

Promedicus Limited
Pro Medicus
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

Pro Medicus Limited is an independent ambulance service. The service provides patient transport for private patients or healthcare providers within Hertfordshire and surrounding area. We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 5 December 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had processes and systems in place to keep patients and staff safe from avoidable harm. This included a process for reporting incidents and effective cleaning regimes.
- Medicines were stored appropriately and securely with only necessary staff being able to access them.
- Systems were in place to monitor the administration and disposal of medicines.
- Staff files were up-to-date and contained necessary documentation to ensure they were suitable for their role. A policy was in place regarding pre-employment checks and was being followed.
- Patient records had detailed risk assessments and were legible. Identifiable information was stored securely.
- Records were securely stored in locked cupboards.
- There was evidence of an induction process for new staff.
- Effective safeguarding adults and children procedures were in place and were understood by staff.
- There was a fire safety risk assessment for the premises and a policy that gave guidance for all staff in terms of managing fire safety on vehicles.

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

- Audits were not consistently undertaken and therefore learning did not take place from review of procedures and practice.
- The service had no risk register, which meant there was no system in place to demonstrate risks had been identified and actions taken to mitigate risks.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with three requirement notices that affected the patient transport service. Details are at the end of the report.

Heidi Smoult
Deputy Chief Inspector of Hospitals (Central Region)

On behalf of the Chief Inspector of Hospitals.

Pro Medicus

Detailed findings

Services we looked at

Patient transport services (PTS).

Detailed findings

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Background to Pro Medicus

Pro Medicus Limited opened in 2011. It is an independent ambulance service in Harpenden, Hertfordshire. It has 12 vehicles: 10 ambulances and two ambulance cars and provides a service for patient transport. Additionally, first aid and ambulance are provided for events, on both a regular and occasional basis. Emergency medical technicians provide transport and event cover and first aid trained staff, using private ambulances. A variety of cover is provided, including patient transport for NHS ambulance services, sports and community events. The service has had a registered manager in post since the

organisation was opened in 2011. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is managed. The registered manager at Pro Medicus Limited, understood their responsibilities and demonstrated this by managing the service to provide high quality care.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, an inspector, and a specialist advisor with expertise in NHS and private ambulance service. Kim Handel, inspection manager, oversaw the inspection team.

Notes

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Pro Medicus Limited is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC regulates the patient transport service provided by Pro Medicus Limited, which makes up approximately 60% of the business. The other services provided are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of Pro Medicus Limited that are not regulated are school transfers, sports and training events.

The service is registered to provide the following regulated activities:

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

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected four times, and the most recent inspection took place in September 2015, which found that the service was meeting all standards of quality and safety it was inspected against.

Pro Medicus Ltd provides a range of transport services for non-emergency movement of patients to and from independent, private and NHS facilities. This includes the transportation of patients who use wheelchairs or require transportation on a stretcher. Journeys include inpatient

admissions, outpatients' appointments, non-urgent transfers between hospitals and discharges from hospital. A repatriation service is also provided from airports throughout the country.

The service employs 10 staff, including emergency medical technicians and first aiders with shifts seven days per week; occasional night shifts are worked if required.

Activity:

In the reporting period from 1 January 2017 to 30 November 2017, there were 414 (approximately 38 a month) patient transport journeys undertaken. The service did not have exact figures to indicate the number of patient transfers from events to hospitals. Most journeys were commissioned by a local NHS trust, private hospital, or ambulance service.

During our inspection, we interviewed seven members of staff including the registered manager, patient transport drivers, ambulance care assistants, and office administrative manager. We reviewed 17 patient record forms and 12 staff records.

Track record on safety

- There had been no reported never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There had been no reported clinical incidents.
- There had been no reported serious injuries.
- There had been two reported complaints.

Patient transport services (PTS)

Summary of findings

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had a system in place to record and report incidents. Staff were aware of their roles and responsibilities in the reporting of incidents, near misses and concerns.
- Medicines were stored appropriately and there was a medicines policy, which outlined arrangements for its storage, administration, or disposal.
- There were systems in place to maintain cleanliness of vehicles and equipment.
- Staff maintained infection control and prevention practices through the effective use of personal protective equipment.
- Policies and procedures were in place to protect vulnerable adults and children. Staff knew how to report safeguarding concerns.
- Staff stored confidential patient records in locked cupboards.
- Staffing levels and skill mix was planned and reviewed to ensure that people were safe from avoidable harm and received safe care and treatment at all times.
- The service had a system in place to record and report incidents. Staff were aware of their roles and responsibilities in the reporting of incidents, near misses and concerns.
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- Staff maintained infection control and prevention practices through the effective use of personal protective equipment.
- Policies and procedures were in place to protect vulnerable adults and children. Staff knew how to report safeguarding concerns.
- Staff stored confidential patient records in locked cupboards.
- Staffing levels and skill mix was planned and reviewed to ensure that people were safe from avoidable harm and received safe care and treatment at all times.
- Policies and guidance were largely based on national guidance and recommendations.
- The service had systems in place to check staff competence prior to completing any roles. Bank and agency staff completed a service induction programme and worked alongside the manager who would identify any learning needs.
- There was a system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice.
- Systems were in place for staff to seek patient's consent, and assess capacity to agree to treatment when required.
- We saw staff had the appropriate professional qualifications and experience for their role within the service.
- Staff used clean blankets to maintain patients' privacy and dignity.
- Each vehicle had a supply of extra linen to support patient dignity when transporting patients.
- Feedback comments from patients using the service were positive.
- All staff we spoke with demonstrated a consideration for the emotional wellbeing of patients and their relatives.
- The service planned to meet the needs of local people, and provided a service based on risk assessments for journeys.

Patient transport services (PTS)

- Staff were experienced at dealing with patients living with a learning disability and people living with dementia.
- There was guidance available for patients to make a complaint or express their concerns.
- Patients had access to timely care and treatment.
- The registered manager had the appropriate skills and experience to manage the business, and was supported by clinical experts to provide a safe service.
- The manager and senior staff took immediate and effective actions to address the concerns we raised.
- There was a positive culture within the service.
- Staff demonstrated learning and positive changes made since the last inspection.

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

- The service had no effective systems in place to monitor staff compliance with mandatory training.
- Infection prevention, control, and patient record audits were not undertaken. This meant procedures and practice were not reviewed which meant opportunities to learn and improve were lost.
- There was no formal patient outcomes audit process in place.
- The service had no risk register, which meant there was no system in place to follow up identified risks within the service.
- Not all minutes of clinical governance and staff meetings were available. We therefore could not be assured that clinical governance arrangements supported the delivery of high quality patient care.

Are patient transport services safe?

Incidents

- There were no never events reported in this service from January to November 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Staff were aware of how to report incidents. The service had an incident policy that set out how the organisation would learn from and act on incident reports from all personnel to improve the quality and safety of its service delivery. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents.
- Incidents were reported using 'untoward' incident report forms which were available to all staff. The forms were stored in an ambulance information box that was carried onto the vehicles each day, and was signed 'out' before a patient journey, and signed 'in' at the end of the shift.
- There had been three minor incidents reported from January to November 2017 and all incidents had clear actions, which had been implemented. For example, a patient's leg was caught on a trolley and ambulance staff reported the incident internally, informed the contractor of the details by telephone, and sent a copy of the incident form. We saw that incidents were reviewed and learning was shared regularly through team meetings and clinical supervision.
- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering a written apology. Staff had an awareness of the requirements of duty of candour and gave an example of when they applied duty of candour.

Clinical Quality Dashboard or equivalent

Patient transport services (PTS)

- The service did not use a quality dashboard. It reviewed its incidents and complaints through staff and governance meetings and gave feedback to staff through a staff portal site.
- Pro Medicus completed environmental cleaning audits however, there was no evidence the service undertook audits of staff adherence to personal protective equipment (PPE) procedures, infection prevention and control (IPC) procedures, or in relation to the completion of patient records. We were not therefore assured the service monitored their systems and used results to improve patient safety.

Cleanliness, infection control and hygiene

- The service had systems in place to maintain cleanliness of vehicles and equipment. Equipment and the premises were kept clean.
- There was an up-to-date infection prevention and control (IPC) policy, and this was available electronically and stored as a paper copy in policies and procedures file.
- We saw staff using hand-sanitising cleanser to clean their hands. However, the service did not undertake hand hygiene audits to monitor any missed occasions of hand hygiene and identify areas for improvement.
- We observed that hand sanitising gel dispensers were fitted in each of the vehicles we inspected and that each container had been replenished.
- Personal protective equipment (PPE), such as disposable gloves in a range of sizes, was available for staff to ensure their safety and reduce the risk of cross contamination. PPE was stocked on all vehicles, with additional supplies stored in an equipment storage cupboard in the office area.
- During our inspection, we observed good compliance with uniforms being worn in a clinical setting, including operational staff adhering to the 'arms bare below the elbows' principle for infection control purposes.
- The vehicles' base and garage areas we visited were visibly clean, tidy and free from clutter.
- We inspected seven patient transport service (PTS) vehicles during our inspection. All vehicles were visibly clean inside and contained IPC equipment and PPE.

- The service provided appropriate waste disposal systems, which included domestic waste, clinical waste and sharps bins. The appropriate containers were observed to be in place during inspection.
- Cupboards, equipment and packaging in the storeroom were visibly clean.
- There were colour-coded bins in place for both general and clinical waste. Clinical waste was stored on site at the ambulance station, and was collected at prearranged times when necessary. The clinical waste bin was locked. This meant clinical waste could not be removed from the bin therefore did not present a health and safety risk.

Environment and equipment

- Pro Medicus Ltd premise was situated on a rural business park that was entered with a secure keypad password, or via an intercom. The service included an office area, staff room, storage room and kitchen area. The outdoor area included a locked indoor garage area and a secure outdoor area where vehicles were parked.
- The service had a system in place to ensure the safety and maintenance of equipment. We saw a clinical engineering report which showed all equipment had been service tested and calibrated.
- The service was compliant with Ministry of Transport (MOT) testing and servicing of the vehicles. We reviewed the vehicle monitoring log which was comprehensive and tracked when each vehicle was next due for servicing, tax and MOT. All 12 vehicles had appropriate service, MOT, and insurance arrangements in place.
- The service had an agreement with local garages who maintained the vehicles. The seven vehicles we checked had appropriate checks for roadworthiness.
- Each of the seven vehicles we inspected had appropriate equipment that included first aid equipment, PPE, blankets and suction equipment.
- We checked a range of equipment in each vehicle including masks, suction equipment, carry chairs, and stretchers. Overall, we found equipment was clean and neatly stored meaning it could be accessed quickly when required.
- We found medicines on all vehicles were stored securely and were in date.

Patient transport services (PTS)

- Blankets provided by the contractor, and used during a patient journey, were placed in a laundry bag, tied, and returned at the end of a shift for cleaning.
- Each ambulance had a fire extinguisher secured appropriately in the vehicles. We found fire extinguishers were clearly marked with the next service test date and all were within date.
- Daily checks before a shift started included checks of engine oil, coolant level, steering washer and windscreen wiper fluid, lights, tyre tread and first aid contents checks. We saw the vehicle checks sheet was completed for the vehicles we inspected.
- The operations staff were responsible for cleaning the vehicles at the end of a shift and a deep clean was undertaken regularly and a logbook stored within each vehicle.

Medicines

- The medical director and registered manager took responsibility for the safe provision and management of medicines. There was an effective system in place to manage medicines. Medicines were prescribed by the medical director, and were ordered by the manager and stored securely by a designated member of staff.
- The service did not use or store controlled drugs (which are medicines that require an extra level of safekeeping and handling).
- Medicines were stored in a central locker system, the keys for these lockers were only available to staff who were able to utilise the medication.
- Stock checks, administration records and audits were in place to ensure safe storage of medicines.
- The service provided a small stock of medications for events only. Medications used included Salbutamol (for difficulty in breathing), Paracetamol for pain relief and adrenaline (for severe anaphylaxis reactions). The responsible member of staff explained that these were stocked according to the nature of the event and adrenaline could only be administered by a paramedic. Medicines required by paramedics were stored on site in sealed grab bags.

- We saw that staff maintained a record of the name of and amount of medication given, the batch numbers, expiry date and patient details, alongside the date of administration.
- Medication bags were allocated to clinical staff who had received appropriate training and recognition on the Patient Group Directions (PGDs). The medication bags were signed out by the person taking control of the medication, and signed back in at the end of their duty. At the time of inspection, we saw documented evidence that medication was logged out on a patient report form and recorded on a medicines folder as required.
- We were told that expired medications were returned to the pharmacy for destruction. We saw evidence of this process being completed.
- A medical gases supplier provided oxygen and nitrous oxide (a medical analgesic gas) in cylinders. We saw cylinders were stored in a room with minimal ventilation. The British Compressed Gases Association recommends a well ventilated storage structure for medical gases. We raised this with senior staff at the time of our inspection who said medical gases would be moved to an area with better ventilation.
- We reviewed the medicines management policy, which was in date and fit for purpose. The policy was stored electronically and a paper version was available in the policies and procedures file.

Records

- Each ambulance vehicle had a patient report form which was a record of pick up and drop off times. We looked at 17 patient record forms and medicine charts and saw that they were accurate, complete, legible, and up to date. The service did not audit the completion of the forms, which meant there was a risk that any issues with record keeping may not be identified or actioned.
- Patient information was recorded on paper templates, which were stored securely in locked cupboards at the service address after use.
- Staff recorded planned patient journeys on a board and this was visible to all crew members.
- The service had an appropriate system in place for the confidential storage of staff records in locked cabinets.

Patient transport services (PTS)

- Pro Medicus provided a staff 'online portal', which was used to keep staff informed of policies and procedures, staff meetings and staff rotas, for example. Operational staff could access the portal from their mobile phones.
- The service was in the process of making improvements to the monitoring of staff competencies and training and had developed a matrix to record this key information electronically.

Safeguarding

- Although the service had some systems, processes, and practices in place to keep patients and staff safe from avoidable harm, staff did not have the appropriate level of safeguarding training.
- The service had a safeguarding policy for vulnerable adults and children in place. It contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. The policy also held contact details of local authority safeguarding teams who could be contacted for advice or to make a safeguarding referral.
- Staff we spoke with were aware of the process for reporting any safeguarding concerns and were able to describe events, which may trigger a referral. Two safeguarding referrals had been made by the company from January to November 2017 in accordance with the safeguarding policy.
- Staff were aware of how to identify and assess the risk of female genital mutilation (FGM). We saw evidence that staff had attended FGM training.
- Staff did not have appropriate safeguarding children training. For example, although 10 out of 12 staff had attended the refresher safeguarding training, they had only been trained to safeguarding level one whilst named professionals had attained level two safeguarding training. In addition, senior staff had no service level agreement with a level four-trained external provider. The Royal College of Paediatrics and Child Health 2014 Intercollegiate document for safeguarding children and young people states that all ambulance staff who may have some contact with children and young people should be trained to level two in safeguarding children and named health professionals in ambulance organisations should be

trained to level four. However, all staff we spoke with during our inspection could describe the appropriate actions to take if it was suspected that a patient maybe at risk.

- The company had introduced Prevent duty e-learning training during 2017. Preventduty is the duty in the Counter-Terrorism and Security Act 2015 by which staff in health care settings must have training to recognise signs that a person may have been drawn into terrorism and report this appropriately. We observed that most staff had completed the training.

Mandatory training

- The service provided mandatory training to staff but did not always ensure updates to mandatory training were completed.
- We reviewed 12 staff training records and found all staff had completed initial mandatory training which included fire safety, first aid at work, moving and handling, protecting vulnerable adults and children, duty of candour, infection prevention and control, and Mental Capacity Act training. Staff with particular roles, such as ambulance technicians and emergency medical technicians, were required to complete additional mandatory training essential to their roles.
- Prior to our inspection, there had been no system in place to record and review individual staff members, specific mandatory training requirements. At the time of our inspection, we observed a matrix had been developed, to record and review the completion, expiry of, and renewal dates of required training for each staff member. This remained work in progress however, and we found some core mandatory training subjects had expired in each of the 12 training records reviewed.
- Immediate life support and paediatric immediate life support training had expired in February and November 2017 respectively for one staff member who required this level of training. The manager told us the training was booked with an NHS provider in February 2018. Refresher training for medicines management had expired in August 2017, and use of a splint for the transfer of patients had expired in October 2017 for 20% of staff.

Patient transport services (PTS)

- The manager told us all outstanding updates of mandatory training had been booked and would be delivered by February 2018.
- We saw that all staff with driving responsibilities had completed the necessary training and fitness to work checks were in date.

Assessing and responding to patient risk

- Staff were aware of their responsibility to assess and respond to patient risk. For example, we looked at 17 patient records and saw ambulance crews recorded patient observations and any treatments provided during transfers and shared this information with staff on arrival at the destination.
- If patients deteriorated during transportation, the crew were able to provide emergency support as needed and would either call emergency services for back up, or transfer to the nearest acute hospital.
- Staff were informed of active 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) prior to completing the planned transfer. On any occasion where DNACPR had not been discussed prior to transfer, patients would be resuscitated in line with Pro Medicus' policy.
- The service had a transfer of patients' policy, a resuscitation policy and the management of deteriorating patient's policy that clearly outlined the roles and responsibilities of staff. This included communication between the service and the planned destination, information that was given to patients and documentation.

Staffing

- Staffing levels and skill mix were planned and reviewed to ensure that people were safe from avoidable harm and received safe care and treatment at all times.
- The service had 12 substantive members of staff and regular bank staff. The manager was responsible for the safe staffing of all transfers and activities. Bank staff attended work on an ad-hoc basis, accompanying substantive staff for transfers or activities as scheduled.
- We reviewed all staff records and found pre-employment Disclosure and Barring Service (DBS) checks had been completed.

- During the inspection, we reviewed the lone working policy that was in date and appropriate. The policy was available electronically, in paper format and was uploaded to the online staff portal, which meant it could be accessed by staff at any time. Staff kept in touch with the office during patient journeys by mobile phone, which was an effective mechanism for managing staff safety between the service and main clients.

Response to major incidents

- The service had a business continuity plan dated July 2017, which contained necessary measures to take in the event of extended service outages caused by factors beyond the company's control.
- There was a fire safety risk assessment policy dated May 2017 that gave guidance for all staff in terms of managing fire safety on vehicles and within the premises.
- Major incident training was not included in mandatory training and the service did not have a major incident policy. The organisation was not part of an immediate resilience response at the trusts it carried out patient transport journeys for. However, the manager reported that staff had attended 'table top' events with NHS trusts previously, and staff were aware of the support they would provide to NHS staff if required.

Are patient transport services effective?

Evidence-based care and treatment

- All staff employed by the provider had pre-employment checks, references and training/skills assessments records to ensure that they were competent, experienced and suitable for their role.
- Staff had access to policies and procedures on the electronic recording system, in paper copies, and on the online staff portal.
- We observed that staff received a comprehensive induction to ensure they had appropriate training and awareness of policies and procedures. However, there was no formal process for ensuring staff had read and understood the policies. We raised this with the manager who confirmed this would be addressed.

Patient transport services (PTS)

- The service did not have a comprehensive local audit schedule, although there were some audits around environmental cleaning and medicines. An audit of incomplete staff documentation had been completed to support the company with achieving an ISO 9001:2015 quality management certificate. The audit highlighted the gaps in the staff training log and a matrix had been developed to provide assurance of staff training uptake. This ensured staff held up to date certificates appropriate for their roles in line with evidence-based care and treatment.

Assessment and planning of care

- Staff were made aware of patients' conditions, journey details and any additional information, through information provided at the time of bookings. Pro Medicus planned transport accordingly, for example by ensuring they had paediatric equipment with them in the event of a child being transferred, or by requesting a registered paramedic to carry out patient journeys if a patient had higher dependency needs. The patient notes also made crews aware of any protection plan in place.
- Staff identified patients by confirming their full name, home address and destination address to ensure they had the right details and were going to the correct destination.
- Patients' nutrition and hydration needs were considered and there were some arrangements such as bottled water in the vehicles, which could be given to the patient if required.

Response times and patient outcomes

- The patient transport service had reduced in size during the previous year and the service reported it met booked journey times. However, we saw no evidence of this, as journey times were not audited.
- The service accepted allocated work details, which were recorded electronically and were used to inform the resource required in order to effectively fulfil the booking.
- Staff collected data from completed vehicle movement sheets, which were reviewed internally by the office and registered manager to inform resource planning.

Competent staff

- Staff had the appropriate qualifications and experience for their role within the service.
- The service had systems in place to manage effective staff recruitment processes. For example, we reviewed 12 substantive staff files and found evidence that staff had an employment contract. Staff files showed evidence of satisfactory references being requested and reviewed.
- The service undertook Disclosure and Barring Check (DBS) checks on both substantive and bank staff prior to their employment.
- There was an induction and recruitment policy in place. We saw evidence that all staff had received an induction.
- We saw evidence that all substantive staff had received annual appraisals.
- We saw evidence of competencies in administration of medical gases.
- The service did not employ any paramedics as substantive staff. Paramedics were used as bank (temporary) staff. We saw evidence of their qualification, local induction and competencies within their files. We reviewed the files of two bank staff and found they had completed a service induction programme.

Coordination with other providers and multi-disciplinary working

- When staff transferred patients between services, they received a formal handover from staff at the transferring hospital.
- Staff telephoned care providers if there was a delay with the transfer of a patient.

Access to information

- Staff accessed relevant information, which was confirmed at the time of booking on the patient record form. This was supported by their own assessment of the patient.
- The service's 'do not attempt cardiopulmonary resuscitation' (DNACPR) policy dated July 2017 stated that ambulance clinicians must check for DNACPR

Patient transport services (PTS)

paperwork as soon as possible after arrival at the patient's location and ensure that it is currently valid and signed by the responsible clinician in charge of the patient's care.

- Patient record forms included DNACPR instruction from the subcontracting acute trust, which staff were required to sign to confirm they had seen before transporting patients with a DNACPR in place. This was in accordance with the service policy on transporting patients with a DNACPR in place. Staff we spoke with were aware of this requirement and told us they always checked to ensure the DNACPR was current and in date.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act 2005 (MCA), consent, and Deprivation of Liberty Safeguards (DoLS) were included in an annual training day provided by an external company. We found that staff had received a review of this training when required. For example, eight out of 10 staff files reviewed stated the MCA/DOLS training had been completed in June 2017.
- The service had an up-to-date policy on consent, reviewed in July 2017. This included definitions and guidance on assessing capacity and specific situations where consent may be more complex, such as in the case of patients presenting disturbed behaviour or paediatric patients. Staff understood consent, decision-making requirements and guidance.

Are patient transport services caring?

Compassionate care

- We were unable to observe any patient journeys because crews did not return to base between patient journeys but stayed out with the vehicles for the entire shift.
- Staff maintained patients' privacy and dignity, by using clean blankets to cover them and ensuring they closed the vehicle door before moving or repositioning patients. We saw that each vehicle had a supply of extra linen to support patient dignity when transporting patients.
- Comments on the feedback cards we reviewed on site showed patients felt staff were caring. One statement

included, "We can't thank everyone enough for what they did for all of us that afternoon, certainly without their exceptional help, this could have had a very different outcome". Further feedback reported, "I wanted to thank your team for their amazing work yesterday. They were terrific in the face of a very nasty incident".

- Staff were experienced at meeting patient's individual needs and positive feedback was received by the service. One patient had written to thank Pro Medicus for the care and support they had received. The patient stated they were severely disabled and required constant care and attention during the journeys, which took hours in each direction. The patient complimented the staff for the attention they provided and stated they were, "wonderful at looking after my needs".

Understanding and involvement of patients and those close to them

- Staff in the ambulance office kept patients and their families informed as part of the eligibility process.
- Control centre staff told us they kept patients and/or their relatives updated if there were likely to be any delays.

Emotional support

- Although we were unable to observe staff and patient interactions directly, we spoke with ambulance staff in the service about what they would do when transporting a patient in receipt of end of life care. All staff we spoke with demonstrated a consideration for the emotional wellbeing of patients and their relatives.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- Service delivery was based on contracts held with an NHS health service provider, pre-bookings with private hospitals and other services, and forecasting of ad-hoc bookings. The service employed staff with different qualifications to meet the needs of people in their locality and wider community who required patient transport services.

Patient transport services (PTS)

- A seven-day service was provided from early morning until 10pm and was flexible to extend the times if there was a need outside of these hours. Staff said they had no issues with working extended hours if required.

Meeting people's individual needs

- Vehicles were designed to meet the needs of bariatric patients. For example, vehicles had bariatric stretchers, which could be widened out when required.
- Pro Medicus offered an introductory service to patients to meet individual needs. For example, operational staff told us they visited a new patient in their home, at their request, to introduce themselves. This provided an opportunity for the patient to become familiar with the transport staff and reassured them that a member of staff would stay with them throughout their journey.
- Pro Medicus had introduced a multi-lingual phrase book that was stored in an ambulance information box. The box also contained patient feedback forms, safeguarding referral information, and untoward incident forms. Staff were required to sign a form to evidence they had carried the information box on the transport each day. Staff were familiar with the contents of the box and knew they could use the phrase book if a language barrier arose. Patients with language barriers were identified in advance.
- Staff told us they were experienced at dealing with patients with a learning disability and people living with dementia. For example; if there was a delay in the hospital discharge of a patient, staff would telephone the care home or relatives and reassure the patient of this to reduce anxiety.
- The service had an "entering a property" policy dated July 2017 which stated operational staff must undertake an ongoing dynamic risk assessment whilst in attendance at or adjacent to an incident or on standby, as instructed by staff in control. It indicated that there were occasions when patients may well be incapacitated and therefore unable to provide an answer at their property. In these circumstances, staff members in attendance would be required to follow a basic flowchart to enable them to decide whether entry to the property was permissible under their duty of care.

Access and flow

- Patient journeys were either booked in advance or on an ad-hoc basis. However, the majority of work was pre-planned. Customers, such as NHS trusts and ambulance services, telephoned or emailed Pro Medicus to request a booking.
- The manager or senior administrator reviewed bookings each week and on a daily basis and ensured appropriately trained staff were allocated to patient journeys. Additional bank staff were booked in advance to ensure contractual obligations were fulfilled.

Learning from complaints and concerns

- The service had a complaints policy in place, dated July 2017, which stated all complaints would be acknowledged within three working days of receipt. This gave clear guidance to staff on how to record a complaint and how it would be investigated. The registered manager was responsible for managing and investigating complaints. Timescales for response were 25 days for all complaints.
- The service had a mechanism for recording verbal complaints. No verbal complaints were recorded from February to November 2017. The service had received two formal complaints from February to November 2017. We saw both were investigated appropriately and responses made to the complainants within five working days.
- There was evidence of learning shared with staff. For example, one incident concerned staff members not gaining access to a patient's home where pre-booked transport was arranged. The 'entering an unsecured property' policy was shared with staff to raise awareness of the correct procedures to be followed. This included the sharing of a flowchart to inform staff when entry to a property was permissible under their duty of care.

Are patient transport services well-led?

- **Leadership / culture of service related to this core service**
- The service had a registered manager in post, who was responsible for the daily running of the service, provision of staff, equipment, ordering of medicines and booking all work. The manager was fully aware of the Care Quality Commission registration requirements.

Patient transport services (PTS)

- The operations manager had left the service in September 2017. There were no plans to recruit to this role. The administration and registered manager shared operational duties.
- The culture of the company was positive and team-based. It was apparent that staff respected the manager and wanted to provide a caring transport service. All staff told us they felt well supported and Pro Medicus was a good place to work.
- The company had implemented new policies and procedures since the two inspections in 2015, and staff told us they saw the changes as positive and a journey to improve patient care.

Vision and strategy for this this core service

- The vision for the company was to provide its services with care, compassion, commitment, high standards and with best clinical practice.
- Ambulance staff and managers displayed the company values when speaking about their work, strategy and motivations.
- The company strategy was to support staff to develop their skills by providing education and training to drive continual improvements to patient experience and care. This was being implemented as we saw staff attended role specific training to develop their skills.
- The manager told us the vision was to expand the transport service but not to incorporate emergency work.
- The provider had a statement of purpose giving clear details about the service and its vision and values.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- We requested the minutes of governance meetings and were provided with one set of minutes of a staff meeting in February 2017 and minutes from a management review meeting held in August 2017. During the inspection, staff showed us staff meeting minutes from March and October 2017. We did not see any evidence that meetings occurred on a regular basis and we were not assured that information was routinely cascaded to staff throughout the service. The manager told us

minutes from other meetings could not be located. We therefore could not be assured that clinical governance arrangements supported the delivery of high quality patient care.

- The company aimed to hold staff and governance meetings on a three monthly basis and we saw the next governance meeting was scheduled for February 2018.
- We saw that incidents, workload and safe staffing, were reviewed and monitored within the governance meeting. An improvement plan register of the service was completed during this meeting.
- The service did not have a risk register. However, the manager told us the risks concerned expanding the business whilst balancing staffing numbers to meet customer needs. We were not assured that all risks were routinely monitored or that mitigating action was taken. For example, lapsed mandatory training was not documented as a risk, or the impact regularly reviewed. However, the service had identified this as an area for improvement and a training matrix was under development.
- Policies and procedures were all in date and were accessible in on the company's computer system, on the staff online portal and in paper format. Paper copies of the policies and procedures had a space for employees to sign and date the forms to confirm they had read them. However, we found most policies were not signed by staff and we were not assured there was effective monitoring to ensure staff understood and had read the policies.
- Risk assessments had been carried out where appropriate, including in relation to fire safety.

Public and staff engagement

- The company employed the services of independent occupational health personnel who provided health checks on all operational staff. When required, further checks were completed or advice given of other available health provision.
- We spoke with two staff, one permanent and one employed as a bank member of staff. They told us that they felt listened to and the manager was approachable.

Patient transport services (PTS)

- Patient surveys were carried out and we saw evidence of patient feedback cards completed by patients who used the service.
- The service did not routinely complete audits to inform service improvement. For example, infection prevention audits and patient record form audits were not completed to inform service improvements. This meant information could not be shared with staff to improve outcomes regarding patient care.

Innovation, improvement and sustainability

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Ensure audits are consistently undertaken to promote learning from review of procedures and practice.
- Ensure there is a method of identifying, recording and reviewing risks within the service, for example a risk register.

- Ensure all staff members are up-to-date with on safeguarding training.

Action the hospital **SHOULD** take to improve

- Ensure minutes of staff and clinical governance meetings are recorded and securely stored.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Action we have told the provider to take</p> <p>The table below shows the legal requirements that the service was not meeting. The provider must send CQC a report that says what action they are going to take to meet these requirements.</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) of the Health and Social Care Act 2008</p> <p>Good Governance.</p> <p>Regulation 17 (2) (a) and 17 (2) (b)</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">· The service did not have a consistent and adequate audit system in place to measure the service's efficacy and drive improvements.· The service had no method of recording and managing risks.
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 (2) (a) Staffing</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

- Staff did not have the right level of safeguarding training.