

Hoes Farm

Quality Report

Hoes Farm
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good 

Are services well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Hoes Farm is operated by Platinum Ambulance Service Ltd. Platinum Ambulance Service Ltd. The service provides emergency and urgent care, event medical cover, repatriation and a patient transport service for both adults and children.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 04 February 2020.

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.

The main service provided by this service was emergency and urgent care. Where our findings on emergency and urgent care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the emergency and urgent care core service.

We rated it as **Good** overall.

We found the following areas of good practice:

- Staff followed infection prevention and control procedures to reduce the spread of infection to patients.
- Staff completed an induction programme and extensive training in a range of clinical skills and theory to enable them to undertake their roles.
- Staff had been trained and understood their responsibilities to report safeguarding concerns.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and knew how to report them.
- There was a process to ensure staff understood the Mental Capacity Act (2005) and how to apply the principles in practice.
- There was a process for monitoring response times and performance and the service was measured against ambulance quality indicators and key performance indicators.
- Staff within the service had completed training to assist with meeting the needs of individuals including patients living with dementia and learning disabilities.
- The service encouraged feedback from patients.
- Staff felt supported by the managers of the service and said the managers were always available to discuss concerns.
- There were effective arrangements to manage risk. The risk register identified operational risks and described safeguards to manage those risks, it was regularly discussed and updated.
- There was an effective governance framework which provided a holistic understanding and assurance of safety, quality and patient experience.

However

- Not all staff had had an appraisal within the previous 12 months.

Summary of findings

- Staff had not completed Duty of Candour training.
- The website did not reflect the service that was delivered by the provider



Nigel Acheson

Chief Inspector of Hospitals

Overall summary

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	<p>The service had a contract with an NHS ambulance trust, and all the service's activity was subcontracted from the commissioning trust. The service responded to 12,458 calls to 999, which came in through the commissioning trust's emergency operations centre, between April 2019 to December 2019.</p> <p>We found many areas of good practice, including meeting patients' individual needs and a culture that encouraged openness and candour. Staff demonstrated a willingness to raise concerns, report incidents and learn from them. All staff we met spoke positively of the local leadership and culture.</p>
Patient transport services	Good 	<p>Patient transport services were a small proportion of activity. The main service was emergency and urgent care. Where arrangements were the same, we have reported findings in the emergency and urgent care section.</p> <p>The provider had no service level agreement for patient transport work. All journeys made were booked on an ad hoc basis. There were 150 patient journeys made in the 12 months prior to inspection</p>

Summary of findings

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Good 

Hoes Farm

Services we looked at

Emergency and urgent care; Patient transport services

Summary of this inspection

Background to Hoes Farm

Hoes Farm is operated by Platinum Ambulance Service Ltd. The service opened in 2016. It is an independent ambulance service in Shipley, West Sussex. The service primarily serves communities throughout the UK. Platinum Ambulance Service Ltd are an independent

ambulance service, available 24 hours a day, seven days a week, 365 days a year. The service primarily carries out urgent and emergency care for an NHS ambulance trust with an average of 1300 journeys a month.

The service has had a registered manager in post since 2016.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor with expertise in ambulances. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Hoes Farm

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the registered location and ambulance station at Hoes Farm. We spoke with 13 staff including; registered paramedics, technicians, administration staff and management. We observed two patient journeys and spoke with two patients. During our inspection, we reviewed ten sets of patient records.

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 has been inspected twice, and the most recent inspection took place in April 2018.

There were 6 employed members of staff for the service and a bank of temporary staff that was used flexibly. The accountable officer for controlled drugs (CDs) was the medical director.

Activity

In the reporting period April 2019 to December 2019, 12,458 responses were made to 999 calls.

125 patient transport journeys were made between January 2019 and December 2019.

Track record on safety

- No reported Never events
- No serious injuries






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Patient transport services	Good	Good	Not rated	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Emergency and urgent care

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

Are emergency and urgent care services safe?

Good 

We rated it as **good**.

Mandatory training

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

- All staff had undertaken a wide-ranging induction programme and mandatory training to equip them with the skills required to perform their role.
- The registered manager told us all staff, including contractors, undertook mandatory training modules including mental health, patient handling, basic life support, automated external defibrillator training, patient records and de-escalation skills. There were also mandatory driving and medicines administration training for the relevant staff.
- The service kept records of all staff training to monitor compliance. Records we reviewed showed that at the time of inspection, the service reported 100% compliance with mandatory training. Mandatory training included seven modules: mental health awareness, manual handling, de-escalation, driver training, patient handover, basic life support and infection control.
- The registered manager told us if staff did not attend mandatory training or if this had expired, their duties were restricted to reflect the missed training.

- Staff accessed an online learning system to complete theory modules and competency tests using personal logins. Staff could access training remotely which was helpful as often staff were not on site
- An estimated 50% of staff at present had not received Duty of Candour training at the time of inspection. However, a training session was imminent to complete training for staff who needed this.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

- The service had a safeguarding policy for both adults and children. The organisation had a named manager who was responsible for safeguarding and staff we spoke with confirmed they knew who to report any concerns to.
- Staff had all completed safeguarding training to the correct level. We saw certificates in all records we looked at and everyone was trained to at least level two for both children and adults. The safeguarding lead was trained to level three. All paramedics employed by the service were trained to level three as well.
- Data provided showed that 100% of staff had completed safeguarding training in line with the national intercollegiate document 'Safeguarding Children and Young People; Roles and Competencies for Healthcare Staff' (fourth edition: January 2019).

Emergency and urgent care

- The service escalated safeguarding referrals to the local NHS ambulance trust. Referrals were completed on paper forms and submitted to the trust by handing these copies to team leaders at the trust's various locations.
- The subcontracting NHS ambulance trust investigated all safeguarding concerns and made onward referrals to the relevant local safeguarding authority where applicable.
- The service had not raised a safeguarding notification to the CQC in the reporting period though understood their responsibility to do so.

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 and vehicles visibly clean.

- The service had an infection control and prevention policy. The policy outlined effective handwashing, clinical waste, protective clothing, spillages and sharps management. All staff received the infection prevention and control as part of their mandatory training.
- We inspected two vehicles and found all were visibly clean and fit for purpose. All equipment inside was visibly clean and storage was well organised. We checked sharps boxes on four vehicles and found all were secure. Ambulance interior surfaces and equipment were visibly clean, and records of daily checks had been completed.
- The make ready team inspected and cleaned ambulances and reported on compliance with vehicle cleanliness checks and infection control standards.
- The service had instructions for cleaning the interior of an ambulance. It outlined when, what and who should clean areas of the ambulance such as the floor, cupboards and stretchers. This meant staff had a standardised approach to cleaning vehicles.
- All vehicles received a deep clean at least weekly or more often if indicated. The fleet manager undertook training in clinical disinfection and deep cleaned the vehicles in house.
- An external contractor was also employed to swab and deep clean every vehicle every 6 weeks.
- There were arrangements for managing general and clinical waste. In the vehicles there was a selection of waste bags including those for clinical waste and there were spillage kits. A specialist contract for collecting clinical waste and sharps boxes was in place.
- Staff wore uniform shirts and trousers and were responsible for their own laundering. Guidance was issued on the necessary temperatures for clothes to be cleaned at. All staff we met had visibly clean uniform. Personal protective equipment supplies were available for staff use on each vehicle.

Environment and equipment

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

- The premises were safe and secure. The front gate had a key code to open it and there were security cameras on site. Vehicles were locked when unattended.
- There were 14 ambulances available from a fleet of 35 vehicles. The other vehicles included motorbikes, trucks, 4x4 cars and lorries which were used for other work such as events.
- The service had a checking procedure that outlined the responsibilities of staff to undertake inspections of the vehicle and equipment prior to its use.
- There was a clearly defined area for washing vehicles, a segregated area for cleaning contaminated kit and a purpose-built area to store clean materials. There were hand washing facilities and notices were installed reminding staff to wash their hands.
- The monthly equipment maintenance checklist ensured the ambulance contained enough supplies of equipment that were clean and in working order.
- All equipment on the vehicle we inspected was visibly clean, stored correctly and cupboards were clearly labelled with contents information.
- There were vehicle harnesses and chairs available for safely transporting children. The service used adjustable five-point harnesses to secure children in their ambulances during transport to hospital. We also

Emergency and urgent care

saw a suitable range of paediatric equipment, including paediatric oxygen masks and resuscitators. This meant the service had appropriate equipment to treat and transport children of all ages.

- The vehicle database ensured that vehicles were maintained, and this tracked all aspects of the vehicles maintenance and history.
- There were several layers of checks for vehicles. Safety checks were carried out by the on-site mechanic on a six weekly cycle and there was a reporting system for staff to report any faults or concerns. The station manager also checked vehicles on alternate days and produce a vehicle compliance report with findings that was overseen by the compliance manager. There were contracts with several garages as part of the ongoing maintenance plan.
- We saw the equipment on the ambulance we inspected had received servicing and maintenance within the last 12 months. This included the suction unit, carry chair and stretchers. A third party calibrated the resuscitation medical devices annually. The fleet and servicing policy was in date and ensured there was a process to check emergency equipment was fit for purpose and safe to use.
- The registered manager had designed a new ambulance following recommendations from a national review into unwarranted variation in the delivery of ambulance services. This vehicle was eco-friendly, had solar charged panels and reduced fuel consumption. The manager had consulted staff on their views for their idea of the perfect ambulance. Inside the vehicle, there was a pod system for arranging and storing equipment set out to simplify where items were housed. They each had panic buttons, security cameras and were able to take bariatric patients. There were four of these ambulances available and being trialled.
- However, only half of the yard at the location was hard surfaced leaving some of the ground uneven and muddy. The other half of the yard was to be resurfaced once the weather improved in 2020.

Assessing and responding to patient risk

- We reviewed 10 patient clinical record forms. There was an audit of 10% of patient clinical records

undertaken by the service and also by the trust they worked for. Managers also did clinical observations on journeys with crews. These audits were used to monitor themes or trends relating to care and to highlight any issues with staff members.

- Staff had access to electronic and paper Joint Royal Colleges Ambulance Liaison Committee guidelines so followed best practice guidelines during their work.
- All staff had completed de-escalation training. Staff were equipped with the necessary skills to manage an aggressive or violent patient.
- The provider included clinical escalation in its policies which detailed measures to take should a patient deteriorate during a journey. The National Early Warning Score (NEWS2) tool was used to detect and respond to deterioration in adult patients and the Paediatric Early Warning Score (PEWS) used for children.
- Patient assessment forms were fully completed, and base line records were well documented. A full set of observations and initial assessment, past medical history, blood glucose levels, a Glasgow coma scale assessment, stroke assessment and sepsis screening were completed for each patient. Routine monitoring of patients for the early detection of deterioration was carried out by the member of crew travelling with the patient and appropriate action was taken when necessary.
- Risk assessments were part of the patient report form and the records seen were completed.
- The service provided first aid at events and if a patient's condition deteriorated, the service would transfer them to the nearest emergency department.
- The crews had access to clinical advice and escalation processes as they could contact a clinical lead at any time and they had real time contact with the local ambulance trust's control centre. The on-call manager was available 24 hours a day, seven days a week for advice if required.
- The service had an electronic system which monitored the whereabouts of all vehicles and staff were in constant communication regarding any patient journeys and new requests for work.

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Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

- The service employed six permanent members of staff and had contractors (temporary staff) who undertook work. Some staff also worked for the local NHS ambulance trust
- The senior management team covered an out of hours rota to provide 24 hours, seven days a week support to staff. They also covered unfilled shifts as a result of sickness to ensure service continuity. The service informed staff of who was on duty at the start of each day. The telephone number for out of hours remained the same regardless of the event, which meant staff were familiar with the number. The service ensured they had enough staff before taking on any jobs to ensure they were able to deliver an effective service.
- The operations manager took responsibility for rostering staff and allocation of skill mix. The service employed emergency care assistants, technicians and registered paramedics. There was a rostering portal for staff to volunteer for shifts and state their availability for work.
- The service recruited by word of mouth and did not need to advertise formally. They were recruiting people who had a military background as part of the army resettlement programme.
- At the time of inspection, 12 staff were undertaking a paramedic programme designed to prepare them to be eligible to apply for paramedic registration. 12 more staff were due to commence this training in March 2020.
- The service was contracted to deliver nine 12 hour shifts per day. They also undertook ad hoc shifts should the trust require this if they had staff availability.

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.

- The service had a record management policy. It outlined the responsibility of staff in relation to record keeping, storage, handling and security of patient record forms in relation to the Data Protection Act (1998).
- The service stored records in a locked filing cabinet within a locked room. It kept patient clinical records for a minimum of 10 years. This was in line with national guidance.
- All records reviewed were clear, legible and complete.
- The service wanted to use an electronic patient record form. This was planned at the time of inspection and the technology had been purchased for this. However, they were waiting on the trust who contracted them to allow this to happen.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

- The service had a medicines management policy. It outlined standing operating procedures, protocols and responsibilities of staff about medicines including the management of medicine errors. It also clearly identified which medicines different grades of staff could administer using the Joint Royal Colleges Ambulance Liaison Committee guidelines.
- We saw the service had a Home Office licence for a controlled drugs. Companies and individuals in England, Wales or Scotland need to apply for Home Office licenses if they wish to produce, supply, possess, import or export controlled drugs. Stricter legal controls apply to controlled drugs to prevent them being misused, being obtained illegally and causing harm. The medical director was the accountable officer for controlled drugs. The medical director was a registered doctor who attended the service to provide support and guidance
- There was a register for controlled drugs used to detail the controlled drugs received, administered and disposed of. The controlled drugs were stored in a

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locked cupboard within a locked room. Records were kept of their administration with the specific batch number recorded. Stock checks were completed monthly.

- There was an audit of the safe keeping of medicines performed monthly by the clinical lead. The clinical lead produced a bulletin and used this to feedback audit findings to all staff.
- Medicines were stored in specific bags. Each medicine bag had a tag for identification that was replaced after each bag was returned and restocked at base. This tagging process was logged for auditing purposes so that the responsible clinical lead could track medicine use and monitor stock.
- Medical gases were stored securely on vehicles. Replacement gas cylinders were locked in secure cages at base.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and knew how to report them. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- The incident reporting processes gave assurance that all staff understood how and when to report an incident.
- The service had an incident reporting procedure that was a clear guide to staff on types of incidents that may occur and had a pathway to follow for each type. Staff were able to follow this process to complete the correct forms and escalate according to the reporting line for each incident.
- The staff at inspection told us in the event of an incident staff would complete the incident reporting form and notify the station manager initially. The clinical lead was responsible for incident management and they considered 'what did we wrong and where do we go next'.

- Incidents were also reported via the local ambulance trust and the service had a ten-day timeframe to respond to these. After investigation, any findings from incidents were shared with staff via a clinical bulletin. We reviewed clinical bulletins whilst on site. They contained pertinent and updated clinical information.

Are emergency and urgent care services effective? (for example, treatment is effective)

Good 

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 protected the rights of patients subject to the Mental Health Act 1983.

- We saw from patient records that staff delivered evidence-based care in line with the National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee guidelines.
- Policies and procedures had all been updated therefore were in date, had a version number and had a review date. The service had employed an external company to revise its policies and ensure that they were personalised to the service. The policies referenced current professional and national guidance such as the Resuscitation Council guidance.
- Senior staff were aware of current evidence-based guidance, standards and best practice was used to develop how services and treatments were delivered to patients. Staff had access to the policies on paper and electronically.
- There was a staff handbook that was in the process of being updated. This handbook held all processes, standard operating procedures and policies needed by staff.
- Staff had access to the clinical hub provided by the local ambulance trust if they required enhanced clinical advice and support.

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- The service carried out audits to monitor staff compliance and to ensure consistency of care. Examples of these included driving assessments, documentation audits and hand hygiene audits.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

- Guidance was provided in the JRCALC guidelines to support staff with their assessment of patients, and the type of pain they were experiencing.
- Patient's pain levels were recorded on the patient's clinical record which we saw happen during our clinical observation of emergency care and treatment.
- Registered paramedics and technicians could administer analgesia, as analgesia was contained within the medicine packs taken to events. Nitrous oxide, an inhaled analgesic gas, was also available on the ambulances used to convey patients to hospital.

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.

- There was a process for monitoring response times and performance through technical systems that linked to the NHS ambulance trust.
- The service was subject to performance monitoring from the commissioning ambulance trust. A monthly report was produced with a detailed breakdown of statistics and information. These figures included ambulance quality indicators (AQI) which were quality measures of activity and performance. The data showed (for example) how many journeys were taken, the types of journey taken, shift fulfilment and job cycle times.
- The performance reporting was rated red and green advising whether the service was performing above or below the trust benchmark. The service was continuously meeting and exceeding targets for

mobilisation times and hospital handover times. Their time on scene was often longer than the specified target time. Leaders recognised that this was an area for improvement and were working to better this. This was thought to be due to non-paramedics having to wait for clinical input on certain types of call outs.

- This data also monitored how long it took a crew to restock over an agreed time, how long was spent refuelling beyond 15 minutes and how often it took a crew to clean down a vehicle after a difficult job.
- The service collated feedback from patients, the local ambulance trust and event organisers, this was used to improve services.
- Managers worked closely with the trust on an 'admission avoidance project' that considered alternative treatment pathways. Crews could use a clinical hub to look for alternative ways to get patients the right treatment rather than taking everyone to the emergency department.

Patient outcomes

The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- There was benchmarking procedure in partnership with the local ambulance trust. This involved a weekly telephone conference and monthly face to face meetings. The service was monitored against the performance of other providers.
- There was auditing of clinical records at trust level and then at provider level. This suggested thorough scrutiny of record keeping and effective patient treatments.
- The service received feedback about patients via the trust to demonstrate that the treatment administered to patients had been effective or not.

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.

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- The registered manager reported that all staff received an induction to equip them with the basic skills to undertake their role. It included mental health awareness, risk assessment, handover, communication skills, infection control and basic life support.
- Staff told us that before having any patient contact they attended the induction and completed some of the mandatory training modules (dependent on existing skills and training). This ensured staff had the right skills and knowledge to commence their employment.
- The induction plan meant that within six months of the induction, staff had to complete first person on site, patient handling and driving assessment training. The head of operations was a driving assessor so readily available to train and update staff. The registered manager reported only when staff had completed this training would they be able to undertake that specific role. This ensured staff did not work outside of their scope of practice.
- All drivers had an Institute of Healthcare Development blue light driving certificate which was in line with the service's driving and care of company vehicles policy.
- Training records showed all staff had completed mandatory patient handling and driver assessment training.
- The service provided additional training based on staff learning needs, staff requests or in response to service need. Staff were able to complete external training courses with prior agreement from the registered manager. The service was keen to support and foster staff development so provided financial help, time away from duties and motivation to develop professionally.
- Staff were being supported to deliver effective care and treatment through appraisal. Staff appraisals had started to happen as routine though not every member of staff had had an appraisal within the previous 12 months. The provider had designed a performance appraisal form to document discussions at appraisal meetings. This form covered performance evaluation, areas for improvement, areas of success and an area to identify objectives.
- The human resources manager was new in post and had introduced an appraisal tracker which showed only 59% of staff members had been appraised. This was deemed to be a work in progress.
- There was an onsite training room at the location and level three and level four training in first response emergency care was being delivered by an external company. The driving course was being conducted on site also.
- Senior staff regularly reviewed professional registers to ensure all staff were complying with the requirements of their professional body. When staff were suspended from the duty the service notified local healthcare providers and professional bodies of this.

Multidisciplinary working

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

- We observed a patient handover that the crews performed. This was comprehensive and covered all of the salient points. NHS staff at the hospital commented on the quality of handovers they received from the staff.
- There were monthly contract meetings with the commissioning NHS ambulance trust and evidence of day to day contact so that any issues were escalated in a timely manner.
- We received feedback from a local emergency department about the effectiveness of patient handover and handover paperwork.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

- Staff supported patients to make informed decisions about their care and treatment. They followed

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national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

- The service had a policy for consent. The provider used this policy for both the regulated and the non-regulated activities. The policy reflected best practice in relation to adults, children and young people. It provided clear and comprehensive guidance to staff on assessing a patient's mental capacity, gaining consent, deprivation of liberty and record keeping.
- The records for 10 members of staff showed all staff had attended the mental health awareness, Mental Capacity Act and Mental Health Act mandatory training.
- Staff understood their responsibility to gain patient consent. We saw staff documented when a patient did not consent to treatment such as administration of medicine.
- The provider had a policy and forms for use should a patient be deemed not to be for resuscitation.

explained who they were and what they were doing at all times. They introduced themselves by name to patients and their loved ones so that everyone felt involved.

- We reviewed four satisfaction surveys. All patients gave the highest rating in all areas of care. All comments were positive.
- One patient told us that the staff made them "Feel relaxed and treated me as a person".

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

- We observed that patients were covered with blankets to keep them warm and to protect their dignity when being moved around.
- Patient comments demonstrated a caring and supportive attitude from staff. A distressed patient was kept calm and reassured after being treated for an injury. Time spent talking to the patient helped appease their anxieties.

Understanding and involvement of patients and those close to them

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

- Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress during emergency situations.

Are emergency and urgent care services caring?

Good 

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.

- We saw cards and feedback forms from patients received by the service which were complimentary about the care and respect shown by staff to patients.
- We were able to observe care given by staff and a crew interacting with patients as we went on two emergency calls and travelled with both patients to hospital. Staff had good interpersonal skills and

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

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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.

- The service was commissioned by an NHS organisation to provide an urgent and emergency response ambulance service. The service had no other service level agreements but this one.
- The service also covered a range of events such as polo matches and charity functions. If required, the service would convey patients from events to local acute NHS trusts.
- Work was mainly undertaken for event organisers on an ad hoc basis and there was no formal contract issued.
- The service worked with the local ambulance trust on the admission avoidance project that looked at alternative pathways. For calls that were not an accident or emergency, the service used a clinical hub to look for alternative pathways to support patients. On average 29% of responses did not result in the service conveying patients elsewhere for further treatment.

Meeting people's individual needs

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

- All staff records we reviewed contained equality and diversity training certificates. This meant the provider could be assured that all staff had been trained to consider the needs of different people when delivering care, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.
- There was translation support available for staff in the treatment of people who could not speak English. The registered manager told us the director spoke Spanish, French, Italian and understood other languages. All staff were able to contact the director for translation support. In the event the registered manager could not help, staff told us they had access to a language

translation telephone support team who provided language interpretation for healthcare in over 200 languages. A multi-lingual book was also on all vehicles for reference.

- The service had a policy giving staff guidance for supporting patients with a vulnerability and this included patients living with dementia or learning difficulty. Staff confirmed they had received dementia awareness training.
- Reasonable adjustments were made so that patients with disabilities could access and use services on an equal basis to others. The ambulances that we inspected had a tailgate which enabled wheelchair users to access the ambulance safely. There was also enough space for a wheelchair inside the ambulance.

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.

- The service carried out its emergency and urgent care work for an NHS ambulance trust. All work was dispatched to crews from the trust control centre. Vehicle tracking meant that crews were directed to the nearest job as they occurred.
- Crews based themselves at different locations around Surrey and Sussex to enable them to respond to patients across counties.
- If a specialist mental health transfer was required, the service referred back to the local ambulance trust. The clinical hub would then decide which vehicle or team went out to collect that patient.

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, including those in partner organisations.

- The service had a 'complaints policy'. The provider used this policy for both the regulated and the non-regulated activities. The policy was clear and outlined timeframes for dealing with complaints, such as acknowledgement of a complaint within two days

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and a full response within 28 days. However, if the complaint came via the ambulance trust, complaints aimed to be dealt with in ten days. Records submitted by the service showed Hoes Farm was meeting their targets.

- There were feedback forms and posters on ambulances. There was clear information on how to make a complaint displayed in vehicles and on the provider's website. Patients were also signposted to a social media page where they could also leave feedback.
- Learning from complaints was dealt with by the clinical lead who escalated themes and particular issues to the management team.

Are emergency and urgent care services well-led?

Good 

We rated it as **good**.

Leadership

Leaders had the integrity, 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.

- The senior management team consisted of the chief executive who was the registered manager, the operations director and the human resources director. There was a layer of management beneath them that included the two station managers, the fleet manager and a compliance and clinical need. The service had its own human resources manager and a finance and resourcing department.
- Staff feedback was very positive about the management of the organisation. They felt the senior management team valued their opinions and were readily available to listen to staff.
- The leadership team had grown since the previous inspection and were committed to ensure all clinical aspects of the service were well led.

- We saw evidence of strong performance management demonstrating that leaders were proactive. There were detailed performance management processes for both self-employed workers as well as those that had permanent contracts.
- We saw evidence of good communication between leaders and staff. There were mechanisms in place for conversation or contact with leaders. Staff wellbeing was high on the agenda and examples of how this was maintained were seen during the inspection.
- Leaders were visible and approachable. Staff told us that the registered manager and director regularly invited staff to lunch which made them feel appreciated.

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. Leaders and staff understood and knew how to apply them and monitor progress.

- The service prided itself as being run in a 'family method' though it had expanded considerably since the previous inspection. They did not wish to grow further, but concentrate on staff development and the service provided to patients.
- Following the purchase of the private ambulance service, they had needed to lose some staff through performance management and were now seeking to invest in remaining and new staff.
- Their vision and values were driven by quality and safety. The aim was to provide high quality care, to promote health, safety and welfare and to support local charities, hospices and those in need. The service sought the views of its staff with the aim to make understand and make changes in order to improve. A staff survey had been carried out recently.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in

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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.

- There was a culture of collective responsibility between teams and services. All staff mentioned 'the platinum way', this was a commitment to treating all staff as if they were family.
- The registered manager reported there was a no blame culture within the service. If there were any concerns about the competency of a member of staff, they would carry out a reflective session, identifying areas for improvement and schedule the correct training.
- Staff knew about duty of candour, displayed an understanding of its principles and knew when to apply this even though not all staff had received training on the subject.
- The service had a whistleblowing policy which outlined the process for staff to follow if they wanted to raise serious concerns.
- The service had an equality and diversity policy. The provider used this policy for both the regulated and the non-regulated activities. It outlined the responsibilities of the organisation and staff to ensure no direct or indirect discrimination occurred within the business.

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 had a disclosure and barring policy. The provider applied this policy to staff that provided both regulated and non-regulated activities. It outlined responsibilities, storage, usage, retention and disposal of disclosure and barring service (DBS) documentation.

- Thorough checks were made to ensure that staff who worked for the service had the necessary skills and competencies to carry out their roles. The recruitment process was well organised and had a documented process to demonstrate how these checks were made.
- All vehicles were tracked which allowed the service to monitor the standard of driving for all staff.
- The senior management team attended regular governance meetings. They aimed to have these monthly, but this did not always happen. The team did work together closely every day. We reviewed one set of minutes from a governance meeting. There was a set agenda that included incidents, operational and organisation matters and health and safety.
- There was a process to ensure that policies and procedures were reviewed so that policies were fit for purpose. Policies covered key issues such as adverse incidents, complaints and medicine management (as examples) to ensure that patient safety and promote a consistent approach in day to day working. Policies were up to date, version controlled and in line with relevant national guidelines.
- The service carried out audits so that areas for improvement were easily identified and changes made to benefit patient care and safety.
- Thorough checks were made to ensure that staff who worked for the service had the necessary skills and competencies to carry out their roles. The recruitment process was well organised and had a documented process to demonstrate how these checks were made.

Management of risks, issues and performance

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had effective systems for identifying risks and planning to eliminate or reduce them. The registered manager maintained the service's risk register. We saw that the risk register was comprehensive and the service used control measures to lessen risks wherever possible

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- The service had identified risks to the organisation such as use of oxygen and medical gases, risk of road traffic accidents and ambulance station site hazards. The risk register identified the current level of risk, the risk score associated with it and actions for each of the domains. The risk register was rated according to the traffic light system of red, amber and green.
- The service had a business continuity plan that detailed how to be prepared for any events that might happen that could impact on extended service outage. The plan credible, there were business continuity management arrangements that were subject to audit against national standards including but not limited to Civil Contingencies Act 2004; Emergency Preparedness and PAS 2015:2010; Framework for Health Services Resilience.
- The service received a monthly report on its performance against key performance indicators from the commissioning NHS ambulance trust. Performance reports we reviewed demonstrated the service was performing well against its key performance indicators. Performance reports allowed the service to identify areas for continuous improvement and to work with the commissioning trust to achieve this.
- The websites had information for providers looking to source ambulance work, for staff and members of the public. However, the service had more than one website which were being updated. This was because of the acquisition of a second company that incurred some legal complications with the web address. The websites were easy to navigate but clearly needed to reflect who the provider was, and the services offered.

Public and staff engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

- The service kept patient feedback forms within the vehicles. The forms allowed patients to provide feedback following receipt of care at events. These forms were available in the vehicles we inspected. Feedback also came to the service via the NHS ambulance trust satisfaction surveys. They received on average two compliments per week via the trust.
- The service received thank you cards and postcards from patients who had received treatment. The service displayed cards on the noticeboard within the staff room and the managers provided feedback to named individuals. At the time of inspection, two staff were about to receive framed certificates having been congratulated by the trust's chief executive for outstanding delivery of care and treatment.
- Children at a local school raised money for the service after they attended to one of their classmates that fell ill. The school children wanted to show appreciation of the care given. The registered manager donated this money with consent to a local hospice.
- The manager rewarded staff with a starfish badge if they had achieved something in the line of duty that had a positive effect. This was based on the idea that doing one small effort could have powerful ramifications so deserved recognition.
- There were regular meetings with the local trust to discuss performance, contract issues as well as having frequent site inspections. The registered manager shared inspection feedback from the trust with us.

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.

- Data was used and scrutinised regularly to monitor the performance of the service. Managers knew how well the service was performing by using the technology that tracked vehicles and via the information disseminated from the ambulance trust.
- Computers were available at base and all locked when not in use.
- The service used social media to inform staff and the public of health-related matters

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- The service had its own survey via social media for patients to comment on. This was accessed mainly by non-999 patients.
- The service supported several charities at no cost in their locality. They also provided local sponsorship to events.

Innovation, improvement and sustainability

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.

- The newly designed and purpose-built ambulances aimed to meet national recommendations for sustainable and eco-friendly vehicles. They were designed and commissioned by the registered manager with, staff collaboration.
- The registered manager and director were working with the government of a Caribbean island free of charge. They aimed to provide training, supplies and ambulances to improve the poor survival rate of residents and visitors who were taking to hospital by emergency care services there. Staff had volunteered to give up their time and accompany them there to help.
- Staff were given a GEM award when it was recognised that they had made a special effort to achieve something. GEM stood for Going the Extra Mile.

Patient transport services

Safe	Good 
Effective	Good 
Caring	Not sufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are patient transport services safe?

Good 

We rated it as **good**.

Mandatory training

Please refer to emergency and urgent care report.

Safeguarding

Please refer to emergency and urgent care report.

Cleanliness, infection control and hygiene

Please refer to emergency and urgent care report.

Environment and equipment

Please refer to emergency and urgent care report.

Assessing and responding to patient risk

Please refer to emergency and urgent care report.

Staffing

Please refer to emergency and urgent care report.

Records

Please refer to emergency and urgent care report.

Medicines

Please refer to emergency and urgent care report.

Incidents

Please refer to emergency and urgent care report

Are patient transport services effective? (for example, treatment is effective)

Good 

We rated it as **good**.

Evidence-based care and treatment

Please refer to emergency and urgent care report.

Pain relief

Please refer to emergency and urgent care report.

Response times

Patient outcomes

Competent staff

Please refer to emergency and urgent care report.

Multidisciplinary working

Please refer to emergency and urgent care report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Please refer to emergency and urgent care report.

Are patient transport services caring?

Not sufficient evidence to rate 

We rated it as **good**.

Compassionate care

Patient transport services

Please refer to emergency and urgent care report.

Emotional support

Please refer to emergency and urgent care report.

Understanding and involvement of patients and those close to them

Please refer to emergency and urgent care report.

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

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- The service provided reflected the needs of the population served and only undertook journeys that it could resource. There was no contract or service level agreement with any organisation. All patient transport work was ad hoc and accommodated where possible.
- The service worked with event organisers to identify and manage risks to plan arrangements accordingly.
- The service had facilities suitable for patient transport and event work. The service had 4x4 vehicles, for instance, that could respond better to patients in areas an ambulance truck would be unable to access or if weather conditions inhibited journeys.
- The provider did not provide services directly to the local population, but it did make its vehicles available for local search and rescue. The 4x4 cars were also available to trusts in adverse weather conditions to transport staff to work or move patients. Prior to inspection, they had been used to assist people during storms and flooded roads.

Meeting people's individual needs

- Journeys were planned to account for a patient's hydration and toileting needs. Water was available on vehicles and containers ready for emergency toileting needs during a journey. Routes were mapped to allow for service station breaks if the journey was particularly long.

Access and flow

- People could access the right care at the right time. Bookings were made via phone, email and online. The booking information was recorded so that staff assigned the correct skill mix of staff to a journey. Services were not provided without ensuring the right resources were available.
- The booking system was easy to use and the response time for contact via the website was generally under two minutes.
- Waiting times and delays were monitored and minimal. If the transport were to be late then a patient would be informed of potential delays.
- Cancellations were rare as the request for a booking was thoroughly scrutinised and patients' needs assessed at the time the booking was made.

Learning from complaints and concerns

Please refer to emergency and urgent care report.

Are patient transport services well-led?

Good 

We rated it as **good**.

Leadership

Please refer to emergency and urgent care report.

Vision and strategy

Please refer to emergency and urgent care report.

Culture

Please refer to emergency and urgent care report.

Governance

Please refer to emergency and urgent care report.

Management of risks, issues and performance

Please refer to emergency and urgent care report.

Information management

Please refer to emergency and urgent care report.

Public and staff engagement

Patient transport services

Please refer to emergency and urgent care report.

Please refer to emergency and urgent care report.

Innovation, improvement and sustainability

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should ensure that all staff receive an appraisal.
- The service should ensure that all staff are trained in duty of candour.
- The website should be updated and reflect the services provided.