

## MERSEY MEDICAL SERVICES LTD

# Harrison House

### 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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

This service had not been inspected before. We rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and assessed patients' hydration requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged with patients and staff and were committed to improving services continually.

However:

- The service did not record whether staff had sought consent from patients prior to them being transported.
- The service did not always take account of patients' individual needs such as language or additional communication requirements.
- No formal service level agreement was in place with the host organisation setting out responsibilities and accountabilities in patient care.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	This service had not been inspected before. We rated it as good. See the summary above for details.

# Summary of findings

## Contents

### Summary of this inspection

Background to Harrison House	5
Information about Harrison House	5

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### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

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# Summary of this inspection

## Background to Harrison House

Harrison House is an independent ambulance service that carries out non-emergency transfers of NHS patients from one NHS host organisation to the patient's home, an intermediate place of care such as a nursing or residential home or to another NHS provider. Between 1st April 2022 through to 14th June 2022 almost 900 journeys were undertaken, 4600 patient journeys were undertaken in total between November 2021 and October 2022.

The service is registered to carry out the regulated activities of transport services, triage and medical advice provided remotely and treatment of disease, disorder and injury. Although the service is registered for the whole population it only transports adults over the age of 18 years.

The service has been registered to carry out regulated activities since March 2021 and has had a registered manager since that time.

Harrison House has not previously been inspected and no enforcement or compliance actions have been taken against this provider.

The service employs 14 members of staff and has over 159 members of bank staff which assist the service across the patient transport and event management side of the business which does not require registration.

## How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected this service using our comprehensive inspection methodology. Three inspectors, with support from an offsite inspection manager, carried out the inspection on 18 October 2022.

During the inspection we reviewed a range of documents related to the running of the service including, three staff members recruitment packs, an independent website browser platform and servicing records of equipment. We spoke with 10 members of staff including the registered manager and five patients who had used the service. We also reviewed three patient records.

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>

## Areas for improvement

### Action the service **SHOULD** take to improve:

- The service should ensure that it continues to monitor and improve mandatory training including adult and children's safeguarding training for all staff.
- The service should ensure that consent is obtained and recorded in line with relevant requirements.
- The service should implement communication methods for patient speaking different languages and those with sensory loss or disability in line with accessible information standard for all NHS patients.

## Summary of this inspection

- The service should implement a formal agreement setting out responsibilities and accountabilities between itself and the host organisation.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

## Patient transport services

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

### Are Patient transport services safe?

Good 

This service had not been inspected before. We rated it as good.

#### Mandatory training

**The service provided mandatory training in key skills and worked quickly improve compliance of all staff in completing it.**

At the time of the inspection, staff had not received or kept up to date with their mandatory training. Employed members of staff were 83% compliant with mandatory training however third party (bank) staff were 50% compliant. Between the 18 September and 17 October 2022, 206 patient transport shifts took place, of these 105 were completed by bank members of staff and 91 employed staff, this meant that bank staff worked with other bank staff on a significant number of shifts. Therefore, the service could not always be assured that these teams of staff had the correct knowledge or skills in important areas of safety such as health and safety, basic life support, equality and diversity and infection prevention and control.

Information provided by the service following the inspection demonstrated that the service had worked closely with all staff to undertake the mandatory training modules and overall compliance for both employed and bank members of staff had increased to 93 percent. With individual modules ranging from 78 percent in dementia and autism awareness to 100 percent in equality and diversity, data protection, fire safety and conflict resolution.

The mandatory training was comprehensive and met the needs of patients and staff. Consent, privacy and dignity, communication and mental health which included mental capacity.

Clinical staff completed training on recognising and responding to patients with mental health needs, autism and dementia. Following the inspection information provided demonstrated compliance levels for mental health awareness was 83% meaning that staff had the knowledge required to care appropriately for patients experiencing mental health illness or had additional needs such as dementia or autism.



# Patient transport services

Managers monitored mandatory training via an electronic learning platform which alerted both them and the staff members when training modules were due and a mandatory training policy set out training delivery methods, individual responsibilities and monitoring, review and audit. Despite this, the compliance levels for the service had not been identified or improved prior to the inspection.

## Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. Adult and child level three safeguarding training was completed by all staff. Information provided by the service following the inspection demonstrated that 77% of the 54 staff that undertook patient transport work for the service had complete level three training.

Staff knew how to identify people at risk of, or suffering, significant harm, how to make a safeguarding referral and who to inform if they had concerns. All smart phones on the vehicles had the NHS safeguarding application which contained details of contacts for each local authority area as well as best practice guidance. The on-call manager was the designated safeguarding lead to offer advice and guidance if required.

## 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 the premises visibly clean.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Stretchers and seat coverings were intact, and all equipment was clean and stored appropriately.

Staff followed infection control principles including the use of personal protective equipment (PPE) which was readily available. Staff and visitors to the service base station completed a COVID-19 health declaration via an electronic quick response (QR) code on arrival and updated guidance on infectious diseases such as monkey pox, COVID-19 and flu were available to all staff via clinical and operational bulletins.

Staff cleaned equipment after patient contact with the appropriate cleaning solutions and decontamination equipment was available on each vehicle meaning that if the vehicle became soiled whilst out on a journey it could be decontaminated quickly and safely. For heavy contamination the vehicle could be taken off the road and a specialist team would undertake an extraordinary deep clean in addition to the four week deep cleans that were in place. Cleaning records demonstrated the deep cleaning schedules were up-to-date and demonstrated that all areas were cleaned regularly.

Colour coded mops and bins were in use within the service and posters explaining what each one was for were posted near to them, this was in line with infection control guidance and meant that specific areas had their own cleaning equipment which was not interchanged, mops for cleaning the vehicles or the toilets for example, could not be used in the kitchen area.

## Environment and equipment

# Patient transport services

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The design of the environment followed national guidance and equipment such as the wheelchair was stowed securely.

Staff carried out daily safety checks of specialist equipment including tyre pressure and oil levels on each vehicle meaning that the service could be assured the vehicles were road worthy and did not have any new defects on them. A break down service was accessible to the service 24 hours a day and a routine fleet maintenance agreement meant that the vehicles were all within service and MOT dates. This information was kept electronically, and flags alerted managers to when each vehicle was due.

The service had enough suitable equipment to help them to safely care for patients. Vomit bowls and blankets for example were available, along with water for patients and each vehicle had the necessary smart phones, fuel cards and manual handling equipment. Stretchers were battery operated meaning that staff were not required to manually lift and lower them, batteries for the stretchers were plentiful and could quickly be replaced when needed.

Staff disposed of clinical waste safely either at the host organisation or at the ambulance station for the service. Clinical waste was stored securely and collected twice monthly from the service.

Fire extinguishers were on each vehicle and though the station. Annual checks had been undertaken upon them with the next service due in March 2023.

Vehicle keys were kept securely in a key safe when not in use.

## Assessing and responding to patient risk

**Staff completed risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

Staff responded promptly to any sudden deterioration in a patient's health. This included calling 999 for help in line with the deteriorating patient policy.

Staff completed risk assessments for each patient prior to transporting them, the patient transport report form considered whether COVID-19 was present, whether the patient was an end of life transfer and whether a syringe driver was in place. This meant that staff could adjust their response appropriately for example requesting a clinical escort if a syringe driver was in place.

Staff shared key information to keep patients safe when handing over their care to others and recorded to say they had done so.

An on-call management structure was in place to offer support and guidance to staff if they required it.

## Staffing

# Patient transport services

**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. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.**

The service had enough staff to keep patients safe. The staffing rota for employed staff was three shifts on duty and four shifts off duty meaning that staff had time to rest and recover before returning to work for their next tour of duty.

Plans to cover sickness included utilising bank members of staff initially and if this was unsuccessful the supernumerary operational manager would become operational and the on call structure would change position accordingly such as the second on call would become first on call who would become the supernumerary operational manager etc. as a third back up plan the resource and administration coordinator was also trained to ambulance care assistant level and undertook operational shifts if required.

Managers accurately calculated and reviewed the number of staff for each shift in accordance with national guidance. Three shifts per day were currently in operation, seven days a week. At the time of the inspection the service had begun a recruitment campaign for an additional two members of employed staff as it was heavily reliant upon bank staff to make up the rota. Between 18 September and 17 October, 105 of the 206 shifts were completed by bank members of staff, the remaining shifts were covered by employed staff.

No shifts had been cancelled due to staffing between October 2021 and October 2022.

Bank staff completed an induction which included a driving assessment, scope of practice acknowledgement in line with the service scope of practice policy, system introduction and sign up as well as joining the service closed social media groups.

## 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.**

Staff kept a patient journey record of each journey undertaken; this was an administrative log for tracking purposes. This contained details including the person's NHS number, pick up and drop off location, type of mobility, arrival, departure and at destination times as well as a notes section where information, such as if there was a do not attempt resuscitation in place, could be recorded. In addition, a more in-depth patient transfer report was completed for each journey. This included details such as past medical history, belongings with patient, safeguarding concerns and method of transfer.

If an intervention was required or if the patient became ill or was injured, then a clinical patient report form was also completed.

Staff told us that when patients were transferred, their own do not attempt resuscitation orders were transported directly with them.

Paper patient records were delivered by staff to and stored securely in a locked letterbox at the headquarters. Managers scanned these paper forms and then uploaded them into a secure cloud based electronic storage system. Paper copies were then kept in a secure filing cabinet and held for five years before being destroyed.

# Patient transport services

## Medicines

### **The service followed best practice when administering and recording medicines.**

Staff followed systems and processes to administer medicines safely. Oxygen was the only medicine held on the vehicles however, patients could be transferred with their own medicines. A medicine management policy was in place, 85% of staff had been trained in medical gas management and the patient transport form listed whether discharge medications were with the patient.

Oxygen was kept securely in locked metal container.

## Incidents

### **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff knew how to apologise and give patients honest information and suitable support.**

Staff knew what incidents to report, how to report them and raised concerns and reported incidents and near misses in line with the service's policy. Once reported via the electronic reporting system they were added to an incident report form tracker and then allocated to a member of staff to investigate based on the level of harm.

Between October 2021 and 2022, 137 incidents had been reported.

The service had not reported any never events or serious incidents since it began carrying out regulated activities.

Staff understood the duty of candour requirements, 93% of staff had completed training on incident reporting meaning they knew how to be open and transparent, and to give patients and families a full explanation if things went wrong.

Staff met to discuss any feedback and to look at improvements to patient care. Incidents, actions and lessons learnt were discussed at the senior management team meetings and managers shared learning with their staff via face to face contact, clinical bulletins and the secure social media platform used by the service.

There was evidence that changes had been made as a result of feedback.

Managers investigated incidents thoroughly. Moderate and severe levels of harm would have a root cause analysis investigation. However to date none had occurred within the service. A framework had been developed to ensure that patients and families were involved in the incident investigation process. This included various stages including informing patients an investigation was taking place, had been completed and what the findings were. Managers told us they would meet face to face with patients and their families if possible. The duty of candour policy had also been amended and at the time of the inspection was awaiting ratification.

# Patient transport services

## Are Patient transport services effective?

Good 

The service had not been inspected before. We rated it as good.

### Evidence-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.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policy ratification was undertaken following clinical review and a clinical governance lead monitored alerts and changes to practice such as the National Institute for Health and Care Excellence, patient safety alerts and the Medicines and Healthcare products Regulatory Agency updates as well as following the latest research articles for the profession.

Managers checked to make sure staff were following the latest guidance by undertaking local audits, vehicle checklists completed by staff were audited by team leaders monthly. Hand hygiene was monitored on contact shifts with staff and documentation audits were undertaken weekly.

### Nutrition and hydration

**Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.**

Staff made sure patients were hydrated during their transport, bottled water was available on each vehicle. Long distance transfers were not routinely undertaken however, the service could liaise with the catering providers at the host organisation in the event of food being required for a journey. This meant that individuals including those with specialist nutrition and hydration needs could be appropriately catered for.

### Response times

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

The service monitored response time and used the findings to improve its service. From response time audits the service had identified that delays in the readiness of patients were causing operational pressures and delays for other patients, the service had introduced a contact call to where the patient was being collected from advising them of an expected time of arrival. This meant that not only was the patient kept informed but also that delays caused by patients not being ready to travel had been reduced. The service had noticed a reduction in the amount of on scene time and a timelier response across a greater number of journeys.

# Patient transport services

A patient outcome report was shared with the host organisation every six months. This showed a summary of patient journeys, a breakdown of response times and patient mobility types meaning the service and the host organisation could identify unnecessary delays, pick up on trends and highlight issues which could be addressed promptly. Between 1 April 2022 through to 14 June 2022 the average time from booking to arrival on the ward was 14 minutes.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff were trained to First Response Emergency Care (FREC) level three and four. This is an accredited qualification which includes a portfolio of continual professional development as part of the assessment.

Managers gave all new staff a full induction tailored to their role before they started work including bank members of staff.

Managers supported staff to develop through regular, constructive clinical supervision of their work. During the inspection were reviewed three clinical supervision documents and spoke to staff who said they felt supported through their clinical supervision.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. A development tracker allowed managers to monitor where a member of staff was in their journey with the service, supernumerary, probationary period and current skill level. At the time of the inspection all employed members of staff had undertaken appraisals in line with their length of service.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge all staff were offered the opportunity to increase their skill to FREC four and regular continual professional development sessions were held within the service. A basic life support practice session was offered to all staff at the time of the inspection. A training room and training equipment including mannequins were accessible to all staff.

An external human resource (HR) company provided HR management, the service lead for this was the registered manager for the organisation.

Staff received specialist training for their role including driver training which was delivered by an external driving specialist company. No emergency driving was undertaken in the patient transport element of the business.

## 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.**

Staff held regular and effective multidisciplinary meetings to improve patient care. Managers told us these meetings were informal but took place almost daily with the discharge co-ordinators at the host organisation as well as regular email contact with the matron of patient flow to monitor transfer ratios.

# Patient transport services

## Health promotion

### **Staff gave patients practical support and advice to lead healthier lives.**

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. If staff had concerns about a patients' mobility or risk of falls, they were able to escalate this to the on-call manager and a referral to the patient's general practitioner could be made.

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

### **The service could not demonstrate it followed national guidance to gain patients' consent. Staff knew how to support patients who were experiencing mental ill health.**

Consent was not recorded on the patient transport report form which meant the service could not be assured that consent was obtained or gained appropriately in line with national guidance.

The service provided transportation for patients detained under the Mental Health Act who were medically optimised from a tertiary care centre to a specialised mental health facility.

A mental health patient policy which set out scope of practice, anticipated contact opportunities, escorting staff responsibilities and the transfer booking process was in place and accessible to all staff.

Managers told us that all mental health transfers were carried out with specialist escorts provided by the mental health facility. Between November 2021 and October 2022, 35 mental health patients were transferred. Of these, 12 were detained under the Mental Health Act.

Information provided by the service was that restraint was not used by the service.

Staff received and kept up to date with training in the Mental Capacity Act. Information following the inspection demonstrated that 83% of staff had completed training on mental health awareness which included the Mental Capacity Act. In addition, a notice board summarising the Mental Capacity Act as well as common mental health conditions was in the staff area of the service.

## Are Patient transport services caring?

The service had not been inspected before. We rated it as good.

## Compassionate care

### **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

## Patient transport services

Staff were able to tell us how they made sure they were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients told us they felt respected and that staff treated them kindly.

Staff followed policy to keep patient care and treatment confidential including when talking to inspectors.

### Emotional support

#### **Staff provided emotional support to patients, families and carers to minimise their distress.**

Staff gave patients and those close to them help and emotional support when they needed it. This included transferring patients that were end of life. Compliments and thanks received by the service demonstrated that staff were reassuring and compassionate. Additional support could be offered to patients for example taking a specific route on a patient's final journey or stopping on route to ensure that the care was individualised and personal.

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

#### **Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. This including accessing and egressing the destination of the patient. Whether there was a more appropriate way to enter a patient's house for example. This meant that patients and their relatives were involved in the decision making about their journey.

Staff were able to give examples of talking with patients, families and carers in a way they could understand, and patient also said they understood what was happening to them.

Patients we spoke with following the inspection consistently gave positive feedback about the service.

## Are Patient transport services responsive?

Good 

The service had not been inspected before. We rated it as good.

### 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.**

Managers planned and organised services, so they met the changing needs of the local population. An additional daily shift had been created to meet the increased demand and to support the host organisations' COVID-19 recovery plans.

Facilities and premises were appropriate for the services being delivered including ramps, hoists and manual handling equipment so that patients with reduced mobility and/or disabilities could be cared for appropriately.



# Patient transport services

Once the shift had started the service ensured that ambulances were based at the host organisation meaning that they were in the right area at the right time and able to respond in a timely way when needed.

## Meeting people's individual needs

**The service was not always inclusive or took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Carers and relatives could travel with patients and special requirements could be requested at the time of booking such as taking an alternative route or if more time was required.

At the time of the inspection staff did not understand or know how to apply the policy on meeting the information and communication needs of patients with a disability or sensory loss. British sign language translation services were not available, and the service did not have access to translation services or information leaflets available in languages spoken by the patients and local community. This meant that staff may not be able to communicate with all patients effectively. Following the inspection, the service had worked with the host organisation to collaborate in the use of their services. A standard operating procedure was being created following this agreement.

## Access and flow

**People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Between 1 April 2022 and 14 June 2022, the average travel time for patient journeys was 26 minutes, the average time spent on the ward was 22 minutes and the average time spent at the destination was 14 minutes.

No cancelled journeys had taken place within the service between September 2021 and August 2022.

## 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, investigated them and shared lessons learned with all staff.**

The service clearly displayed information about how to raise a concern in patient areas. Meaning that patients, relatives and carers knew how to complain or raise concerns. The service had received two complaints between September 2021 and August 2022. Both had been resolved within the timescale set out in the complaints policy.

Managers investigated complaints and patients received feedback from managers after the investigation into their complaint in the form of a summary response. Learning points and actions were clearly set out as part of the feedback meaning the patient could see how learning was used to improve practice.

Staff knew how to acknowledge a complaint and could access to the complaint policy so that they could signpost the complainant appropriately.

# Patient transport services

## Are Patient transport services well-led?

Good 

The service had not been inspected before. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Leaders within the service were supported to undertake accredited leadership training, at the time of the inspection all team leaders were undertaking a first line management qualification, the managing director had undertaken NHS leadership academy training whilst the operational manager was due to commence an intermediate leadership course. In addition, all leaders were undertaking major incident commander training meaning they had access to appropriate knowledge and could develop their skills accordingly.

The service was in the process of developing a deputy team leader role at the time of the inspection meaning that staff had opportunity to develop and take on more senior roles.

Leaders were visible, there was an open-door policy and frequent contact shifts with staff meant that leaders were accessible to staff.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The vision for the service was to operate as digitally effective as possible. The strategy to achieve this was to streamline a variety of the digital systems used by the service to optimise access for staff and reduce risk, for example of looking at an incorrect policy or procedure. At the time of the inspection the service was in the process of reviewing all IT system storage and improving the booking system to enable live tracking. Vehicle trackers had already been installed as part of this strategy.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff that we spoke with at the time of the inspection spoke highly of the service, they felt respected and supported by leaders and were proud to work for the organisation.

# Patient transport services

The service had completed a staff survey, at the time of the inspection the survey results were due for return. The service had planned to present the findings at a senior management team meeting and then share with all staff.

A “you said, we did” noticeboard was located within the staff areas of the station, this contained information about staff suggestions and how the service had tried to address them. Staff had requested ‘on scene’ lights so that they could easily identify house numbers in the dark. From this the service had purchased industrial torches for every vehicle so that they could be used both to identify house numbers but also taken with crews as they approach a house in the dark on foot.

All policies and procedures and risk assessment guidance had an equality impact assessment contained in them meaning the service could assess the benefits and disadvantages of the policy to different groups.

An employee assist programme was in place and accessible anonymously to all staff. Details of how to contact the programme were on a poster at the main entrance of the building.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The service did not have a formal service level agreement in place at the time of the inspection with the host organisation. Managers provided an uncompleted draft however this did not include important safety information, responsibilities or accountabilities. The draft agreement was largely focused on contractual arrangements.

A standard operating procedure was also provided by the service and this set out inclusion and exclusion criteria for patients the service would transport and how staff should deal with characteristics including bariatric and mental health patients.

Monthly senior management team meetings took place along with fortnightly director meetings. Clinical team meetings were undertaken virtually and via email. Whole team meetings had not yet taken place since the service began carrying out regulated activities in March 2021 however, the service had issued clinical and operational bulletins. There was a staff zone on the intranet and a private messaging group for sharing information. In addition, a noticeboard containing printed copies of all updates was visible in the staff area of the service.

A clinical governance manager had been employed to review the governance structures within the service, this included reviewing all policies and procedures to ensure they were current and contained the most up to date guidance as well as staff feedback and clinical leadership review prior to ratification. An example of this was the infection prevention control policy which historically was a large document containing all standard operating procedures, this meant that any alteration to it for example to staff wearing personal protective equipment then the entire policy would have had to be updated. Based on staff feedback the policy had been split into two documents, the policy and the standard operating procedure meaning that staff could quickly find the information, it was easier to read, and that ratification of future policies would be much faster.

## Management of risk, issues and performance

# Patient transport services

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service risk register contained 34 risks however this register was a service wide register that incorporated the event management side of the service which CQC do not regulate. Of the risks relating to the patient transport service the highest scoring was eight and colour coded amber to identify level of risk as a medium level of risk following actions taken to reduce it. Risks including COVID-19, adverse weather, road traffic accidents and staffing.

Risks could be identified from staff feedback, risk assessments and incident reports and were reviewed at the senior management meetings. Actions were monitored and each risk was clearly assigned to a member of the senior leadership team. The service monitored incident reports for trends and themes.

The service undertook a risk assessment of identified low compliance in mandatory training, the risk assessment considered who could be affected, what the existing controls in place were and then went on to highlight the gaps in these controls. Actions were assigned, data systems cleansed, and the issues was tabled at an extra-ordinary senior management team meeting in addition to a 10-day review of the risk. Information provided by the service demonstrated that the service had worked quickly and thoroughly to resolve the issue once it had been identified.

A business continuity plan was in place for the service. This included details of how to manage unplanned events such as fuel shortages, staffing issues, adverse weather, supply shortages and power failure of IT systems, vehicles, or water, gas and electric. This policy was last reviewed in February 2022 meaning it contained the most likely challenges for the current period.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The service had an electronic dashboard at the main entrance of the site so that live messaging including which vehicle staff should use could be undertaken, staff signed in via an electronic quick response (QR) code.

The service had an in-date Information Commissioners Office certificate which was a way to demonstrate its compliance with the general data protection regulation (GDPR).

Computer systems and smart telephones in vehicles were password protected meaning they were secure and could not easily be accessed. Firewalls and anti-virus software were installed as standard.

Managers could produce information requested, including statistical data such as the number of mental health patient transport journeys undertaken, number of incidents and number of complaints meaning that its information collection and management was a key priority of the organisation.

The registered manager of the service was responsible for submitting notifications to external organisations when required.

# Patient transport services

## Engagement

### **Leaders and staff engaged with patients to plan and manage services.**

Engagement at the time of the inspection was limited to patient feedback via the service website and telephone. Discussion at the senior management team meeting demonstrated the service was planning to take a more proactive approach to this in the form of a business card showing a QR code and telephone number for those unable to access the QR code. In addition, by asking for permission to contact the patients following their journey the service could engage to plan and manage services.

A suggestion box for staff to make suggestions about improvements to the service was in place in the staff rest area of the service and a “you said, we did” board demonstrated to staff what action the service had taken in response to these suggestions.

At the time of the inspection no other engagement was undertaken to plan and manage services.

## Learning, continuous improvement and innovation

### **All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

The service was committed to continually learning and improving its services. Regular audits were undertaken and reviewed so that changes to practice and equipment could be undertaken where need. Difficulties in logistically transporting patients into some areas was highlighted and discussed by the senior management team. Changes by upgrading manual handling equipment including wheelchairs was undertaken. Investment into smart phones for all vehicles meant that staff had access to policies and procedures when they needed them, could easily seek advice and guidance and had the most up to date traffic news and satellite navigation routes as standard so that unnecessary delays caused by taking incorrect or congested routes did not occur. Standardising of vehicle layouts from staff feedback also meant that staff had access to the same information and equipment in the same place whichever vehicle they worked from.