Mr Warren Bolton

Medical Response Services

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of Medical Response Service improved. We rated it as requires improvement because:

- Staff had not received children's safeguarding training in line with the national guidance; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019.This meant they may not have been able to identify or manage children's safeguarding concerns that occurred during their work with patients.
- We were not assured that staff managed medicines well because the provider did not record or review staff competency in administering oxygen.
- Managers did not always make sure staff were competent. Most staff appraisals were out of date at the time of our inspection. Managers showed us they had developed a new system for supervisions and appraisals, but this had not been embedded into the service.
- Managers did not monitor response times. We were told managers did not collate or monitor pick up and drop off times and that no key performance indicators had been developed in relation to this to ensure patients were receiving the service in a timely way.
- Not all files contained two staff references which were required by the service's recruitment policy to ensure the service met the requirements of the Health and Social Care Act 2008 and that staff were fit and proper to undertake their role.
- We were not assured the provider had robust processes to ensure that directors who had responsibility for the quality and safety of care and for meeting the fundamental standards of care were fit and proper to carry out the role. The recruitment policy did not contain information about fit and proper person's requirements for the directors of the service.
- The provider did not oversee the frequency of clinical waste removal from the ambulance base.
- There was insufficient scrutiny of staffing requirements when reviewing the staff rota. We found instances on the rota where staff members who had not received basic life support training had been put on a crew together. This meant that staff may not have been able to carry out cardio pulmonary resuscitation effectively, in the event of patient deterioration.
- Whilst risks were identified they did not always have actions identified to effectively mitigate the risk and there was limited evidence of signed agreements with partner organisations to ensure effective delivery and monitoring of services.
- The service was committed to learning to help to improve services but during this inspection there was limited evidence of innovation

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills. The service controlled infection risk well. Staff assessed risks to patients, acted on these and kept good care records. The service had systems in place to manage safety incidents.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff knew how to protect the rights of patients' subject to the Mental Health Act 1983. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Summary of findings

- The service had a vision and engaged with patients to improve and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	Our rating of this service improved. We rated it as requires improvement because: • Not all systems and processes were fully in place to safely administer medicines. • The service did not monitor agreed response times so that they could facilitate good outcomes for patients. • The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance. • Although leaders had improved their skills and abilities to run the service, not all the required processes or policies were in place to ensure those responsible for the quality and care of patients were fit and proper to carry out the role. • The service had a vision for what it wanted to achieve although this did not include further developments or a strategy on how they were going to achieve the vision. • Leaders did not always operate effective governance processes, throughout the service and with partner organisations. • Leaders did not always use systems to manage performance effectively. They identified and escalated relevant risks and issues but did not have identified actions attached to all risks to reduce their impact. However, • The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe and Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew how to identify and quickly act upon patients at risk of deterioration. • The service had enough staff with the right qualifications, skills, training and experience and kept detailed records of patients' care and treatment.

Summary of findings

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff knew how to protect the rights of patient's subject to the Mental Health Act 1983. Staff supported patients to make informed decisions about their care and treatment.
- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.
- All staff were committed to continually learning to help improve services, although there was limited evidence of innovation within the service.

Summary of findings

Contents

Summary of this inspection

Background to Medical Response Services

Medical Response is operated by Mr. Warren Bolton. The service opened in 2011. It is an independent ambulance service in Wigan, Lancashire. The service primarily serves a number of regional acute NHS hospital trusts, local authorities and clinical commissioning groups. It also accepts patient referrals from outside this area. The service is registered to provide transport services, triage and medical advice provided remotely and carries out an average of 1000 patient transport journeys each month. The service has had a responsible individual in post since July 2011.

The service employed 35 ambulance crew members, three office administrators, two infection control staff members and a mechanic.

The location had been inspected previously in January 2020 when we took action against the provider and again in September 2020 to follow up on the concerns at the previous inspection. Although there had been improvements, we identified that there were still some areas that posed a potential risk to patients.

The current focused inspection was undertaken to assess if the provider had made further improvements. This was a short-announced inspection carried out on 1 and 2 December 2020.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We did not identify any areas of outstanding practice.

Areas for improvement

Action the provider MUST take to improve:

We told the provider that it must take action to bring services into line with legal requirements.

- The provider must ensure that all staff receive regular supervision and appraisals to ensure they are competent in their roles Regulation 18(2)(a)
- The provider must ensure staff competency in administering oxygen is recorded and reviewed at appropriate intervals. 18(2)(a)
- The provider must ensure that all staff receive children's safeguarding training to an appropriate level in line with best practice guidance. Regulation 13(2)
- The provider must ensure there is a process in place to carry out appropriate checks for directors of the company. Regulation 17(1)
- The service must monitor performance to ensure patients receive care in a timely way. Regulation 17(1)
- The provider must ensure that there is sufficient scrutiny of the rota systems to ensure that staff who work together have appropriate skills to carry out their role. Regulation 17(2)(a)

Summary of this inspection

Action the provider SHOULD take to improve:

We told the provider that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should consider putting in place plans on how they are going to achieve their vision
- The service should consider formalising agreements with partner organisations to ensure they are effectively managing services
- The service should ensure that all risks have appropriate actions identified to mitigate the risk. .

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Not inspected	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Not inspected	Good	Requires Improvement	Requires Improvement

Requires Improvement

Patient transport services

Safe	Requires Improvement
Effective	Requires Improvement
Responsive	Good
Well-led	Requires Improvement

Are Patient transport services safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement because:

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Training consisted of a mixture of face to face and online training and mandatory training; compliance rates were at 92%. This was an improvement from the last inspection. There was a statutory and mandatory training policy which outlined what training staff must complete, the frequency of the training, which staff members should complete the training and the method of delivery.

The training provided covered a range of key skills including manual handling, Covid-19, dementia awareness and infection prevention and control and basic life support.

The operations manager was completing a course to enable him to train staff, with the aim of increasing face to face training for staff.

Safeguarding

Staff had not received all the required training on how to recognise and report abuse. However, staff understood how to protect patients from abuse.

Staff had not received up to date level two child safeguarding training, which is a requirement of the national guidance; *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019* for patient transport staff. This was also an issue at the last inspection and meant there was still a risk that staff would not have the skills to identify children at risk of harm. When we raised this with the provider, they told us that they would ensure all staff were booked onto a course. Following the inspection, we saw evidence that all staff were now trained in safeguarding children level two.

Ninety-four per cent of staff had completed adult safeguarding training level two which is the required level for patient transport staff. Staff we spoke to understood how to protect patients from abuse. The service's safeguarding lead had now received level four safeguarding training which was in line with national guidance.

Requires Improvement

Patient transport services

The service had a safeguarding policy which covered both adult and children's safeguarding, which was in date and referenced the policy lead. This was accompanied by a procedure to provide easy to follow guidance for staff.

The safeguarding policy stated the registered manager was the safeguarding lead, which was incorrect as we were told this was the operations manager. However, staff we spoke to knew what to do and who to speak to in the event of a safeguarding concern.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

We checked five ambulances which were all clean and well maintained. There was a schedule and guidance in place for cleaning vehicles, including deep cleaning each vehicle every six weeks. Staff carried out an enhanced clean of the vehicle after they had carried a Covid positive patient. Managers carried out regular spot checks to ensure cleaning was being carried out thoroughly and we saw completed audits for this.

Staff had access to appropriate personal protective equipment and there were procedures and guidance in place to manage patients who had been identified as Covid positive. There were adequate handwashing facilities available and managers carried out hand hygiene checks.

There was an arrangement with commissioning services for clinical waste to be disposed of at the hospitals. The service had a contract with a clinical waste disposal company and there was a secure clinical waste bin at the ambulance base. However, we were told this was only emptied when it was full and there was no date on the bin to show when it was last emptied. This meant there was a potential risk of infection being spread within the premises.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.

The service had a health and safety policy in place which was based on health and safety legislation and managers had been allocated key areas of responsibility. Equipment including fire extinguishers and compressed gas outlets had been serviced, were in date and managers had trained staff to use them.

Ambulance staff completed a paper-based daily vehicle checklist and a daily equipment checklist prior to using the ambulance vehicle. We reviewed three completed daily vehicle checks and three equipment checklist forms and these were complete and up to date.

The service employed a mechanic to maintain, service and repair ambulance vehicles. There was a file for each ambulance. We reviewed three of these files and saw that each file included an up to date MOT certificate, an up to date six-week service checklist report and a defect log showing completed work.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew how to identify and quickly act upon patients at risk of deterioration.

Requires Improvement

Patient transport services

There was an exclusion and inclusion criteria for staff to follow. This provided guidance about which patients the service was able to transport safely. Patient groups the service did not transport included anyone under 18, and Covid-19 positive patients who required aerosol generating procedures.

We reviewed nine booking forms, and all were complete and up to date with no omissions or errors. Office staff had received training to complete the service's booking form which identified patient requirements and initial risks to patients.

Patient transport staff identified further risks by completing a dynamic risk assessment when they arrived at the hospital to collect the patient. This was done by completing the relevant section on the patient record. Identified risks included whether the patient had diabetes, and the responsiveness of the patient.

Managers audited booking forms and patient records and any identified issues were discussed at managers meetings.

There was a deteriorating patient policy with an accompanying process which was easy for staff to follow. Staff we spoke with knew what to do in the event of a patient deteriorating during the journey.

Since the last inspection the service had a new recording system which managers had trialled with staff. This captured risk concerns prior to and during the patient journey. Staff had just started to use the records and assessment system and it was still being reviewed and amended and therefore was not embedded in the service at the time of this inspection.

Since our last inspection the provider had put in place restraint training that was appropriate for patient transport staff. This meant that staff were trained correctly to ensure that on occasions where they may need to restrain patients, this was done appropriately so that the risk of harm to patients was reduced.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service employed 35 ambulance crew members, three office administrators, two infection control staff members and a mechanic. The service had enough staff to ensure all shifts were filled. The office manager used an electronic system to manage the rota and to reallocate shifts when required.

Staff received appropriate training for their roles and training compliance was monitored and managed during managers meetings.

However, managers did not always review the staffing skill mix when reviewing the rotas. This resulted in occasions, where staff who had not received basic life support training were working in pairs on a shift together. This meant there was a risk that should a patient deteriorate, and staff needed to respond, they had not received the appropriate training to manage the patient.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Requires Improvement

Patient transport services

We looked at nine patient records. These were all complete and up to date with no errors or omissions. The service had started to implement a new record system which gathered increased information about patients and enabled staff to monitor patients throughout their journey. However, this was not fully embedded at the time of the inspection for us to monitor the effectiveness of the system.

Staff were required to gain a signature from staff at the hospital to sign to confirm it was safe for patients to be discharged into the care of patient transport staff.

Patient records were collected and scanned into the computer system daily.

Medicines

Not all systems and processes were fully in place to safely administer medicines.

We found that staff had not received formal training in the administration of oxygen and that managers could not evidence any ongoing competency assessments for this. This issue was identified at our last inspection. Staff administered oxygen to patients when this was prescribed by the hospital clinician but did not administer any other medication. Managers told us staff were trained on how to administer oxygen during induction and we saw this was in the induction booklet. However, this training had not been recorded. This meant we could not be assured that all staff involved in the use of oxygen, had appropriate and ongoing training in safe oxygen storage and use.

The service now had a policy which covered the safe handling, storage and administration of oxygen and there was a procedure available to support staff on how to administer this safely. We saw that oxygen was stored appropriately and securely both at the ambulance base and on the ambulances.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents well.

The service had an incident management policy with an accompanying incident reporting procedure. There had been one incident since we last inspected in September 2020. This was well documented, and managers had followed the organisation's policy when they had reviewed the incident.

Since the last inspection a new procedure had been implemented to provide clear guidance for managers investigating incidents which included prompts on notifying external bodies including the Care Quality Commission.

The service had a duty of candour policy which included a procedure for contacting patients and providing an information and an apology when the duty of candour threshold was met. All staff had received duty of candour training. Duty of candour is a statutory (legal) duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

Requires Improvement

Patient transport services

Are Patient transport services effective?

Requires Improvement

Our rating of effective improved. We rated it as requires improvement because:

Evidenced based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Policies that we reviewed referenced legislation and were based upon sector appropriate national guidance. Following our last inspection the service had stopped transporting patients detained under the Mental Health Act and this was still the case during this inspection.

The service had now developed a risk management policy which provided guidance to staff when transporting detained patients and a prevention and management of violence and aggression policy, which provided detailed guidance to support staff to manage incidents of violence and aggression based on national guidance.

We found that staff had been provided with prevention and management of violence and aggression (PMVA) training which was appropriate to the sector. This included approved restraint techniques for detained patients. Mental health awareness training had also been undertaken by staff. All this was based on national guidance and best practice.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

The service generally carried out short journeys and carried bottles of water on board should the patients need a drink. The operations manager told us that staff would check dietary requirements and request a packed lunch from the ward should a patient need food for a longer journey.

Response times

The service did not monitor agreed response times so that they could facilitate good outcomes for patients.

We found at previous inspections that the service did not monitor response times. During this inspection, the operations manager told us they did not collate, or monitor pick up and drop off times. However, they monitored that expected vehicles and crews were present at each hospital daily.

The provider monitored staff punctuality and the times of vehicles arriving on site, however there were no key performance indicators which monitored whether patients received the service in a timely way. The service had not received any negative feedback about performance from hospitals. This was the same at previous inspections.

We were also told that staff had started to convey patients for cardiology appointments from March 2020 onwards and that there had been no instances where a patient had missed or been delayed for their appointment since that time.

Requires Improvement

Patient transport services

Competent staff

The service did not always make sure staff were competent for their roles. Managers did not always appraise staff's work performance.

Only one out of thirty-two members of staff had received an appraisal in the last year. However, staff told us they had received ad hoc supervision meetings with managers and that they felt supported. Appraisals provide staff with a clear understanding of their role and the part they play in their team and organisation. They are also important as they exist to improve efficiency by ensuring that individuals perform to the best of their ability and develop their potential.

A new supervision system had recently been put in place which set out timescales for staff supervision, and a clear process for assessing staff competency, however this was not fully implemented at the time of inspection for us to assess the effectiveness of this system.

On reviewing staff files, we found that not all staff files contained two references which was not in line with the recruitment policy or the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 schedule 3. We found six files that were missing both references. These were files for staff who had worked for the service since 2017/2018. However, staff files for staff appointed since 2019 contained appropriate references.

The service had a capability policy and we saw examples of action being taken where staff did not meet the standards agreed within the organisation's policies and procedures.

The service had just introduced a competency-based interview system to help them ensure they had the right staff for the service. Staff received an induction and ongoing training which was relevant to the service needs. Inductions included driving competency assessments, training courses, shadowing sessions where staff could observe experienced staff carrying out the roles and assessing staff competency in using the equipment on the ambulances.

Managers did not allow staff to drive vehicles until they had completed their driving assessments successfully and and they carried out driving license checks annually.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Managers had regular contact with contract providers, and patient transport staff worked with staff at the hospital to ensure they had the required information to transport the patient safely. This meant that support was in place to ensure that patients received the appropriate care.

We saw that office staff, ambulance staff and management continued to work well together.

Consent and Mental Capacity Act

Requires Improvement

Patient transport services

Staff knew how to protect the rights of patients' subject to the Mental Health Act 1983. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Whilst the service was not currently transporting patients detained under the Mental Health Act, we saw a record template for transporting patients detained under the Mental Health Act should they begin to transport these patients. This included a risk assessment and a risk management plan which was based on positive behavioural support principles. These principles support staff to notice signs that a patient was becoming agitated or distressed and to de-escalate situations. The form also included information on mental health paperwork that needed to be checked before transporting patients detained under the Mental Health Act as well as observations of patient to be undertaken during the journey.

All staff had completed Mental Capacity Act training level two and 94% of staff had completed the Deprivation of Liberty Safeguards (DoLS) training level two. These areas of training enabled staff to support patients who had limited or fluctuating capacity. The DoLS is the procedure prescribed in law when it is necessary to deprive of their liberty a patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Staff also received mental health, dementia and learning disability awareness training. The service had a consent and mental capacity policy and procedure in place which was based on the Mental Capacity Act 2005 and contained information about assessing a patient's capacity to consent and supporting patients who lacked capacity. The staff also had access to an informal patient mental health transfer process.

All staff we spoke with understood how to support patients to make informed decisions and explained the process of gaining consent from a patient prior to transport. Staff could tell us what they would do if a patient did not have capacity to consent.

Are Patient transport services responsive?

Good

Our rating of responsive improved. We rated it as good because:

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Patient transport services were still the main service offered which included inter-hospital transfers and hospital discharges. Since the last inspection, the service had ceased transfers for those who required mental health transportation.

The service carried out about 1000 journeys a month and had an arrangement with three NHS trusts for patient transport services to convey patients home following discharge from the hospital. At two of these trusts' arrangements were in place for staff to liaise directly with the hospital staff to provide support when and where it was needed.

Requires Improvement

Patient transport services

Managers had provided the trust with service level agreements to set out guidelines regarding the services they were going to provide although these had not been signed by the trusts. This was the same at previous inspections.

The service had two additional standby crews working each day to take on ad hoc and additional work. Managers liaised regularly with the hospitals to identify further needs.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff were given guidance and training to ensure they appropriately assessed patient's individual needs. This included training in mental health awareness and supporting patients with dementia and learning difficulties.

Staff requested information about patient's communication needs during booking and could arrange an interpreter if this was required.

The service considered the needs of bariatric patients, staff collected information about a patient's weight and mobility during booking to ensure they were sending the correct number of crew to support the patient. Bariatric equipment was available on the ambulance if required.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

The service operated 24 hours a day, 365 days a year. Managers monitored the number of journeys that took place and worked with trusts to adjust to the needs of both hospitals and patients.

As the service did not monitor response times, we were unable to establish if the journeys were made in a timely manner. However, staff were aware of the journeys being made to establish if there were delays or issues at the time.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

The service had a complaints policy which provided guidance for managing complaints. The service had not received any complaints since we last inspected.

The service gave 'tell us' feedback cards to patients following their journey. These were collated and reviewed by the office manager and operations manager to look for improvements to the service. We reviewed 11 of these and four compliments sent to the service all of which were positive.

Are Patient transport services well-led?

Requires Improvement

Patient transport services

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement because:

Leadership of services

Leaders had improved their skills and abilities to run the service. They were visible and approachable in the service for staff. However, not all the required processes or policies were in place to ensure those responsible for the quality and care of patients were fit and proper to carry out the role.

The leadership team consisted of two directors, one of whom was the nominated individual, an operations manager, an office manager and a compliance consultant. Each manager had areas of the service that they were responsible for. This was an improvement since the last inspection.

Since our last inspection managers had undertaken various training courses to improve their own skills. These included courses on delivering training, safeguarding, Prevent training and advanced first aid. Managers also identified skills gaps and provided training to support staff to develop their own skills.

We found at this inspection that checks had been completed to ensure that staff undertaking the role of the nominated individual had the necessary qualifications, competence, skills and experience in line with schedule 3 and schedule 4 of the Health and Social Care Act 2008, to properly supervise the management of the carrying on of the regulated activity.

However, the recruitment policy did not contain information about fit and proper person's requirements for the directors of the service. Therefore, we were not assured the provider had robust processes to ensure that directors who had responsibility for the quality and safety of care and for meeting the fundamental standards of care were fit and proper to carry out the role.

Staff told us that managers were supportive and had contact with staff on a daily basis. The operations manager and the nominated individual operated an on-call system to support staff with any issues they needed help with out of office hours.

Managers had strengthened the team since the last inspection and the leadership team had improved it's understanding of the requirements of the health and social care act and policies were linked to relevant aspects of the act and discussed in meetings. We saw guidance in the paperwork about reporting certain incidents to the Care Quality Commission.

Vision and strategy of the service

The service had a vision for what it wanted to achieve although this did not include further developments or a strategy on how they were going to achieve the vision.

The manager told us that the vision was focused around improving the quality of the service and the care to the patient. The vision did not include the growth of the service as this was not a focus for the provider at this time.

Requires Improvement

Patient transport services

The service had an ethos which was based on treating every patient as staff would treat a member of their family and staff were aware of and worked within these values.

Culture within the service

Staff felt respected, supported and valued. The service promoted equality and diversity in daily work, although due to the nature of the service there was little opportunity for career development. The service had an open culture where staff could raise concerns.

Staff told us managers were approachable and that they could talk to them if they had concerns. The service also had a whistleblowing policy which provided guidance on how to raise concerns.

The service had an equality policy which was in date and based upon current legislation and guidance. Staff had received equality training.

Governance

Leaders did not always operate effective governance processes, throughout the service and with partner organisations.

The recruitment policy did not contain all the checks for directors as outlined in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that should the service recruit a new director, there was no policy in place to ensure that the required checks would take place.

There was also a lack of scrutiny regarding staff training requirements when managers had organised the staff rota. We found three instances on the rota where staff members who did not have basic life support training had been put on a crew together. This meant that neither crew member had received basic life support training and may not have been able to carry out cardio pulmonary resuscitation effectively, in the event of patient deterioration.

We informed the provider of this and they sent us evidence, following the inspection, that the rota system had been changed and additional failsafe measures had been included in the process to mitigate the risk of this happening again.

There were still no signed agreements in place with partner organisations on how they were going to effectively manage service delivery.

There was an improved governance structure in place with each manager responsible for key areas of the service. The service based its governance structure on a model which had a culture of person-centred care at its centre. The service had specific meetings for different areas of governance which fed into a monthly senior management team meeting. All meetings were documented appropriately and contained actions for members of the leadership team to carry out.

Policies and procedures were in place which were in date and based upon relevant legislation and best practice and were relevant to the needs of the service. There was a named author and a designated lead for each policy and policies had links to other relevant policies.

Requires Improvement

Patient transport services

Staff we spoke with knew who to go to if they had an issue or wished to discuss something relating to a particular policy. Policies were often accompanied by procedures in the form of a flow charts which provided staff with guidance they could follow quickly and were easy to understand. The leadership team also used the service's portal to share and review policies and procedures on an ongoing basis. They also used the portal to share policies, procedures and information with staff.

Management of risk, issues and performance

Leaders did not always use systems to manage performance effectively. They identified and escalated relevant risks and issues but did not have identified actions attached to all risks to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register which identified risks to the service and to record what mitigating actions were in place. However, as at previous inspections not all risks on the register had mitigating actions attached to them. For example, there was no mitigating action related to violence towards crew members. This has been considered, because staff had received trained in managing violence and aggression, however there appeared to be a lack of strategic planning for this event.

Following the inspection, the provider submitted a new risk register which was more comprehensive. The risk register was a standing item on the agenda, at senior management team meetings.

The service has a business continuity policy and contingency plans were in place should unexpected events occur.

Service performance was not always being monitored. For example response times were not monitored which was the same as at previous inspections. This meant there was a risk of missed opportunity to improve services provided to patients.

The service had auditing systems in place which collected information about staff performance and some service provision. The information collected was routinely discussed in managers' meetings and we saw examples of actions being recorded to improve performance and identified issues.

Information Management

Staff could find information they needed to make decisions in patient care. The information systems were secure.

Information needed by staff, including policies and procedures, could be accessed remotely on the client portal system which was password protected. Data was uploaded to another server at the end of the day and stored remotely. This ensured a reasonable level of data security was in place.

Public and staff engagement

Leaders and staff actively and openly engaged with patients and staff to plan and improve services.

Requires Improvement

Patient transport services

Managers worked collaboratively with staff regarding changes to the service. Managers sought feedback from staff regarding the changes they had made to forms and processes and amended these based-on discussions with staff as to whether changes were effective.

They collected feedback from patients and reviewed this feedback to see what improvements could be made.

Innovation, improvement and sustainability

All staff were committed to continually learning to help improve services. However, there was limited evidence of innovation within the service.

Managers encouraged staff to develop their skills and knowledge and managers introduced new courses that developed staff to improve service delivery to patients.

The service had made improvements since the last inspection and managers told us they were committed to continually improve services but there was limited evidence of innovation during this inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment At the time of our inspection staff did not have safeguarding children's training.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have a policy and process in place to check for fit and proper person's requirements for the directors of the service. The provider did not always review and adjust the skill mix of staff to ensure staff who work together had appropriate skills and training to carry out their roles. There were three occasions where staff who had not had first aid training had been put on shift together. The provider was not monitoring response times to ensure patients were receiving a service in a timely way.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing Only one member of staff had received an appraisal in the past year. Staff training in administering oxygen was not recorded or reviewed at appropriate intervals.