke with during our inspection did not understand risk at the stations we visited, we found out of date policies in use and some of the ambulance staff had no personal digital assistants (PDA) to support their day to day activities limiting their access to information. This was particularly evident at Grimsby, where nine PDA were out of use.
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However, we also found:

- The provider had recruited a fleet manager, we noted an improvement from our last inspection in terms of fleet management and the provider had detailed records of vehicle maintenance and scheduling.
- Staff we spoke with across the providers teams, demonstrated caring attitudes towards patients and a will to provide them with the right level of care and support.

Patient transport services (PTS)

- The complaints team had increased in size and the provider now had a system to log and respond to complaints formally.
- The provider had implemented a corporate risk register, strategic plan, vision and business plan.
- The provider had introduced a quality team and was beginning to review some areas of performance data.
- The provider had increased the number of staff trained to safeguarding level 3 and 4.

Are patient transport services safe?

Inadequate



Incidents

- **The service did not manage patient safety incidents well. Although staff recognised incidents these were not always reported or learnt from appropriately.**
- We were not assured that managers investigated all incidents and lessons learned were not always shared with the whole team and the wider service. However, we did see examples of when things went wrong, and staff apologised and gave patients honest information and suitable support.
- We had concerns about incident reporting and learning from incidents. At the Lincoln location, staff could tell us what the process was (an incident report form), but were not always reporting incidents. For example, we were told by staff that patients could sometimes bang their heads on vehicle ceilings because they were not the appropriate vehicle but this would not be reported as an incident unless it was 'serious' such as a fall. The providers incident policy did give guidance to staff on reporting incidents, staff could not give examples of recent incidents and where learning was shared.
- At the Grimsby location we found a box where staff placed completed incident forms. We found two incident reports dated September 2018, which had not been scanned or sent to the managerial team, which meant the incident reporting system was not being followed or tracked. Incident reporting was not embedded with staff reporting that they did not bother as they never got any feedback and told us about incidents that should have been reported but were not.
- Data supplied by the provider post inspection showed that from April 2018 to September 2018 they reported 282 incidents. The provider rated ten incidents as severe, 99 moderate, 103 low and 70 with no harm.
- The provider had implemented a Rapid Review Panel (RRP) to review incidents when they occurred and make a judgement on how the incident should be managed.

Patient transport services (PTS)

We reviewed three serious incident reports and two safeguarding reports which had been through this process. Actions were clearly documented along with timescales for completion of any ongoing actions.

- Incident data showed that the three main categories of incident related to injury, accident or ill health of a patient, the inappropriate planning of a journey and aggressive, abusive or inappropriate behaviour towards TASL staff.
- Staff we spoke with routinely told us they did not get feedback on incidents and that they could not remember when their last management meeting was to discuss any events that had occurred. Staff were supposed to receive information such as newsletters through their PDAs, however often these did not connect properly and staff could not access the internet.
- The provider had a serious incident (SI) handbook, designed for staff, which explained the SI process, the types of SI and impact, the staff members responsibilities and how the serious incident would be dealt with by the provider. We were unable to establish if this had been shared with the staff team and staff did not refer to this guidance when speaking with the inspectors. The SI Handbook is included in the TASL policy and procedure suite accessed via the staff intranet. The provider told us they had passed communications to all staff via the internal internet site, stating the SI handbook had been rolled out in 2017. The provider also told us staff have signed workbook sheets evidencing that they had read and understood the document.
- The provider told us that if any incidents resulted in a change of policy, procedure or practice, it would be fed back via the providers intranet.
- The provider had a formal policy for the duty of candour, operational managers we spoke with understood their role in being open, honest and transparent when dealing with complaints. We noted in the minutes from the RRP that the provider had liaised with complainants when things had gone wrong and sought feedback to improve the service. The duty of candour is a regulatory duty that relates to openness

and transparency and requires the 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 provider had an up to date incident management policy and procedure implemented in June 2018 and due for review in June 2019, this was an improvement from our last inspection. If an incident occurred staff were expected to complete a form, give this to their manager who then scanned and submitted the form electronically for review by the providers management team. Incidents were reviewed by the quality and clinical governance group who had access to incident reports as soon as they were submitted.

Mandatory training

- **The service did not provide consistent mandatory training in key skills to all staff and make sure everyone completed it.**
- The provider did not ensure that staff achieved the required levels of mandatory training to support the safe delivery of the service. Mandatory training included first aid, basic life support, manual handling, health and safety, infection prevention, whistleblowing, dementia awareness, equality and diversity, mental capacity, do not attempt cardiopulmonary resuscitation (DNACPR), end of life, information governance, PREVENT and conflict resolution.
- Following our inspection, we asked the provider to provide additional training data. Training compliance varied greatly from location to location. We were not assured that all staff had the appropriate level of training to safely carry out their role and support patients. Data showed the Scunthorpe location staff compliance for all areas of mandatory training was 28%, Kettering 29% and planning and control 33%. Eleven of the providers locations achieved compliance levels of between 52% and 85%. Data for the Loughborough location showed 28% compliance for seven of the mandatory training fields, with the remaining eight showing 100% compliance. The Sussex, Leicester, Canvey Island achieved 100% compliance with mandatory training. The provider had a training plan in place to address this shortfall,
- Managers at the locations we visited were unable to tell us staff training compliance and had no oversight of the

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training process. A manager we spoke with at the Grimsby location had not completed mandatory training since July 2017. We also asked the senior team for reassurances of the training figures, but were told on the day of our inspection that they could not provide these accurately.

- The provider had a training schedule for 2018, this was to cover all mandatory training, including safeguarding. The training manager told us it was difficult for ambulance staff to be released from their day-to-day duties to attend training due to the demands on the services.
- Staff at Lincoln told us they had not had any mandatory training since July 2017 but that training was now starting to be offered. Staff were unsure if training in relation to supporting the transportation of children was offered to them. Four members of staff we spoke with told us that they did not have any training to ensure they were competent for their role. This included not having manual handling training, safeguarding training, first aid or infection prevention and control training.
- Ambulance staff gave examples of being taken off training due to the workload and not having opportunities to update their skills. One staff member told us they attended a training session, but this was cancelled on the day of training as only three staff attended the session.
- TASL had transferred some staff from a previous provider to their employee workforce during organisational changes. Staff we spoke with told us that these transfers had led to discrepancies in training allocation.
- Staff who had been through a Transfer of Undertakings (Protection of Employment) regulations (TUPE) process from a previous NHS service in July 2017 had not had any mandatory training with TASL and were reliant on their previous employer's training. TUPE staff also felt that they had to train TASL staff 'on the job' because their training was insufficient for them to carry out the role properly, for example showing them how to use equipment,
- Call handling and control staff we spoke with said they had access to training in their respective role. Usually in

the form of on the job coaching and support, including shadowing other staff to observe how the role was performed. Training included dealing with abusive calls, equal access and IT.

- We were told of one example of a bariatric patient who regularly used the service, who lived upstairs and required four members of staff to bring them downstairs and into a vehicle. Staff did not have up to date training in moving and handling or specialist bariatric training and the staff said there was a risk of injury to themselves or the patient.
- The manager at the Spalding location did not have information on staff safeguarding training rates, mandatory training rates, driver competencies and licence checks. All this information was stored centrally and not shared with leadership teams at the sites.
- At the Grimsby location, the manager told us the service had removed all ownership of local monitoring of mandatory, safeguarding training and competencies such as driving, to a central location. This meant that the team leader and area contracts manager did not have oversight of staff competency and training and personnel records.

Safeguarding

- **Staff had not received training on how to recognise and report abuse, and there were inconsistencies amongst staff on how they would report a safeguarding concern.**
- Safeguarding systems and processes were not fully embedded and staff did not reach compliance with the providers requirements for safeguarding training.
- Following our inspection, we asked the provider for up to date safeguarding training for all staff. Data showed that compliance amongst operational staff was varied across locations with Canvey Island, Leicester, Loughborough and Sussex achieving 100% compliance with adult safeguarding training.
- Fourteen of the providers other locations were below 75% compliance with safeguarding adults training, with most locations achieving between 27% and 51% compliance.

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- Combined compliance with safeguarding adults training amongst operational staff across all locations was 65% and 73% across administration teams, including the executive team, patient experience team, and other admin staff.
 - Two of the providers locations achieved below 33% compliance with safeguarding children training, this included Kettering 29%, Scunthorpe 28% and planning and control. Four locations achieved 100% compliance with most locations achieving between 52% and 85% compliance.
 - The provider had a training plan in place to address this short fall, we were not assured that all staff had the appropriate level of training to safely carry out their role and support patients.
 - The provider had eight managers or directors trained in level 4 safeguarding and a further 14 trained at level 3. The executive team were 100% compliant with safeguarding adults training.
 - The provider had up to date policies for safeguarding children and adults, which reflected current requirements in legislation and policy. The policies provided staff with detailed information in relation to the types of abuse they may encounter during their day-to-day work activities.
 - The safeguarding policies stated that all staff were responsible for referring a safeguarding alert to the local authority or police. Staff did this via social service contact details provided in the policy, which varied dependent on which local authority the patient transport was contracted in.
 - Staff reported and recorded safeguarding referrals on the providers incident reporting system once a referral had been made, the same way that staff reported incidents. One member of staff gave an example of making a safeguarding referral, and said they hadn't received feedback once the referral had been made. TASL senior team members told us that information is seldom received from the safeguarding board to provide feedback to staff members who have raised the referrals.
 - We asked one of the senior management team at head office what the correct process was for staff to escalate a safeguarding concern and they said it would be internal, the staff would fill out a safeguarding concern form which would then be sent to the safeguarding team, who would review the details and then refer to the local authority. But when asked if staff could contact the local authority themselves this manager said, 'they can if they want'. This showed a lack of understanding of the policy guidance and safeguarding implementation.
 - Generally, ambulance staff we spoke with knew how to recognise and respond to safeguarding concerns, however we were unable to establish if this was from specific training or just word of mouth, or the information packs in ambulances. At the Grimsby location, we were not assured that staff had received appropriate safeguarding training as there were no training records to view and managers were not aware of staff training compliance. Staff were not aware of any clear process or pathway in the event of a safeguarding concern.
 - We asked managers at various locations about safeguarding. One manager said that staff may be level one or two trained in safeguarding adults, but they did not know if children were covered in any training. Another manager said they had not received safeguarding training since July 2017.
 - Vehicles contained a vehicle pack that included the safeguarding pathway with contact numbers and details for staff to follow in the case of a safeguarding alert.
 - Staff at the Lincoln location knew that the provider had safeguarding policies, what constituted abuse and how to refer this using the phone details provided. One member of staff told us that safeguarding was skipped on their training.
 - Staff confirmed they were transporting children but had not had any specific paediatric safeguarding training.
- ## Cleanliness, infection control and hygiene
- **The service did not control infection risk well. Staff did not keep equipment and the premises clean or routinely use control measures to prevent the spread of infection.**
 - The provider had policies and audits to monitor and promote infection, prevention and control. However, we

Patient transport services (PTS)

found the provider was not ensuring that staff followed this guidance and numerous occasions where infection control and prevention was not implemented effectively to limit risks to patients and staff.

- At the Spalding location ambulance staff told us they had a 15-minute window for checking vehicles before leaving the ambulance station. Two of the wheelchair accessible vehicles (WAV) had not been cleaned prior to use.
- A deep cleaning team was supposed to clean all vehicles every six to eight weeks. At the Spalding location records showed that seven of the 13 vehicles had not been deep cleaned since the 24 and 25 July 2018, some three months. Staff told us that the deep clean team had come on the 2 October 2018, but they had not updated their schedule to reflect this, and staff could not access central records to show the deep cleans had taken place.
- The garage floor at the Grimsby location, vehicles and equipment were contaminated with bird faeces due to pigeon ingress whenever the garage door was opened. This had been highlighted at previous inspections but not improved and represented an infection risk. There were also many desk equipment items stored in the garage including fabric chairs which were all contaminated with bird faeces.
- Thames ambulance staff were responsible for laundering their own uniforms.
- Staff we spoke with explained that the provider did carry out uniform audits, but they never saw the results of these. Staff told us they were concerned they did not have enough uniform to wear and some of the uniforms were starting to look faded.
- Ambulance care assistants were responsible for cleaning their vehicles (inside and outside) before and after shifts but this was not always done if staff had finished late, and it relied on staff coming in early to clean them if they hadn't been cleaned the night before. It was not clear how the service was assuring themselves a vehicle clean had been done between shifts.
- At the Lincoln location we noted that staff responsible for deep cleaning vehicles did not complete the vehicle cleaning records completely or accurately. The staff had simply placed a line through all the sections that needed completion. Many of the vehicle checks had been documented as June 2018, but then crossed out to July 2018. We were unable to tell from the records we reviewed if any of the vehicles had been deep cleaned appropriately.
- At the Spalding location, staff did not have adequate cleaning facilities. The site didn't have access to an outside hose or tap to clean the inside or outside of the vehicles. Staff were not allowed to carry buckets of water or hoovers down the steep steps at the base. This meant the vehicles were not ever being cleaned with water or hoovered. Staff used dustpan and brushes and an antibacterial spray to clean their vehicles.
- The issues in relation to vehicle cleaning at the Spalding location were identified at the clinical and quality group meeting in June 2018. Notes from the meeting showed that vehicle cleaning, the option to install an outside tap and use petty cash at a nearby garage for a jet wash had been explored. Staff told inspectors during our inspection they were using their own money to pay for jet washers, and no action to resolve the concerns had been taken by the provider.
- Staff at the Spalding location told us that they no longer were given the opportunity to come back to base to clean their vehicles after carrying infectious patients and that they would just give a wipe down with what they had onboard (bacterial spray and wipes) and be on their way to their next transfer.
- Offensive waste was not securely stored at the Grimsby location, with unlocked pedal bins only in the garage area (collected monthly) and four plastic bags of dirty linen on the floor waiting for staff to transport back to the local NHS trust hospital. The bins had an offensive odour and staff could not provide any assurance about what was in the bins or how long it had been there.
- At the Lincoln base we found a bin for offensive non-infectious waste, stored next to a standard waste bin. The station used a colour coded system for cleaning equipment, and we found the sink in the ambulance station visibly dirty. We spoke to one member of staff who told us they were responsible for cleaning the vehicle inside each morning, and if they had time they would clean the outside of the vehicle at the end of the

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day, but this didn't always happen. The staff member explained that they didn't always clean the vehicle with detergents, but if there was an infection risk they would be more careful.

- At the Grimsby location staff completed a combined hand hygiene and uniform audit. This included choosing five staff per week, and checking these staff three times per day as a minimum. From 23 April to 8 October 2018, we found the provider had completed nine checks. We also found that vehicle spot checks were not consistent, as we found two vehicle that had not been checked for the week prior to our inspection on 23 October 2018.
- At the Spalding location we reviewed five weeks of hand hygiene audits, all areas were compliant except for one week where a staff member didn't comply with guidance on wearing earrings as part of infection control.
- We spoke with a cleaner at the Grimsby location and reviewed housekeeping audits in relation to office spaces and kitchen areas, from July and October 2018 which showed daily cleaning was completed as required.
- At the Spalding location, staff told us they had not received infection prevention control or deep clean training.
- Cleaning equipment and chemicals were not stored securely at the Grimsby location in a locked cupboard but were kept on open shelves in the garage area which meant that they did not comply with the Control of Substances Hazardous to Health Regulations (2002). Items were at risk of contamination from bird excrement, or stored in the stock room along with patient transport supplies such as masks, gloves and incontinence sheets.
- We observed TASL staff using hand sanitizer and washing their hands between patient contact during a patient handover at a local hospital.
- At the Spalding location staff told us that they did not have wipe clean cushions for wheelchairs which meant that when a patient soiled themselves, which happened occasionally, they would just have to wipe down the wheelchair and use spray. There was no formal method of deep-cleaning wheelchairs or taking them out of

service when this happened. Staff told us that they would spray down the wheelchairs, they would be wet as a result and they would still then have to use them for another patient. After our inspection, the provider sent us assurances that there were wipeable cushions now available at Spalding. Staff were required to use specific cleaning materials in line with the provider's policy.

Environment and equipment

- **The service did not have suitable premises and equipment for the range of services it provided.**
- The provider delivered its services from dedicated ambulance stations in locations across the UK. We inspected at Lincoln Head Office and its Lincoln, Grimsby and Spalding ambulance locations.
- Ambulance staff used a personal digital assistant (PDA) to receive bookings and transport details from the control centre teams. This included all details relevant to the journey, including destinations, time of departure, arrival and drop off. At the Grimsby location nine out of 20 PDA were out of use which meant that staff had to use their own mobile phones to contact the control centre and receive patient information.
- Staff told us that issues with the PDA's were normal in the service and it often led to confusion over journeys and affected the patient transport times. When PDA's did not work, staff were manually recording details, and handing these to managers, this led to further issues as details in relation to transport were not always accurate or available.
- TASL operated approximately 400 non-emergency patient transport vehicles, including ambulances, cars and wheelchair accessible vehicles. The provider employed a full time fleet manager, responsible for oversight of the vehicles.
- The provider had effective central systems for monitoring vehicle servicing, tax and MOT certification. The system informed the provider of when vehicle servicing was required, the number of vehicle breakdowns and vehicles were not available.
- At the Lincolnshire location we found that staff kept vehicle keys in a staff room and during our inspection the door to this room and the main ambulance station door were open, posing a security risk and an opportunity for the vehicle keys to be taken.

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- We found three vehicles at the Lincoln location where staff had recorded issues with the vehicles on the daily vehicle inspection sheets. One simply said damage, with no explanation, another said both side mirrors damaged and another said add blue warning light. We couldn't establish from the documentation if any of the faults had been escalated. After our inspection, the provider told us that all vehicle inspection sheets were submitted to the fleet manager for any issues to be investigated and resolved.
- At the Lincoln location staff used a white board to show vehicle details including MOT and servicing details.
- Staff told us at the Lincoln location that equipment for children was not available on any vehicles and they would expect that a request for children's transport would include the child coming with their own equipment. The provider carried out patient transport service that included children, this raised a significant concern as we weren't assured that children had access to equipment appropriate to their needs whilst being transported, for example seating and harnesses.
- At the Grimsby location staff had access to two paediatric car seats, however we were unable to locate any children's harnesses or restraints on vehicles we inspected and staff told us they had not received training in this type of equipment.
- At the Lincoln location we checked one of the store rooms and found due to the level of stock, the store room was over cluttered and boxes placed on the floor. All the consumables we checked were within manufacturer use by dates.
- At the Grimsby location we found items of equipment not labelled to say they had been safety checked, for example a wheel chair and walking frame. We also found multiple pieces of broken equipment, chairs and other items stored against a wall inside the ambulance station.
- We found old style oxygen regulator spares mixed within new oxygen regulator spares at the Lincoln location. We informed the manager at that location that next test dates on some of the regulators dated back as far as February 2015, we were not assured these were safe for use.
- At the Spalding location, staff and equipment was on a first-floor level. This meant staff had no access to hoovers, or running water to clean vehicles. The location as accessed by steep stairs, making carrying equipment difficult.
- At the Grimsby location some staff had not received training for items of equipment and relied on colleagues who had previously been trained in another organisation to show them how to use equipment.
- The provider reported an incident in relation to a bariatric patient (morbidly obese) who needed transferral from an upstairs room for their transport to hospital. We spoke with a manager in relation to staff concerns due to the weight of the patient and taking them down stairs and the risks this presented. The manager told us that training was about to be implemented in the use of bariatric equipment to support the patient and staff. Staff we spoke with were unaware of the training being planned or its implementation date.

Assessing and responding to patient risk

- **The process in place for assessing the risk to patients using the service was not effective. The eligibility criteria and booking process did not allow the provider to make a holistic assessment of the patient's needs.**
- The provider used a dedicated check list as part of their booking process as the assessment of patient risk and to exclude patients when the transfer was not safe or staff could not meet the patient's needs.
- Following our inspection, we asked the provider to provide additional training data on first aid compliance. Training compliance varied greatly from location to location. For example out of the 16 bases, four were 100% compliant with training six were at 75% and the others were all below 75%, with two bases with less than 51% compliance
- We asked the provider for staff compliance with basic life support (BLS). Data supplied by the provider showed out of the 16 bases, four were 100% compliant with training six were at 75% and the others were all below 75%, with two bases with less than 51% compliance The

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provider had a training plan in place to address this shortfall, we were not assured that all staff had the appropriate level of training to safely carry out their role and support patients.

- We spoke to a member of call handling staff at the control centre who told us usually patients with mental health needs had an escort with them and TASL provided two ambulance staff based on what section of the mental health act the patient was on. We were unable to establish how staff understood the relevant section of the mental health act or what risk assessment would be completed to support the transfer.
- We observed a patient transfer from hospital to home. The patient had mental health needs and staff had not completed any risk assessment of the patient's mental health needs prior to the journey. Staff made up excuses to manage the patient, for example to refuse a cigarette and stop the patient leaving the vehicle. There was no appropriate care plan in place to address the patient mental health needs or risks associated with this, for example absconding.
- Staff at the Lincoln location told us they undertook journeys for patients with mental health needs, they would speak to the control centre to discuss actions that may be required, for example the risk to the driver, wellbeing of patients. Staff gave an example of a patient being locked in a vehicle by staff who left the vehicle due to their aggressive behaviour, we were not assured that the assessment of risk was routinely carried out for this group of patients, posing a risk to the patient, staff and members of the public. Following this incident, the provider told us that they liaised with the local trust and CCG to investigate the incident. The provider told us that the CCG accepted TASL's findings, which demonstrated that relevant information had not been shared with TASL at point of booking.
- We spoke with a call handler who told us there was a substantial amount of eligibility criteria they had to follow and that it was difficult to remember all the details. We observed call handlers using the eligibility criteria, which did require a great deal of detail. Staff contacted other members of the team if they needed advice or guidance on the eligibility criteria.
- One of the call handlers showed us a script they had adopted to speak with patients, this was not standard.

All the call handlers had their own way of going through the eligibility criteria, there was no consistent approach. We were concerned as there was a lack of consistency in call handling processes and this could lead to issues regarding the quality of the booking.

- Staff told us the provider transports children, and one member of staff told us these included babies and that usually these patients have an escort provided. Staff explained they had not received any training in supporting children and were unsure of any protocols for meeting their needs.
- Ambulance staff we spoke with knew how to escalate a deteriorating patient and the provider had a process to support staff, this was an improvement since our last inspection.
- The provider had a policy for supporting patients transported who had an active do not attempt cardiopulmonary resuscitation order (DNACPR) in place. Staff who transported patients with a DNACPR were required to make the patient comfortable and call 999 for emergency services.

Staffing

- **The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The provider had various staff groups starting at different times across its location based on the needs of the service and operated 24 hours a day 365 day a year. Ambulance staff worked shifts between eight and ten-hour shifts which started at various times of the day, dependent the needs of the service and followed an eleven-week rolling shift rota.
- Staff were assigned to vehicles by the providers control and planning staff team, as either single or double crew dependent on the needs of the patient.
- At the locations we visited we were not assured that staffing levels met the providers obligations to provide the service. We were not assured that managers understood or had oversight of the staff skill mix to ensure the right members of staff were providing the right levels of care and support during journeys.

Patient transport services (PTS)

- Data supplied by the provider showed they tracked vacancy rates across the various locations, this was an improvement on the last inspection. From August 2017 to August 2018, 316 staff left the organisation and 249 staff were recruited, showing a 6.5% reduction in the work force over 12 months.
- The provider collated sickness absence data, based on hours lost due to staff sickness. Sickness data supplied by the provider showed the contact centre had the highest level of staff sickness across its staff groups from August 2017 to July 2018.
- At the Grimsby location staff rotas were displayed on the wall. The rota showed gaps and the manager told us that most staff usually work extra shifts, even staff from other locations to cover any shortfall in staff.
- Ambulance staff told us that they regularly worked long shifts, sometimes without breaks and single staffed.
- The Grimsby location had four whole time equivalent (WTE) vacancies with another two-staff due to go on maternity leave imminently. The contract with a local taxi company to convey renal patients was also due to end in January 2019, which meant that there will be increased demand. We observed the rotas which showed gaps in cover and the team leader struggling to cover shifts.
- The service at Spalding had four WTE vacancies and the team leader told us they struggled to cover shifts.
- Staff at the Lincoln location told us they were frequently unable to take breaks, including staff who were doing a single-crew 12-hour night shift due to demand on the service. The area manager acknowledged this was an issue but still said staffing levels were appropriate, however ambulance care assistants told us they felt understaffed routinely.
- Staff had access to on call duty managers out of hours for escalation and management support in case of staffing issues

Records

- **Staff did not always have access to detailed records of patients' care and treatment.**
- Staff accessed patient records securely via the PDA's. We found routinely that staff did not have access to a working PDA and that staff universally acknowledged

there was an issue with connection and often did not get to see documents in a timely fashion. This impacted on staff ability to meet the needs of the service, due to late transfers, or scheduling of wrong vehicles.

- Call handlers used the eligibility criteria in the form of check lists on a desk top PC to record patient information.

Medicines

- **Medicines were not always managed or stored appropriately at the sites we inspected.**
- Patients own medicines were transported with the patient. The ambulance staff did not take any responsibility for controlled drugs (CDs) carried by patients. If CDs accompanied a patient they were the responsibility of the patient or carer.
- At the Grimsby location we found oxygen stored correctly, with full and empty canisters clearly labelled.
- At the Spalding location, the site had an oxygen cage which was lockable however the staff were storing oxygen cylinders, unsecured in an internal cupboard as the service did not want staff carrying heavy objects down the steep set of stairs to access the building.

Are patient transport services effective?

Inadequate



Evidence-based care and treatment

- **The provider had policies and guidance in place to support evidence based care and treatment, for example staff use of oxygen. However, we were not assured that all staff had access to up to date policies.**
- We were not assured that all bases had up to date policies available for staff and the lack of working personal digital assistants (PDA) at the Grimsby location hindered staff ability to access policies electronically.
- At the Lincoln base we found policies and procedures that were out of date. This included a copy of the staff sickness policy, corporate dress code policy and we also found a copy of a policy for another provider which did not relate to the current service.

Patient transport services (PTS)

Response times / Patient outcomes

- **The provider monitored response times and used these to improve the service. However, the provider was failing to meet a number of key response times within the service.**
- The call handling team had a key performance project running at the time of our inspection., This was to address issues regarding consistency in call handling times. At the time of our inspection call handlers were expected to answer 85% of calls within one minute. The display screen showed 25% compliance against this target on 23 October 2018. Data supplied by the provider showed that from October 2017 to June 2018 the provider achieved a 67.4% average against the 85% compliance target.
- The provider monitored response times across its locations and provided data to commissioners against set key performance indicators (KPI). Data supplied for Lincolnshire from July 2017 to May 2018 showed that the provider achieved an average 83% compliance with same day journey collections within 150 minutes, against a 95% compliance target. For the same period compliance against collecting renal patients within 30 minutes was 57% and none-renal patients within 60 minutes was 65%.
- From July 2017 to May 2018 the provider did not achieve compliance with any of the KPI's in relation to Lincolnshire contracts. This included 64% of journeys arriving on time, against a compliance target of 85%, and the patients time on vehicle should be less than 60 minutes which showed 61% compliance.
- From October 2017 to June 2018 data in relation to the providers Leicester contract showed on average 69% of patients arrived on time for their outpatient appointment against a compliance target of 100%. The provider achieved 58% compliance against a 90% compliance target with collection within 60 minutes of patient appointment.
- At the time of our inspection the provider told us they were implementing fixed route planning and auto planning to improve planning and efficient use of resources.
- **The provider did not have effective processes in place to ensure staff competencies after their employment started, however new starters told us that the initial induction supplied them with enough information to start their roles.**
- Ambulance staff routinely told us that appraisals were either out of date or had not happened for over a year, in some cases staff told us they had not had an appraisal at all. None of the staff we spoke with at the Grimsby location had received an appraisal within the last 12 months and some had not had one since staff who had been through a Transfer of Undertakings (Protection of Employment) regulations (TUPE) over from another organisation in 2016.
- Data supplied by the provider showed poor compliance in all locations with appraisal completion with most of locations achieving below 17% compliance. After our inspection, the provider told us that they had a plan to improve appraisals completion rates which was due to start in January 2019.
- In the control centre two staff told us they had received regular appraisals and found these useful in terms of discussing their performance and plans for development.
- The provider checked driving licences annually, for issues that may affect an employee's day to day activities, for example, speeding fines, driving whilst intoxicated. We asked the provider to provide evidence of compliance with driving license checks, which showed 100% compliance with checks.
- Drivers must be over 18 years of age, with a clean driving license. Staff undergo a two-day training programme that includes a driver assessment from a qualified driving assessor, competency is signed off and placed on the employees personnel file.
- Data supplied by the provider following our inspection showed 652 frontline staff should have Disclosure and Barring Service (DBS) checks in place. The provider had assurance that 642 staff had a DBS Clearance number with date on file and had been viewed and checked by its human resource department. The provider had ten staff where they knew a check had been completed, but did not have a DBS Clearance number and date on file at the time of our inspection.

Competent staff

Patient transport services (PTS)

- All new staff entering employment were required to complete an initial induction. Staff we spoke with felt the induction was good and covered the areas they needed to carry out their roles.
- At the Lincoln location, staff who had been TUPE'd in July 2017 said they had not had a formal appraisal since being with the service.
- At the time of our inspection the provider told us they were in the process of updating their IT systems to ensure that managers could access this information to support staff with their mandatory training needs.

Multi-disciplinary working

- **Front line staff worked together well to support the needs of the patients however there was often poor communication with managers to achieve effective MDT working.**
- Patient transport service bookings were coordinated through control centres where staff selected available transport for each booking. Call handlers and control room staff worked with ambulance care assistants and managers to plan and monitor journeys.
- Call handlers contacted hospitals and other health care providers to discuss individual patient needs and reflect these in the eligibility checklists and record additional data for ambulance staff to meet patient needs, for example if a patient lived upstairs or required specific mobility equipment.
- Since our last inspection the provider had taken steps to ensure that contract managers had regular contract monitoring meetings with commissioners. We noted that where appropriate other healthcare providers such as NHS hospitals were engaged with as part of these meetings to discuss service provision.
- After our inspection, the provider told us that the director of operations and contract manager engaged with those station managers in post daily and that station managers should be available for staff daily.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care or understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.**
- Staff we spoke with showed there was genuine confusion on the providers stance on supporting patients with mental health needs.
- The provider had an up to date policy on mental capacity and staff roles and responsibilities.
- Training data supplied by the provider following our inspection showed that only four of its sixteen locations achieved 100% compliance with Mental Capacity Act (2005) training.
- Training rates in Scunthorpe and Kettering were 28% and 29% respectively, with the other eleven locations ranging between 52% and 85% compliance. The provider had a training plan in place to address this short fall, however we were not assured that all staff had the appropriate level of training to safely carry out their role and support patients.

Are patient transport services caring?

Good



Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- During our inspection, we observed patient care and reviewed 15 patient feedback records.
- We observed ambulance staff supporting a patient at a local hospital. Staff showed compassionate care, and a gentle approach, giving additional time and comfort to ensure the patient was comfortable.
- A family member feedback said, "The male crew member was very kind and caring", another said "I want to thank the ambulance crew who took my father from the hospital to the nursing home last Wednesday. Dad was not well and we were upset. The crew was extremely kind as well as very professional. So please pass on our gratitude".

Patient transport services (PTS)

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- A family member feedback said “I just wanted to say a big thank you to the two guys that transported my dad from home to the care home. They took great care with my dad, making him laugh during the move”.
- We observed ambulance staff supporting a patient at care home. The patient became upset during a physical transfer, the staff stopped the transfer, gave the patient additional reassurance to make them feel safe and provide additional reassurance.

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.**
- We observed staff engaging with a patient at a local hospital, the staff encouraged the family to participate in the patient handover, to keep the patient calm and provide reassurance.
- Hospital staff supporting end of life patients gave an example of ambulance staff taking a patient home on an end of life plan. On the journey home, the ambulance passed the farm where the patient had worked. The staff stopped the ambulance and sat the patient up so they could see the farm and surrounding fields, the patient and his family were extremely grateful for the support and care provided by the staff.
- A family member feedback said, “A few months ago I made a complaint to your department as my father waited long durations on return journeys back to his home after hospital appointments. This has now been resolved. Today my father used your transport to attend an x-ray appointment at hospital. The transport came in good time which meant my father arrived early. As the department was not busy he had his x-ray early and the return transport was there waiting to take my father back home. The transport picked my father up at approximately 11am and he was back home approximately 12.30pm. This was the best experience my father and I have had of you and proves you listen and take action to improve your service. Thank you.”

- Staff gave an example of an end of life patient who was discharged to a property in the wrong vehicle, the patient couldn’t stand to get into the wheel chair and their partner got distressed. Due to the time taken, the patient was not well enough to go home and had to go back into hospital. This was reported as incident by the provider but had a negative impact on the patient experience.

Are patient transport services responsive to people’s needs?

Inadequate



Service delivery to meet the needs of local people

- **The service did not plan and provide services in a way that met the needs of local people.**
- We were concerned that the provider was not meeting the needs of local people due to lack of appropriate specialist equipment, for example for children and staff understanding the needs of patients with mental health conditions.
- We spoke with an area manager who told us they had built good relationships with a local contractor, and held regular meetings to discuss the service provision.
- At the Grimsby location managers told us they had quarterly contacts meetings with commissioners, monthly operations meetings and daily emails in terms of planning the service.
- The provider was introducing a commissioners’ information online self-service portal to enable commissioners to log in and access up to date information in relation to their contract. The quality, finance and operations teams will also have a presence at contract management meetings to improve information sharing and increase awareness of the needs of the local population.

Meeting people’s individual needs

- **The service did not always take into account patients’ individual needs.**
- As part of the patient eligibility criteria checks carried out by call handlers, staff established if the patient

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required a translation services. The call handler explained if the patient required a translation service, the patient would have to arrange this for themselves. However, the provider told us they used a language line service to support translation, staff were not clear on this process during our inspection.

- The provider had two vehicles specifically for supporting bariatric patients (morbidly obese). However, staff gave examples of not being trained in correct handling and moving techniques, or not having appropriate equipment to meet the needs of this group of patients.
- Staff we spoke with told the inspection team that they provided ambulance transfers for patients with mental health needs and those living with dementia who required additional escorts. However, we were unable to establish with the provider the eligibility criteria for patients with mental health and staff we spoke with gave us conflicting information on this process. For example, we spoke to a member of call handling staff at the control centre who told us usually patients with mental health needs had an escort with them and provide two ambulance staff based on what section of the mental health act the patient was on.
- Staff gave several examples where patients had become violent or aggressive on journeys, and they felt unequipped to deal with the level of aggression towards them. Staff gave an example of a patient being locked in a vehicle by staff who left the vehicle due to their aggressive behaviour, we were not assured that the assessment of risk was routinely carried out for this group of patients, posing a risk to the patient, staff and members of the public.
- The provider transported children, we found limited equipment to support this activity and staff we spoke with had not received training in respect of supporting children.
- Staff had access on vehicles to pictorial signage to support patients with additional communication needs.

Access and flow

- **Waiting times were not always in line with good practice.**
- Staff we spoke with at the Lincoln location told us that the control centre and planning of journeys was poor,

this was affecting their ability to offer a service. They gave examples of multiple overlapping bookings in various locations, making it impossible to travel between the locations on time.

- The service ran contracts awarded from commissioning groups and other healthcare providers. Patients were booked for transport against a set of eligibility criteria by the call handling staff and control room staff then passed these details on to the ambulance staff teams to carry out the journeys.
- We observed call handling staff supporting patients and their carers when making bookings via telephone, call handlers were available 24 hours a day 365 day a year. The call handling staff used eligibility criteria to identify any patients who may need more immediate support, for example length of time on a vehicle following treatment, and tried where possible to arrange transport that met their needs. However, the call handlers and control team had to maximise journeys and often patients were on a multi drop vehicle, with other patients so it was difficult to prioritise needs.
- The provider informed us that the eligibility questions may alter between contracts, dependant on the criteria set by the commissioners. The script may alter in the dialogue used by the call taker to ask the question, but the criteria is not amended from that set by the commissioner. The provider said that if the same questions were applied to each booking the patients may know the questions and how to respond to try and achieve eligibility when they shouldn't.
- Call handling staff were very clear with patients and their carers when making a booking and explained the limitations of the service. Where a patient did not meet eligibility criteria, staff explained this clearly and offered alternative options, for example contacting a relative, friend or independent taxi service.
- We observed call handlers dealing with questions from patients in relation to late pickups. Staff contacted the appropriate health care provider to establish if patients had been seen, checked where the vehicle was in terms of location and fed this back to patients so they had an estimated time of arrival.
- During our inspection staff gave us examples where they had been tasked to carry out journeys, but were unable to complete these as they had been sent in the wrong

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vehicle. This increased waiting times and delays as well as affecting the patient experience. The provider was implementing fixed route planning and auto planning to improve planning and efficient use of resources.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously and investigated them. However, lessons learned from the results were not shared with all staff.**
- Since our last inspection the provider had increased the size of its complaints handling team. In March 2018 the provider had a back log of 700 complaints, at the time of our inspection the provider told us this had reduced to eight complaints outside of the 25-day response key performance indicator.
- The provider risk rated complaints for impact and rated them from low impact, to moderate and high impact. We asked the provider for 12 months data in relation to its complaints handling. The provider supplied us with five months data from June 2018 to October 2018, showing 37 complaints over seven locations. Ten of the complaints were over the 25-day performance indicator set by the provider for handling and closing complaints.
- The complaints handling team told us they shared complaint learning via the providers intranet site or via emails. Staff we spoke to at the ambulance stations said they had limited feedback from complaints, and that often the personal digital devices didn't work, restricting their access to the providers intranet.
- The service did not benchmark itself against other providers in relation to the complaints it received which meant it could not assess how effective it was within the sector with providing positive experiences for people using the service.
- Two ambulance care assistants said they did not know how to deal with patient complaints, or if the provider had a process for this.
- Managers we spoke with at locations did not have oversight of complaints, they were unaware of the number of complaints received or actions taken to minimise risks to patients or staff from issues reoccurring. Managers told us they did not routinely receive feedback from complaints.

- At the Spalding location, staff told us that they were not aware of how to collect patient feedback or to advise patients how to complain. The service included complaint forms in their ambulance packs but staff said that the complaint forms were not given out and they were not encouraged to collect patient views.
- After our inspection, the provider told us that complaints were discussed at rapid review panels which should be attended by station/contract managers for the purpose of disseminating information to staff. However, we saw this was yet to be embedded.

Are patient transport services well-led?

Inadequate



Leadership of service

- **Leadership and management of the service had been through a number of changes, and at the time of our inspection we found staff uncertainty and a lack of understanding of managerial roles within the service.**
- Thames ambulance service was led by an executive management team (EMT) led by the chief operating officer (CEO), supported by an executive assistant. A team of directors supported the CEO including a finance director, director of work force, director of operations, director of quality and clinical governance and an assistant director of corporate services.
- Locally patient transport services were managed by contracts managers who oversaw area managers. At the time of our inspection, the provider did not have a registered manager in post for the service.
- In October 2018 we wrote to the registered provider in respect of a criminal offence of failure to comply with conditions of registration (section 33 of the Health and Social Care Act 2008). We also issued the provider with two fixed penalty notices in relation to failure to comply with conditions of registration in February 2018 which were paid in full. Since the inspection, the provider has made some improvements in this area.

Patient transport services (PTS)

- Ambulance stations at each location were led by team leaders, the provider was in the process of restructuring this role at the time of our inspection to have an ambulance station manager at each location.
- Staff at the Lincolnshire location said that the local manager was better than predecessors and the restructure had been a 'bumpy road'. Staff felt like things may be picking up and that the manager now called them to say thank you for their work.
- Staff we spoke with routinely told us they did not have meetings or engagement with managers, many of them did not know any of the senior management team, citing continual changes in the managerial structure.
- At the Spalding site, staff told us there was a disconnect between management and the local leadership teams. Staff told us that no management meetings were currently happening as these had fallen by the wayside with the current management restructure. As a result, there was not an effective system in place for the local leadership to escalate concerns to senior management.
- Staff at the Lincoln location told us there had been lots of management changes and restructuring and they were not clear what the current structure was, so there was not an effective system in place for the local leadership to escalate concerns to senior management.
- **Due to the significant managerial changes and staff contractual requirements, managers across the service struggled to promote a positive culture that supported and valued staff, and to create a sense of common purpose based on shared values.**
- Staff we spoke with said there was friction between control room staff and ambulance staff. This led to poor relationships between them when communicating transport requirements and created an air of bad feeling within the staff team.
- Thames Ambulance Service Limited (TASL) had transferred some staff from a previous provider to their employee workforce during organisational changes. Staff we spoke with told us that these transfers had led to discrepancies in earnings and working hours and created 'bad feeling' amongst employees. Under Transfer of Undertakings (Protection of Employment) regulations (TUPE) staff transferring from an alternative provider still adhere to their previous employment contracts and pay until such time as they transfer across to a TASL contract. TASL were working alongside the union to support that staff within the scope of employment laws.
- Staff felt senior managers did not listen to their concerns, saying that even though they do voice their opinions, they fell on deaf ears.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and plans to turn it into action, however this was new and at the time of our inspection in the process of being shared with the staff team.**
- Since our last inspection the provider had developed a vision for the services, linked to performance outcomes in its annual business plan 2018-2019 and its strategic plan 2018-2021.
- Managers we spoke with at the ambulance stations did not know the providers vision or strategy. Staff we spoke with were also unsure on the providers vision and strategy, although this was displayed on some of the ambulance station notice boards.

Culture within the service

- We heard routine concerns in relation to staff not taking breaks, or not having allocated rest periods. This was leading to poor morale and staff felt undervalued by the provider.
- At the Lincoln location staff told us there was a disconnect between management and the local leadership teams. Staff could not tell us the names of the senior management team apart from one person and said they had never seen them come to visit the site, even though the site was about five minutes from head office. There were newsletters but staff felt these were insufficient to engage them and share learning.

Governance

- **The service did not systematically improve service quality and safeguard high standards of care to create an environment for excellent care to flourish.**

Patient transport services (PTS)

- The provider had a quality and clinical governance group who aimed to provide the executive board with assurances against contract performance, CQC standards, Health and Safety Executive regulations and information governance standards.
 - We reviewed notes from the clinical quality group meetings, where various issues like the providers complaints policy update, vehicle cleanliness and intranet were discussed amongst other quality issues. Action notes were provided in the minutes, with clear ownership of each action, but not all actions were dated and not shared with local teams to encourage engagement and improvement.
 - We reviewed monthly quality reports which contained key data in relation to contact provision and audits across the providers locations. These were well written and contained a broad range of data that could be used to track quality and give assurance to commissioners. The provider told us that relevant actions and outcomes from meetings are shared as applicable on their internal website and notices placed on boards in all bases, but not the full minutes due to the confidentiality of items discussed at the meeting. The quality and governance group invited representation from a pool of contract Managers who feed back to staff at base.
 - Prior to our inspection we received anonymous concerns that the prior had lost confidential data and staff personnel files. During our inspection the provider confirmed they were in dispute with another provider who was withholding the data and the provider was considering seeking legal advice to obtain the data required.
 - The provider undertook a range of audits across its locations including hand hygiene, vehicle spot checks and uniforms. Staff knowledge of audit was limited across the locations we visited. One manager told us that key performance data was sent to head office by station managers, but they did not know about these or what the provider did with them.
 - No team meetings had occurred at the Grimsby location, despite this being highlighted at the previous inspection as a cause for concern. The team leader indicated that they planned to start these monthly in November 2018.
 - Staff we spoke with across the various locations we visited told us that management meetings were infrequent and irregular. This meant staff did not get routine feedback from managers on areas of risk or performance.
 - One manager at the Lincolnshire location had a management folder of meetings to show the inspector, this was out of date. The folder contained minutes from December 2017, a pension grievance letter and a sign off sheet for staff understanding wheel chair seating.
 - At the Spalding location, the manager said they were having team meetings and felt these were more effective than previously. These had recently been put in place for the month prior to our inspection in October 2018.
 - Audits were carried out at the Spalding site which included vehicle cleanliness, uniform and hand hygiene and the environment audits however once completed these were saved onto the shared drive and staff told us no feedback was given to the local teams about them. Learning was not identified or shared from them locally or centrally. If a poor result was given, no action was taken to improve the service.
 - At the Lincoln location, audits were carried out at site level for vehicle cleanliness, uniform and hand hygiene, however the person who had responsibility for this was off work and no arrangements had been made for this to be completed in their absence. There was no system, such as meetings, in place to share audit feedback with the wider staff group.
 - Audits were performed at the Grimsby location and included vehicle cleanliness, uniform and hand hygiene, however staff were unaware of the results of the audit results to enable them to improve.
- ## Management of risk, issues and performance
- **The service did not have good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
 - The provider had a corporate risk register, with centralised risks in relation to the delivery of the services which was reviewed in August 2018. Risks were rated in terms of impact and likelihood and related to the organisations strategic plan, this was an improvement

Patient transport services (PTS)

on our last inspection. Risks included poor performance, failure to engage with commissioners, and failure to deliver mandatory staff training, amongst other risks.

- The provider recognised that failure to comply with staff mandatory training requirements was a significant risk to its operations, this was identified on its corporate risk register. Actions to address the issues included the provider conducting a training needs analysis to identify gaps in knowledge and understanding, full implementation of an IT based training data base to provide centralised training records, implement new bespoke training course developed by Thames Ambulance Service Limited (TASL) and recruiting a work based assessor for each location.
- Each of the providers locations was meant to have a local risk register that also reflected the wider risks associated with the safe operating of the business. We found knowledge of local risks and the use of local risk registers were not consistent.
- The manager at the Lincolnshire base did not know the provider had a risk register or the risks associated with that location. There was a risk register but the area manager could not access it when asked and told us the team leader had responsibility for this, which was not consistent with what we were told at other sites. The manager told us it was 'in the team leaders emails' and could not access it (the team leader was on annual leave). The manager could not tell us about specific risks and mitigation of risk management plans when prompted and did not seem to consider the risks we had identified such as training, communication with staff, learning from incidents.
- At the Grimsby location we reviewed the risk register, which included ten risks. The highest rated risk from February 2018 was the bird faeces inside and around the ambulance station. We saw no updates to the risk register in relation to this risk or individual ownership to deal with the issues.
- The Spalding location had a risk register which did reflect the local risks however staff who were assigned to be responsible for the risks were not aware and the team leader was not aware that the risk register existed. As a result, the risk register was not being frequently reviewed, updated and risks were not being progressed.

- The leadership team at the Spalding location were not aware of any performance data against the providers key performance indicators (KPI's). The area manager told us that they had not seen any KPI data against the contract since April 2018.

Information Management

- **Information was shared with staff however, the approach to this was inconsistent.**
- The ambulance station at Lincoln had a notice board for staff including report forms for patients refusing transport, staff behaviour and complaints policies and a notice reminding all staff that vehicle damages must be reported.
- Vehicles contained a vehicle pack. This included daily report forms for example if staff missed a break, incident report forms, safeguarding pathway with contact numbers, a medical gases policy, vehicle accident and collision documents amongst other key documents.
- We found a policies folder in the staff room at the Lincoln base, but the ambulance staff were unaware this was in the room, and had not pointed this out when we asked them how they accessed policies and procedures.

Public and staff engagement

- **The service did not always engage well with patients, staff, the public and local organisations to plan and manage appropriate services.**
- The provider had launched a speak out meeting planned to occur every Friday from January 2018, where staff could nominate a chair person to take feedback from staff on any issues arising in the speak out meetings. We were unable to assess the impact of this process as the provider had not submitted any evidence in support of this process and none of the staff we spoke with mentioned this process during our inspection.
- The provider negotiated an agreement with a trade union to support its ongoing discussions with staff in relation to terms and conditions, benefits and other key areas of the business.

Patient transport services (PTS)

- The providers main method of measuring patient satisfaction was using on-board surveys available on each vehicle, the form features a space for comments. We reviewed 15 patient feedback records supplied by the provider.
- At the Spalding location the manager told us they did not receive encouragement to seek patient feedback.

Innovation, improvement and sustainability

- **The service had a number of new initiatives which were due to commence or had just commenced at the time of our inspection.**
- At the time of our inspection the provider was implementing fixed route planning and auto planning to improve planning and efficient use of resources.
- The provider is introducing a commissioners' information online self-service portal to enable commissioners to log in and access up to date information in relation to their contract. The quality, finance and operations teams have a presence at contract management meetings to improve information sharing and increase awareness of the needs of the local population.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

The provider must manage patient safety incidents appropriately and lessons learned are shared with the whole team and the wider service.

The provider must ensure all staff complete all mandatory training including how to recognise and report abuse, and promote consistency amongst staff on how to report a safeguarding concern.

The service must ensure infection prevention and promotion is managed well and staff keep equipment and the premises clean using control measures to prevent the spread of infection.

The provider must ensure that its premises and equipment are appropriate for the range of services it provided.

The provider must ensure that its processes for assessing the risk to patients is effective and the eligibility criteria and booking process enables the provider to make a holistic assessment of the patient's needs.

The provider must ensure that it has enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

The provider must ensure that staff have access to detailed records of patients' care and treatment and electronic equipment used for this purpose is fit for purpose and in good working order at all times.

The provider must take appropriate action to improve its performance in relation to meeting key response times within the service.

The provider must ensure that all staff have the required training and competency to understand how and when to assess whether a patient had the capacity to make decisions about their care and understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

The provider must ensure that all staff take into account patients' individual needs.

The provider must ensure that complaints and lessons learned from complaints are shared with all staff.

The provider must ensure that all managers in the service have the right skills and abilities to run a service providing high-quality sustainable care.

The provider must ensure that all staff understand and implement its vision and promote a positive culture to create a sense of common purpose based on shared values.

The provider must ensure that it has effective systems to improve service quality and safeguard high standards of care to create an environment for excellent care to flourish.

The provider must ensure that it has effective systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

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

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

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

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Enforcement actions (s.29A Warning notice)

Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements

Failing to comply with Regulation 12, (1) (2)(a)(b)(c)(d)(e)(f) (h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Failing to comply with Regulation 13, (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

Failing to comply with Regulation 17, (1) (2)(a)(b)(d)(e)(f) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Failing to comply with Regulation 18 (1)(2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

The provider is required to become compliant with Regulations 12, 13, 17, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 1 February 2019.

Where these improvements need to happen

Thames Ambulance Service Limited
Danwood House,
Harrison Place,
Whisby Road,
Lincolnshire.

LN6 3DG.

Thames Ambulance Service Limited
Grimsby (hub of North Registered Office)
Unit 5 Omega Business Park,
Estate road,
Grimsby.
DN31 2TG

Thames Ambulance Service Limited
Lincoln (Main)
Units 5/6 Sadler Park,
Earlsfield Close,
Sadler Road,
Lincolnshire.
LN6 3RS

Thames Ambulance Service Limited
Spalding (hub station of Lincoln main)
Yard & 1st Floor Suite,
Unit 3 Mayden House,
Wardentree Lane,
Pinchbeck,
Spalding,
Lincolnshire.
PE11 3UG