

E-Zec Medical Transport Services Ltd

E-Zec Medical - Dorset

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

E-Zec Medical- Dorset provides a patient transport service to patients who are registered with a GP in Dorset, Bournemouth and Poole and who meet the eligibility criteria agreed with the commissioners.

We carried out an announced inspection of E-Zec Medical- Dorset on 18 October 2016. This was a routine comprehensive inspection. We inspected against the following key questions: are services safe, effective, caring, responsive and well-led?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Our key findings were as follows:

We saw areas of good practice including:

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There were reliable systems, processes and practices in place to protect adults, children and young people from avoidable harm. The patients we spoke with during this inspection told us they felt safe with the staff and in the vehicles.
- Staff adhered to good infection prevention and control practice.
- Vehicles were maintained to a high level of cleanliness.
- There were safe systems for medicines to be appropriately stored and managed.
- Staff were qualified and had the appropriate skills to carry out their roles effectively, and in line with best practice.
- Staff were supported to deliver effective care and treatment, through meaningful and timely supervision and appraisal.
- We saw staff treating and caring for patients with compassion, dignity and respect.
- Staff felt valued and proud to work for the service.
- The service was planned to meet the needs of its contractual arrangements with health service providers.
- Patients told us they received a reliable service as crew members came on time, and they were not left waiting for long periods.
- Staff were able to plan appropriately for patient journeys using the information provided through the booking system.
- There was good coordination with other providers.
- There was a clear vision and credible strategy to support quality care. We saw evidence that the key to good non-emergency patient transport was understood by the relevant staff.
- Senior management team and other managers encouraged openness and transparency. Leaders encouraged appreciative, supportive relationships among staff.
- Staff and patient feedback was collected and used in service development.

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

Summary of findings

- Ensure a manager for the regulated activity is registered with the Commission.
- Ensure the person appointed to be the registered manager has the relevant qualifications, skills, competency and experience and meets the regulation requirements.
- Ensure the Commission is notified of safeguarding incidents.
- Ensure all locations from which the service operates from are registered with the Commission.
- Ensure senior managers are consistently aware of the legal principles of the Duty of Candour legislation.

Information on our key findings and action we have asked the provider to take are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Patient
transport
services
(PTS)**

Rating

Why have we given this rating?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

E-Zec Medical - Dorset

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to E-Zec Medical - Dorset

E-Zec Medical- Dorset is contracted to provide transport services for NHS patients in Dorset. E-Zec provides non-urgent, planned transport for patients with a medical need who need to be transported to and from NHS services. The service is primarily for patients registered with a GP in Dorset, Bournemouth and Poole who meet eligibility criteria agreed with the commissioners.

The E-Zec Medical- Dorset fleet consists of 67 vehicles, including cars, vehicles for transporting people in stretchers, vehicles with wheelchair access and four high-dependency vehicles. The latter are staffed by a crew including at least one paramedic and they transport patients with more complex needs. The service employs 158 staff, which includes a mix of office and road based teams.

E-Zec Medical- Dorset is registered for two regulated activities. This is in respect of transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

The service was last inspected by the Care Quality Commission (CQC) in August 2015. We identified non-compliance with the equipment and staff appraisal and supervision regulations. The provider sent us an action plan and submitted evidence of changes made to improve in these areas. Both these areas were reviewed during this inspection and we found the provider had achieved compliance with these regulations.

The location did not have a registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. The senior contracts manager had applied for this position, and at the time of the inspection the application was being processed. The previous registered manager had left in November 2014, and the service had a registered manager from another location that had provided management cover until February 2016.

Our inspection team

The inspection was led by a Care Quality Commission (CQC) inspector. The inspection team also included a CQC inspection manager, a second CQC inspector and two specialist advisors. This included a practicing paramedic and a retired paramedic.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection.

Before visiting E-Zec Medical Dorset, we reviewed information we held about the location and asked other organisations to share information and experiences of

the service. This was a scheduled inspection carried out as part of our routine schedule of inspections. We carried out an announced comprehensive inspection visit on 18 October 2016.

We spoke with 20 staff, including the managing director, operations director, head of health & safety and governance, contracts manager, national operations manager, compliance manager, patient transport liaison officers, dispatchers, call handlers, ambulance crew members, paramedics and the complaints lead.

We reviewed policies and procedures the service had in place. We checked to see if complaints were acted on and responded to. We looked at documentation including relevant monitoring tools for training, staffing, recruitment and resilience planning. We also analysed data provided by the service and local NHS trust both before and after the inspection.

Facts and data about E-Zec Medical - Dorset

E-Zec Medical Dorset were awarded the Dorset contract by the local clinical commissioning group in June 2013 and commenced providing patient transport services in October 2013.

E-Zec Medical Dorset provides non urgent, planned transport for patients with a medical need who need to be transported to and from NHS services.

At the time of the inspection the service employed 158 staff, which included both road based and office based teams.

The service had a fleet of 67 vehicles in Dorset, including ambulances that could cater for stretchers and wheelchairs, high dependency vehicles (of which 2 were blue light equipped) patient transport cars and bariatric ambulances.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

E-Zec Medical – Dorset are registered to provide transport services and triage and medical advice provided remotely. E-Zec Medical – Dorset is part of E-Zec Medical Transport Services Ltd, a nationwide provider of independent, non-emergency patient transport services. E-Zec Medical Transport Services Ltd work with clinical commissioning groups, hospital trusts, community health care trusts across Dorset, Staffordshire, Cornwall, Stoke on Trent, Hereford, Surrey and Hillingdon. They provide non-urgent patient transport between people's homes and healthcare establishments.

E-Zec Medical – Dorset provides service to a number of local trusts and health centres.

The journey types and categories of patient transported included outpatient appointments, hospital discharges, hospital transfers and renal, oncology, palliative care, bariatric and transport from an acute hospital of high dependency patients who had received specialist treatment such as unblocking of cardiac arteries.

We carried out an announced comprehensive inspection visit on 18 October 2016.

Summary of findings

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

We found the following:

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There were reliable systems, processes and practices in place to protect adults, children and young people from avoidable harm. The patients we spoke with during this inspection told us they felt safe with the staff and in the vehicles.
- Staff adhered to good infection prevention and control practice.
- Vehicles were maintained to a high level of cleanliness.
- There were safe systems for medicines to be appropriately stored and managed.
- Staff were qualified and had the appropriate skills to carry out their roles effectively, and in line with best practice.
- Staff were supported to deliver effective care and treatment, through meaningful and timely supervision and appraisal.
- We saw staff treating and caring for patients with compassion, dignity and respect.
- Staff felt valued and proud to work for the service.

Patient transport services (PTS)

- The service was planned to meet the needs of its contractual arrangements with health service providers. The service utilised its vehicles and resources effectively to meet patients' needs.
- Patients told us they received a reliable service as crew members came on time, and they were not left waiting for long periods.
- Staff were able to plan appropriately for patient journeys using the information provided through the booking system.
- There was good coordination with other providers.
- There was a clear vision and credible strategy to support quality care. We saw evidence that the key to good non-emergency patient transport was understood by the relevant staff.
- The leadership team and culture of senior managers reflected the vision and values of the organisation.
- The senior management team and other managers encouraged openness and transparency. Leaders encouraged appreciative, supportive relationships among staff.
- Staff and patient feedback was collected and used in service development.

However,

- The service did not notify the Commission of safeguarding incidents.
- The service did not have a registered manager who was registered with the Commission, to carry out the day to day running of the service.
- The service had not completed an appropriate assessment and recruitment checks for the registered manager's position to ensure the person was suitable for this position.
- The service had not registered with the Commission all the locations from which they operated from.
- Senior managers were not consistently aware of the legal aspects with regards to the Duty of Candour legislation.

Are patient transport services safe?

We have not rated the patient transport service for safe because we were not rating independent ambulance service providers at the time of the inspection.

We found:

- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There were reliable systems, processes and practices in place to protect adults, children and young people from avoidable harm. The patients we spoke with during this inspection told us they felt safe with the staff and in the vehicles.
- Improvements to safety were made and the resulting changes were monitored. Staff received up-to-date training in all safety systems.
- Areas we visited were visibly clean and well maintained. Appropriate equipment was available for staff to use and there were regular checks on equipment and the environment.
- There were safe systems for medicines to be appropriately stored and managed.
- Staffing levels and skills mix were planned, implemented and reviewed to keep patient's safe at all times.
- Plans were in place to respond to emergencies and major incident situations.

However,

- The senior management team did not have consistent knowledge of the legal requirement and procedures underpinning the principles of Duty of Candour.
- The service did not notify the Care Quality Commission (CQC) of safeguarding incidents.

Incidents

Patient transport services (PTS)

- Staff used an electronic incident reporting system and all staff had access to the system. Staff we spoke with told us they were confident to report incidents. They told us they would also challenge poor practice, if they were concerned this may affect a person.
- We reviewed a number of incidents and near misses that took place in the last 12 months. We saw evidence that all incidents had been investigated and appropriate action had been taken.
- The compliance manager was trained to investigate incidents and was responsible for following the organisation's procedure when an incident was raised.
- Patient Transport Liaison Officers (PTLO), based in hospitals, also had a role investigating incidents locally. The PTLO we spoke with confirmed this and discussed incidents where they were involved. The PTLO discussed with us several examples of when an incident was raised; the process they followed and that they had reported the incident to the compliance manager who then followed the due processes.
- Staff told us the induction training course included how to report an incident. The senior management team told us scenarios were discussed during the induction training, to reinforce understanding of when to report incidents and accidents.
- The service had a system for managing safety alerts and these were reviewed, acted upon and closed appropriately.
- Staff told us that learning from incidents was shared via team meetings and governance bulletins.
- The duty of candour (DoC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Senior staff told us they had received information and training on the duty of candour.
- Following the last inspection in August 2015, where concerns had been identified on the lack of understanding of DoC, the senior management team told us they had worked hard to develop a no blame culture and promoted openness and transparency. The service aimed to achieve this by incorporating DoC in

induction training and also provided annual refresher training. We saw during the inspection the DoC policy was displayed throughout the office and the service had appointed a DoC lead.

- However, whilst staff understood the requirement to be open and transparent when things go wrong with patients care and treatment, the senior management team we spoke with did not have consistent knowledge of the legal process and actions required, when DoC was invoked.

Mandatory training

- Staff we spoke with told us they had completed their mandatory and statutory training as part of their induction. They felt this system worked well. The management team told us staff were allocated protected learning time to complete their mandatory training.
- Mandatory training included adult and children safeguarding, Mental Capacity Act 2005, basic life support, conflict resolution, infection control, handling information, communication, privacy and dignity, fluids and nutrition and awareness of mental health, dementia and learning disabilities.
- The data on compliance with mandatory training as of October 2016 showed 100% compliance for all staff, against the organisations target of 95%.

Safeguarding

- There were reliable systems, processes and practices in place to protect adults, children and young people from avoidable harm. The service had safeguarding children and adult policies and procedures in place to protect vulnerable patients. The service had an appointed safeguarding lead for vulnerable adults and children. They had been trained to level 3 and records showed they had the necessary training to enable them to fulfil this role. All staff received level 2 safeguarding training and the level of training was specific to their role. The training records we reviewed supported this.
- The majority of staff had received 'prevent' training. Prevent training is the counter-terrorist programme which aimed to stop people being drawn into terrorist-related activity. The safeguarding policy also provided staff with guidance on 'prevent' and the protocols they need to follow if required.

Patient transport services (PTS)

- Staff were knowledgeable about what constituted adult or child abuse and knew how to report any concerns. Records showed staff reported incidents of suspected abuse and their concerns were recorded clearly and factually.
- We saw evidence concerns were referred promptly to the relevant local authority safeguarding teams, and the records showed what further action was taken, or if the safeguarding team were already aware of the situation. These concerns included when staff were concerned about vulnerable patients living in their own homes, or when they witnessed poor practice in care homes.
- The Care Quality Commission (Registration) Regulations 2009 requires providers to notify the Commission about any abuse or allegations of abuse in relation to a service user. Although we saw evidence the provider recognised incidents of suspected abuse and made appropriate and timely referrals to the local safeguarding authority. The provider had not notified the Commission of these allegations of abuse.
- Disclosure and barring service (DBS) checks were carried out for all staff. The service had a policy and checklist to complete for ensuring staff had up to date DBS. For volunteer drivers, the service conducted the DBS checks in the same way as for E-Zec Medical Dorset employees.
- All patients were pre-booked for patient transport, and thus any safeguarding risks, such as previous instances of threatening, abusive or violent behaviour, were flagged up on the system and shared with the ambulance crew. This ensured that the service was able to appropriately support these patients and ensure both the patients and the staff were protected. We saw evidence of this in practice, during our patient journey observation we saw the crew members had received information about a patient who could become aggressive, prior to them collecting the patient.
- Overall, we found the resource base we visited was visibly clean and tidy. We inspected five vehicles and found they were visibly clean and tidy. Clean linen was available for patients.
- The resource centre we visited had cleaning products and disposable mop heads available to support staff with this task. Staff had access to cleaning sprays, cloths, wipes and disposable gloves. These could all be replenished at the bases when required. Cleaning products on ambulances were kept in a storage locker and extra supplies were kept at the base in a locked consumable store. We saw there was a system of using colour coded mops with different cleaning products to avoid cross-contamination.
- Safety information and instructions for use of the cleaning products were on display to ensure staff safety when using the products.
- Systems were in place to manage clinical waste, and took account of national guidance. All clinical waste was placed in a bag and then into another large bag and was tied before being put into the clinical waste bin. This ensured the risk of cross infection was minimised. All clinical waste bins were kept locked at all times.

Environment and equipment

- The environment of the resource centre we visited was clean and well maintained
- The service had a robust system in place to ensure all vehicles were maintained and serviced appropriately and in a timely manner. For example, the compliance manager maintained a central log that included details: of each vehicle, make, model, registration, last service mileage, details of the next service due mileage and current mileage. The update of the actual mileage attuned the mileage to the next service. This was flagged up on the document via a traffic light system. The central log also included details on the MOT and tax due dates. This document was reviewed and updated on a weekly basis. At the time of inspection, we saw evidence all vehicles had been serviced and maintained in line with manufacturer's recommendation and national guidelines.
- The service worked closely with the local service and repair centres to ensure they secured any need for service, MOT or repair in a timely manner.

Cleanliness, infection control and hygiene

- Staff had access to an infection prevention and control policy and system that addressed all relevant aspects including decontamination of medical devices and vehicles.

Patient transport services (PTS)

- We reviewed records of equipment and maintenance schedules including vehicles and medical devices. We looked at five vehicles and found that they had been serviced according to manufacturer's recommendations. The first aid kit and fire extinguishers were all in date. Equipment such as defibrillators, suction units, monitors, wheelchairs and stretchers had all been serviced appropriately. The compliance manager kept a central log of all equipment with an asset number and monitored this regularly to ensure all equipment was calibrated.
- Keys for vehicles were stored securely in a locked safe. The resource centre we visited had keypads on external doors to restrict unauthorised access. We did not find any unattended unlocked vehicles.
- Staff knew the process to follow if their vehicle broke down or was involved in an accident, and addressed the immediate needs of any patients first and then liaised with the compliance manager for a replacement vehicle.
- Staff could access child seats or appropriate restraints so children were transported safely. Bariatric vehicles were available and control room staff requested at the time a booking was made to ensure suitable equipment was available for the safe moving and transportation of the patient.

Medicines

- The service had a medicines management policy in place; staff were familiar with this and knew how to access the policy if required.
- The medicines storage room was constructed in the ambulance garage, with locked metal drugs cabinets used for storing medicines including controlled drugs (CDs). The key to the medicines room was kept on a chain within a coded key safe. Inside the room, a different coded key safe held the key to the metal drugs cabinet. The key to the CD cupboard was kept in a third coded key safe within the locked medicines cabinet. The metal cabinets were secured to a solid, interior wall and the interior of the medicine room was monitored by CCTV.
- There was a safe system for controlling access to medicines. Registered paramedics, trained to manage medicines safely, were authorised to access the medicines room and to sign medicines in and out of

storage. The service maintained two drugs bags which contained emergency drugs, one for each paramedic crew. When taken out from the medicine storage room, these drugs bags were stored within locked, purpose built storage cabinets secured within the vehicles. The key for each cabinet was held by the paramedic using the vehicle.

- Ampoules of CDs were kept in specially designed pouches attached to the paramedic's belt.
- There were accurate records of medicines. Paramedics signed to withdraw and return medicines in medicine record books, and wrote the date and time, their professional PIN numbers and stock balances. There were separate books for the two CDs kept on site. A running total of stock provided a daily reconciliation of medicines, and the record books showed monthly stock checks were carried out by the paramedics.
- The medicines were all in date, and there was a record of expiry dates to help the lead paramedic manage medicine orders and disposals.
- Medical gases such as oxygen and Entonox were kept in a storage area which was locked and secure, and we found these were in date.
- The service held an account with the local pharmacy for the supply and disposal of medicines.
- Staff confirmed that they did not carry, or take responsibility for, patients' own drugs.

Records

- All patient records were electronic, with secure access as staff had to login to their personal digital assistant (PDA) with their access code. No staff raised any concerns about not having a record for a patient or being unable to access patient records when they providing care to patients.
- Information on whether a patient had a do not attempt cardiopulmonary resuscitation order in place (DNACPR) or end of life care planning notes were recorded on the patient notes section of the electronic record. Staff could access this information via their personal digital assistant (PDA). If their PDA was not working, staff could call the control room to obtain the information.

Assessing and responding to patient risk

Patient transport services (PTS)

- There were appropriate systems and processes in place to assess and respond to patients who were at risk. Either a reoccurring risk that required the service to put a risk assessment in place or a sudden change to a patient's health that staff needed to escalate promptly.
- Staff were confident in knowing what to do in the event of specific patient risks. For example, recently the service had received a booking for a patient that had a tear in their spleen. The potential risk that the spleen could rupture during the transfer had been identified, and as a result a risk assessment was completed and the patient was transferred with a paramedic. Staff used a standardised form and the information uploaded on the computer system. This meant it was accessible to relevant staff within PTS.
- Risks to people who used services were assessed, and their safety was monitored and maintained. All staff on the ambulances had been trained in basic first aid which gave them initial skills to notice if a patient was deteriorating and when to call emergency help.
- Staff told us if a patient became unwell during a journey, staff stopped their vehicle when safe to do so and then assessed the severity of the situation. Staff told us if the patient deteriorated or suffered a cardiac arrest, they called 999 and requested support.
- Staff had access to the process to follow if they arrived at a location and could not locate the patient. Staff told us they would contact the control room or hospital, who then attempted to contact the patient or a family member if the patient could not be located. Staff were confident on how to escalate any concerns, for example, if they observed through a window that the patient had collapsed. Staff had access to information on the escalation processes via the internal intranet hub.
- Staff told us that in general control room staff allocated journeys to them appropriately, for example, they allocated a double crew to patients who required a stretcher lift. We observed the control room staff and frontline crews worked together to co-ordinate the safe movement of patients.

Staffing

- The service regularly reviewed staffing levels to ensure they were meeting patient needs. They achieved this by utilising a 'resource planning tool' which determined the

staffing levels needed for patient transport and this was reflected in the weekly staffing rota. The service employed 158 staff, which included both office based staff and road based teams. At the time of the inspection, the staff turnover rate was 2.53% of total headcount.

- The senior management team told us that the service did face the challenge of retention of staff, due to local competition, however they were able to flex staffing levels by utilising the bank team. The bank team worked additional shifts on overtime or flexibly as and when required.

Anticipated resource and capacity risks

- The senior management team told us they constantly reviewed the volume of work they undertook and the resources they had to meet contractual obligations. If the work levels reached a level that outweighed the provider's ability to respond, they worked closely with the local clinical commissioning group (CCG) to secure additional resources to ensure the service remained effective at all times. The service was able to provide a proactive response if this issue occurred, as they consistently reviewed trends in terms of volume and monitored continual upward trend.
- The service monitored transport journey times and staff numbers and used trend analysis to plan for staffing levels. For example, the staffing level could be flexed to respond to local events and seasonal fluctuations.
- The service had one vehicle permanently stationed at each local NHS hospital they served, which enabled them to deal with patient transfers more effectively.

Response to major incidents

- Staff had access to the standing operating procedure 'Major Incident Plan', along with a number of supplementary policies and procedures to deal with major incidents. Staff we spoke with had not been involved in a major incident response.
- Patient transport liaison officers acted as a point of contact between the control room team and the receiving hospital.

Patient transport services (PTS)

Are patient transport services effective?

We have not rated the patient transport service for effective because we were not rating independent ambulance service providers at the time of the inspection.

We found:

- Patients care and treatment was planned and delivered to take account of current evidence based guidance, best practice and legislation.
- Information about patient's care and treatment, and their outcomes, was routinely collected and monitored.
- Staff were qualified and had the appropriate skills to carry out their roles effectively, and in line with best practice.
- Staff were supported to deliver effective care and treatment, through meaningful and timely supervision and appraisal.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005.

Evidence-based care and treatment

- People had their needs assessed and their care planned and delivered. Policies and procedures took account of evidence-based guidance, standards and best practice. Eligibility criteria was electronically assessed using a specific set of questions based on Department of Health guidelines. Patients had to confirm they were registered with a GP in the commissioning area and they required transport to or between NHS funded providers before the call takers continued to assess the eligibility of the patient to use the service.
- We reviewed a number of policies and procedures, and found these reflected the current national guidance and best practice. For example, the safeguarding, infection control and medicines management policies. We also reviewed the training material used to deliver training to staff, and found the modules pertaining patient transport services reflected national guidance. Although some of the training material shown to us during the inspection, and shared following the inspection, was not relevant to the service delivered or within the scope of practice of the staff employed.

Assessment and planning of care

- Staff we spoke with told us the booking system provided them with sufficient information to plan for their patients accordingly. The control room staff were responsible for ensuring crew members had up to date information. We saw examples of bookings on the booking system and were satisfied they provided adequate information for staff to make appropriate arrangements.
- Control room staff followed a script which ensured relevant questions were asked at the time of booking about a patient's mobility or additional needs.

Nutrition and hydration

- Staff carried bottles of water in the vehicles in case of delays during the journey to ensure patients could stay hydrated.
- Specific nutrition and hydration needs were communicated via the booking system.
- Staff told us, where a patient wanted to stop for food or hydration on long journeys this would be arranged.

Patient outcomes

- There were key performance indicators (KPIs) set by commissioners for the PTS based on national guidance. KPIs are a set of quantifiable measures used to measure or compare performance in terms of meeting agreed levels of service provision.
- The KPI data presented to us showed the service's performance in achieving their targets was mixed. For example, the provider consistently met the target (50%) for service users to arrive at ultimate destination within 30 minutes (October 2015- September 2016). In the same period, the provider consistently met the target (90%) for service users living 10-35 miles away from the treatment centre should not spend more than 90 minutes on the vehicle on either an outward or return journey. Similarly the provider consistently met the target of (95%), for service users to be delivered home or to their agreed destination within 10 minutes of "Time to Specific Home Visit" and the target (95%) for Health provider to receive at least 30 minutes notice of any change to Service User drop off time or collection time, was also achieved. (October 2015- September 2016).

Patient transport services (PTS)

- However, during the period of October 2015- September 2016, the provider did not meet the target (90%) for service users to arrive at ultimate destination within 45 minutes prior to appointment time, except October and November 2015.
- In the same period, the provider failed to meet the target (90%) for service users to be collected at their agreed discharge/ready time within 45 minutes after their identified ready time. Similarly, the provider failed to meet the target (95%) for service users to be collected at their agreed discharge/ready time within 60 minutes after their identified ready time. From the period of November 2015-September 2016 the provider failed to meet the target (95%) for service users to arrive at ultimate destination within defined thresholds.
- The service consistently met all call centre KPI's, between the period of October 2015 to September 2016.
- The service was working with local clinical commissioning groups and other organisations to address this and meet the increase in demand and to operate as efficiently as possible to ensure patient safety and comfort. The service and the CCG monitored the KPI's on a monthly basis. We reviewed a set of 5 meeting minutes, which took place from March-September 2016. We saw evidence the KPI's were discussed during these meetings, and an action plan to meet the KPI's was in place. This action was reviewed, updated and monitored at each meeting.
- Standards and expectations of the service were outlined in the Service Level Agreement (SLA).

Competent staff

- There was a framework which supported staff to have the skills, knowledge and experience to deliver effective care. All crews that worked on the ambulances had six monthly observations by a mentor, team leader or manager.
- There was an induction process in place for all employed staff and volunteers, which lasted for 5 days. The training delivered was combination of class room based training and eLearning. The induction programme included: an introduction to company policies and procedures, fire awareness, conflict resolution, first aid, infection control and record

keeping. There was a competence based written and practical assessment for each module. Staff we spoke with confirmed they had completed induction training when they commenced their role.

- All ambulance crew members were required to complete a full driving assessment, with a qualified driving assessor. Driving re-assessments took place on an annual basis. Driving licenses were checked and reviewed every six months, to ensure any new offences were identified and to allow the service to take appropriate action.
- Staff had access to guidance on oxygen administration. The management team advised us that it would have been taught during each member of staff's first person on scene (FPOS) course.
- During the last inspection in August 2015, we found non-compliance with the appraisals and supervision regulation. During this inspection, we found the service had achieved compliance with this regulation and had addressed the concerns. We saw evidence that staff received annual appraisals, and these were completed on a rolling basis. We saw evidence the next appraisal had been planned. This was supported by the staff we spoke with, who confirmed they received regular appraisals, and confirmed that their learning and training needs were discussed and reviewed.

Coordination with other providers

- In collaboration with a local ambulance trust the service had held numerous road shows, at the hospital sites the service served. The purpose of these road shows was to educate both the hospital staff and general public on the different types of ambulances, the different staff working on ambulance and their scope of practice. A staff member we spoke with told us these road shows were well received by the target audience.

Multidisciplinary working

- The service took part in 'Best Practice Meetings'. These meetings were attended by the E-Zec Dorset management team, the clinical commissioning group and representatives from a number of local hospitals. The purpose of these meetings was to discuss the key issues and challenges faced by all involved and to collectively address the arising concerns.

Patient transport services (PTS)

- We reviewed the minutes for June 2016 meeting, and saw the following topics were discussed: clinical risks pregnant women present, maternity transfers, 4 hour window, paramedic vehicles for critical care and who was responsible for the safe transfer of mental health patients. We saw each meeting, accompanied an action plan, and each action point was assigned to an individual for completion.
- During our inspection we spoke with a patient transport liaison officer (PTLO), who told us they attended the best practice meeting and confirmed that these took place frequently. The PTLO discussed examples of issues they raised at these meetings. For example the 'Book ready' system, this was not being effectively used by the hospital staff that the service served. Upon identifying this concern, the PTLO held training sessions with all relevant staff, to ensure staff were comfortable with the system and knew how to use it.

Access to information

- Staff accessed the information needed for specific patient journeys via the booking system and reported that this worked well. Staff were reliant on the control room staff inputting all the relevant information.
- The ambulance crew shared information with the PTLO and control centre staff, such as issues with patient's availability or if they were unable to access the property and staff sickness.
- Staff completed handover sheets for the night operator. Any concerns or issues identified during the day that may impact during the night, were shared and discussed.
- Staff had access to information and this was easily available. For example, during the inspection we saw the 'Staff Notice Board' displayed information such as; statutory Duty of Candour, how to fix PDA's, bulletins, booking inter-hospital transfers and the process for end of life transfer from local hospital.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had access to policies and procedures, which covered the Mental Capacity Act (MCA) 2005 and

associated Deprivation of Liberty Safeguards. Staff we spoke with told us the MCA 2005 was covered as part of induction training, and the training records we reviewed supported this.

- Staff we spoke with showed awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. They described how they would support and talk with patients if they initially refused care or transport. For example, they told us they would seek the patients consent before they used seatbelts or straps to restrain them safely for journey.

Are patient transport services caring?

We have not rated the patient transport service for caring because we were not rating independent ambulance service providers at the time of the inspection.

We found:

- Patients told us staff were kind and caring.
- Staff respected the needs of patients, promoted their well-being and respected their individual needs.
- We observed patients were treated with privacy and dignity at all times. Staff treated patients and relatives with compassion and kindness. This was also supported by the patients we spoke with.
- Staff at the hospitals where the service transported patients to described E-Zec Medical- Dorset staff as caring.
- Patients who used services and those close to them received the support they needed to cope emotionally with their care.

Compassionate care

- We spoke with five patients and one relative who used the service. All said that the staff were kind, caring and that they felt safe in their care.
- One patient told us "I would give this service 10 out of 10"; another patient said "All the staff are very kind, patient and caring." A relative we spoke with told us "The service is always good; the drivers are friendly and kind".

Patient transport services (PTS)

- We observed interactions between staff and patients. Staff were friendly and kind and assisted patients to get in the wheelchair and assisted on to the vehicle.
- We observed staff explained to patients what they were doing and gave assurance about where they were going and how long it would likely take.
- During the inspection, we observed a telephone interaction between the PTLO and a patient, where the needs of a bariatric patient were discussed. The staff member sensitively discussed the need for a risk assessment, which would identify the type of vehicle required, whether that vehicle was available and if the crew members could safely access the patient's home. We found this interaction was dealt with compassionately and with empathy.
- Control room staff told us they ensured a degree of continuity between crews and patients where possible. They planned the rota so that the same crew members transported the same patients wherever possible for routine appointments

Understanding and involvement of patients and those close to them

- All patients and the relative said they were a reliable service that always came on time, so they were not left waiting for long periods. A relative told us "If they are running late, we are informed about this."
- Patients were fully consulted through their booking process on their eligibility by the NHS trust directly. Staff kept patients and their families informed as part of the eligibility process. If the patient did not meet the eligibility criteria for transport, guidance was provided to the patient on why they were not eligible.

Emotional support

- We spoke with staff about what they would do in the event they were informed that a patient was for end of life care. They all responded with answers that considered the emotional wellbeing of the patient and the family. Staff told us they would ensure that all aspects of the journey would be communicated with the patient and the family. They would ensure that the dignity and comfort of the patient was maintained at all times.

- In event of a patient death during the journey, staff told us they would drive the patient to the nearest hospital to be seen and confirmed as deceased by a doctor. The crew would notify the control room that would contact the family to request they go to the hospital.
- Some staff we spoke with told us they had completed Trauma Risk Management (TRiM) training, which was delivered by a local hospital. This training had enabled staff members to provide emotional support to staff who had dealt with incidents which involved en-route deaths. A patient transport liaison officer (PTLO) who had completed this training told us they had found the training very helpful and it allowed them to provide a supporting role to patients and staff when required.

Supporting people to manage their own health

- Staff told us they felt it was important to empower those who used the service and support them with independence. Staff told us they did this by encouraging patients wherever possible to use their own mobility aids when they entered or left the vehicle.
- Staff asked each patient whether they required assistance with walking, sitting and standing at the beginning and end of each journey.

Are patient transport services responsive to people's needs? (for example, to feedback?)

We have not rated the patient transport service for responsive because we were not rating independent ambulance service providers at the time of the inspection.

We found:

- The service was planned to meet the needs of its contractual arrangements with health service providers. The service utilised its vehicles and resources effectively to meet patients' needs.
- Patients told us they received a reliable service as crew members came on time, and were not left waiting for long periods.
- Staff were able to plan appropriately for patient journeys using the information provided through the booking system.

Patient transport services (PTS)

- Staff had access to communication specialist equipment, pictorial guides, and language services to meet patients' individual needs.
- Staff and patients were aware of and knew how to access the service's complaints and compliments system.

Service planning and delivery to meet the needs of local people

- The service provided non-emergency planned transport for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, being discharged from hospital wards or requiring treatment such as chemotherapy or renal dialysis.
- Services were planned around the needs and demands of patients. For example, the service had planned for the upcoming winter period. This included refresher training, which was provided to ensure staff were aware of the winter challenges and vulnerable patients. All heaters in vehicles were serviced, additional blankets were placed on vehicles, and staff rotas for Christmas and New Year were reviewed and agreed. In addition, the team had recruited additional bank staff to use should the need arise.
- The service had introduced a direct telephone line for all patients and their relatives to use, in case of any delays in pickups. Patients were kept informed of the reasons for delays and approximately how long it would take before the crew arrived.
- A dedicated staff member contacted patients a day before their appointment to confirm transport requirements and to ensure the appointment had not been cancelled or changed by either the healthcare provider or patient. The purpose of this call was to remind patients of the appointment and pick up time and also to pre warn crew of potential wasted journeys if patients were unable to attend their appointment.

Meeting people's individual needs

- We saw evidence at the time of booking a journey, call handlers asked relevant questions to obtain information on the patient's mobility, the type of vehicle required, what equipment was needed, additional needs such as

hearing or sight impairment and if the patient needed an escort, for example if they were living with dementia or had learning disabilities. Staff also recorded whether a patient was bariatric.

- Fleet vehicles were all designed to meet the needs of bariatric patients and had been specifically adapted to provide additional space. There was dedicated equipment; for example, bariatric patient trolleys and winch systems to enable safe access to transport.
- Transport crews had access to a simple pictorial communication guide, which gave a range of symbols and signs used to communicate with people who may be cognitively impaired, lack speech or may have English as a second language.
- Staff could access a language line to support patients whose first language was not English.

Access and flow

- Patients' eligibility for the service was assessed at the point of booking through the internal booking system. The eligibility criteria was based on a range of circumstances including the medical need for transport, patient's physical needs, specialist equipment required, whether an escort was needed and any other patient needs.
- The control room maintained regular contact with the staff in the vehicles, updating them on any changes to their work schedule and taking on additional work throughout their shift
- Control room staff prioritised the service for patients with the most urgent needs, which were informally determined as oncology patients and dialysis patients. In periods of high demand, patient transport staff asked the hospital teams to prioritise their patients.
- Portable hand held devices carried by staff provided them with accurate journey information including name, pick up point, destination, mobility requirements and any specific notes based on individual needs.
- Vehicles were tracked in 'real time' to enable control room staff to deploy vehicles to the correct location, on time and redeploy any vehicles or staff that can be used for alternative journeys, if a journey was aborted or cancelled.

Patient transport services (PTS)

- Patient delays were communicated to patients and health providers as much as possible. The crew's personal digital assistants (PDAs) where they accessed information about their jobs for the day. They were in frequent contact with the control team and would let them know if they were running late due to unforeseen circumstances.
- Staff told us if they were running late they would call the control room, who informed the hospital.

Learning from complaints and concerns

- Patient's comments and complaints were listened to and acted upon. Information on how to make a complaint was provided on the company's website. Staff told us that complaint leaflets were available on all vehicles. However, the two vehicles we inspected did not have any complaint or feedback forms.
- Staff told us that all patients were advised at the time of booking, who they should contact should they experience any problems. Staff told us that where issues were identified during a journey, clinical staff advised the patient to make contact with the service's control room staff tried to resolve the problem informally in the first instance. After this patients could make a complaint in writing and this would be dealt with formally.
- Staff told us if someone had a concern or a complaint they would try and deal with the matter there and then. Failing that, they would escalate the issue to the complaint manager.
- Staff told us complaints were openly discussed to ensure all staff were able to learn and contribute to any improvement action that might be required. For example, the service had received concerns relating to patient care and the insufficient use of blankets during the journey. In response, the service reviewed its policy and shared the concern with all staff via a bulletin. Through this bulletin the service emphasised the importance of ensuring sufficient blankets were available at all times, why blankets were needed, and the different types of blankets that were available for staff to offer to patients.

- We reviewed 6 complaints received in the last 18 months and found the service had kept records of all written complaints received, investigated and responded where possible, to the patient's satisfaction with an apology.
- The PTLO dealt with any complaints which related to crew and ambulance staff attitude. They took statements from staff involved and a 'notice of improvement' was placed on the offenders file. This remained on the personnel file for a year and removed following annual review if adequate improvement had been made.

Are patient transport services well-led?

We have not rated the patient transport service for well-led because we were not rating independent ambulance service providers at the time of the inspection.

We found:

- There was a clear vision and credible strategy to support quality care. We saw evidence that the key to good non-emergency patient transport was understood by the relevant staff.
- The leadership team and culture of senior managers reflected the vision and values of the organisation.
- Senior management team and other managers encouraged openness and transparency. Leaders encouraged appreciative, supportive relationships among staff.
- Local managers were visible and approachable within the control room. Control room staff described their managers and team leaders as visible, approachable and supportive. Staff told us that managers were very supportive and they felt valued and respected.
- There was a culture of collective responsibility between teams and services. Information and analysis was used proactively to identify opportunities to drive improvement in care.

However,

- At the time of the inspection, E-Zec Medical Dorset did not have a manager who was registered with the Commission, to carry out the day to day running of the service.

Patient transport services (PTS)

- Although the provider reported several cases of incidents of suspected abuse to the local safeguarding authority and managed this appropriately, the provider had failed to notify the Commission about this. Monitoring systems had not identified this.
- The service had not registered with the Commission all the locations from which they operated from.

Leadership of service

- At the time of the inspection, E-Zec Medical Dorset did not have a manager who was registered with the Commission, to carry out the day to day running of the service. The Health and Social Care Act 2008 requires the Commission to impose a registered manager condition on organisations that requires them to have one or more registered managers for the regulated activities they are carrying out. This meant, at the time of the inspection, the service was in breach of their registration conditions.
- At the time of the inspection a member of the management team had applied to become a registered manager and had attended the CQC for an interview. During this process, information indicated that the services recruitment processes had not been robust in assuring appropriate person was selected for the registered manager's role. This raised concerns about the systems and processes the service used to assess and check that staff are skilled and experienced to undertake specific roles.
- The senior leadership team consisted of a managing director, commercial and operations director, operations manager and a compliance manager. The senior management team were mostly based in the head office in Redhill. They had direct and regular contact with the local senior management team. This comprised of, a contracts manager, assistant manager, control room manager, compliance manager, renal coordinator and patient transport liaison officers.
- The senior leaders and managers reflected the vision and values of the organisation. They all encouraged openness and transparency. We saw this in responses to complaints as well as engagement with others sharing key performance indicator data. They had a clear aim to provide and promote good quality care.

- All staff spoke positively about the leadership of the service. They told us that leaders, at all levels, were visible and approachable. They felt leaders had the appropriate skills and knowledge for their role and managed their aspect of the service well.
- None of the staff we spoke with raised concerns about not being able to access or speak with their immediate line manager. Staff felt confident to raise concerns to a more senior manager when appropriate.

Vision and strategy for this service

- The service had developed its vision and values around the company's mission statement which was "To provide the very best care for each patient on every occasion". The service aimed to deliver services by: ensuring patient care was at the centre of everything they did, by being accountable and honest and by treating everyone with respect and promoting good working relationships.
- The service had a documented business sustainability strategy. This outlined the key objectives, which included: to ensure current contracted services were managed effectively and safely and within financial measures and contractual targets. In addition to ensure new business growth was managed correctly and ensure it did not impact current operation. This strategic document clearly highlighted key business risks and future plans.
- Senior staff were keen to ensure they focused resources towards the most needy and ensure services were developed with patients' needs at the centre. They realised the importance of recruiting and keeping the right staff, to enable them to develop their services and deliver against the key priorities.
- **Governance, risk management and quality measurement**
- The service had governance and reporting structure in place, which fed into senior leadership team. The E-Zec Dorset management team reported to the senior management team, who were based in the head office in Redhill. Weekly meeting took place between both teams and where contract performance, any issues and concerns were discussed.
- Daily 'huddles' took place between the office and control room team and local management team.

Patient transport services (PTS)

Managers told us they used the huddles, to communicate with all staff, and enabled them to share key messages and gave the staff an opportunity to air and share. These meetings were not minuted. The managers told us that due to the layout of the office meant that they could easily communicate with the teams, and often this happened in short notice and as such the meetings were held informally.

- There was a programme of audit to monitor and manage quality and ensure performance data was accurate, valid and relevant. This included audits such as; equipment audit, paramedic medicine audit and KPI audits.
- All policies we reviewed were dated and had a review date. The policies were version controlled, which ensured an audit trail was available for any updates and staff were looking at the most up-to-date document and following best practice.
- The service had a lone working policy in place to ensure the safety and welfare of staff whilst at work.
- The service routinely monitored the key performance indicators (KPIs) for delivering an effective patient transport service, with each indicator reviewed by the senior management team on a weekly basis. The senior management team were knowledgeable about all the metrics and KPIs within their service.
- The service had not registered with the Commission all the locations from which they operated from. In the company's Statement of Purpose, the provider had declared two locations from which they were providing regulated activity. Both these locations had not been registered with the Commission at the time of inspection. We discussed this with the senior management team during the inspection, who told us that they had been advised by the Commission locations did not need to be registered. However, the provider was unable to provide any documentary evidence to support this statement. The senior management team assured us during the inspection, that both locations will be registered with immediate effect. Following the inspection, the Commission received applications for both locations, along with registered manager applications for each of these sites and these were being processed by the Commission.

- The Care Quality Commission (Registration) Regulations 2009 requires providers to notify the Commission about any abuse or allegations of abuse in relation to a service user. During the inspection we found the provider reported several cases of incidents of suspected abuse to the local safeguarding authority. However, the provider had failed to notify the Commission about this.

Culture within the service

- Managers and others told us of a culture that encouraged candour, openness and honesty.
- Staff we spoke with felt respected and valued. Staff told us that it was a "great and positive" organisation to work for and they felt well supported. They said they were able to put forward ideas and that they were listened to.
- Managers told us that the provider was progressive and adaptive to change. During our inspection, it was evident from staff that they were very patient focused and wanting to provide every patient with a good experience.
- Staff told us and we observed a positive culture within the service. Staff commented there was a family atmosphere. Staff clearly cared for and supported each other.
- Staff told us and we saw there was good team working between different departments and services, based at the main offices in Dorset.
- Team leaders and senior staff were competent to manage staff performance. Action was taken if staff did not perform or conduct themselves to the expected standard.

Public and staff engagement

- Staff felt safe to raise concerns and leaders understood the value of staff raising concerns. Staff felt engaged with their employer in planning and delivery of their service.
- Patients, staff and others who used the service were engaged and involved. For example, some patients who attended a local hospital feedback concerns about the delays they encountered when they were picked up following treatment. As a result of this feedback, the

Patient transport services (PTS)

service reviewed their resources at that location, and a decision was made to station another vehicle at the hospital site at all times and extended the shift operating hours to meet the patient demand.

Innovation, improvement and sustainability

- We spoke with the managing director of the service who said the service had no financial deficit. There were funds available to expand the service as and when required. The senior management team told us they wanted to continue to find the right type of staff and ensured robust due diligence was undertaken before undertaking new contracts and expanding the business.
- The senior management team were aware that that there was scope for significant service and business growth, but had planned to take a cautious approach to this. The focus of the service was to deliver a sustainable service that was stable prior to taking on new contracts. The senior management team aimed to achieve expansion by only undertaking services which were known to them and that were financially viable. The service utilised on the senior management team's knowledge and expertise of the sector before taking on new contracts.
- The service had made several changes to their practice and systems, following concerns and issues raised and discussed in the 'Best practice meetings'. For example, the 'Book Ready' function on the booking system could only be activated when the patient was actually ready to go home. It had been identified this function was not being performed correctly and thus changes were made and all hospital staff were informed of this change. In addition the service introduced patient cards, which all patients received when they were collected by the ambulance crew. The patient card included a journey reference number, which the patient shared with the hospital staff, and this ensured that the return booking could be managed more accurately and effectively.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Ensure a manager for the regulated activity is registered with the Commission.
- Ensure the person appointed to be the registered manager has the relevant qualifications, skills, competency and experience and meets the regulation requirements.

- Ensure the Commission is notified of safeguarding incidents.
- Ensure all locations from which the service operates from are registered with the Commission.

Action the hospital **SHOULD** take to improve

- Ensure senior managers are aware of the legal aspects with regards to the Duty of Candour legislation.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Regulation 19 (1) (b)</p> <p>The service had not completed an appropriate assessment and recruitment checks for the registered manager's position to ensure the person was suitable for this position.</p> <p>Ensure the person appointed to be the registered manager has the relevant qualifications, skills, competency and experience and meets the regulation requirements.</p>

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 5 (Registration) Regulations 2009 Registered manager condition</p> <p>How the regulation was not being met</p> <p>The service did not have a registered manager in place at the time of inspection.</p> <p>The provider must ensure a registered manager is appointed. Regulation 5 (1)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

How the regulation was not being met

The service failed to notify the commission of safeguarding incidents.

The service must notify the Commission without delay of the incidents, including, safeguarding incidents.
Regulation 18 (1) (2) (e).