

Central Bedfordshire Council

Central Bedfordshire Council Sandy Depot

Inspection report

Sandy Depot Unit 6
Beamish Close
Sandy
SG19 1SD
Tel: 03003005755
www.centralbedfordshire.gov.uk

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

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

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

- The service did not keep cleaning records or carry out any audits of cleanliness, therefore we were unassured that infection risk was controlled.
- The vehicle keys were not always stored securely in line with recommended practice.
- The service did not have a process for the safe disposal of clinical waste.
- The service did not have a formal exclusion and inclusion criteria for patient suitability, which meant we could not be assured there was a set criteria for staff to follow during the assessment process, or that the assessment process was carried out consistently between service users.
- The service did not have access to mental health support for patients with mental health conditions.
- The service did not currently have access to extra trained staff if permanent staff were absent.
- Records were not stored securely, which meant that patient confidential information could be viewed by persons not authorised to see this.
- The service did not have service specific policies that were dated, referenced, version controlled or authorised.
- The service did not minute staff meetings, which meant there was no record of the discussions held during these meetings.
- Staff had not received training in the Mental Capacity Act and consent.
- The service did not collect feedback from patients and relatives.
- Staff did not have clear career development and progression routes.
- The service did not have a vision and strategy.
- Managers did not monitor the effectiveness or performance of the service and did not always identify and manage service level risk robustly.

However:

- The service generally had enough staff to care for service users and keep them safe. Permanent staff had training in key skills and understood how to protect service users from abuse. Staff assessed risks to service users and acted on them.
- Staff provided good care and treatment. Managers generally made sure staff were competent. Staff worked with other agencies in the council for the benefit of service users and supported them to make decisions about their care.
- Staff understood and respected the individual needs of service users and understood the emotional and social impact a service user's care and condition may have.
- The service planned care to meet the needs of a subgroup of the local population and took account of service users' individual needs. People could access the service when they needed it.
- Staff felt respected, supported and valued. They were focused on the needs of service users receiving care. Staff were clear about their roles.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

**Patient
transport
services**

Requires Improvement



This service had not been inspected before. We rated it as requires improvement. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Central Bedfordshire Council Sandy Depot	5
Information about Central Bedfordshire Council Sandy Depot	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Central Bedfordshire Council Sandy Depot

The Non-Emergency Patient Transport (NEPT) Service (NEPTS) is a service within the fleet service of Central Bedfordshire Council. It is a relatively new service which was registered with the Care Quality Commission for the activity of transport services, triage and medical advice provided remotely on 6 January 2021. The service currently covered only two routes with only four patients. These transport routes covered journeys to and from school for the children assessed as requiring one to one support during transport due to medical conditions. At present the service had only two substantive staff members working as 'passenger assistants', one of whom was on a zero hour contract. Transport was provided with a driver and minimum of one passenger assistant on board.

The service was in phase 1 of development, which involved the take over from another contractor of routes for single behavioural student transport and of some persons currently travelling by ambulance, and bidding for additional school transport routes. Phase 2 was intended to involve the transport of patients to and from hospitals and care homes if the service successfully won the bid for these contracts.

We have not inspected this service before.

How we carried out this inspection

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The service must ensure staff follow all infection control principles including bare below the elbow (Regulation 12 (2) (h))
- The service must ensure it has a comprehensive programme for performing audits to measure and monitor performance on standards, such as cleanliness (Regulation 17 (2) (a))
- The service must ensure there is a formal risk assessment and inclusion and exclusion criteria for patients transported by the service (17 (2) (b))
- The service must ensure that patient records are stored securely with access restricted to staff that require access to specific patient records to carry out their role (17 (2) (c))
- The service must ensure that leaders fully appreciate the requirements of healthcare regulation and compliance (17(1) (2) (a) (b) (c) (d) (e) (f))
- The service must ensure that service level agreements and contracts are complete with all relevant names, signatures and dates (17 (1) (2) (a) (b))

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

Summary of this inspection

- The service should ensure vehicles keys are stored securely and accessible only to staff authorised to access them to carry out their role.
- The service should ensure all substances hazardous to health are kept in a locked cupboard or sealed unit which is labelled as containing substances hazardous to health.
- The service should ensure clinical waste is collected in clinical waste bags and disposed of in dedicated clinical waste bins which are securely stored on site.
- The service should ensure equipment used to clean vehicles is disposable where possible or has guidance on the limits to how often it can be re-used and when it expires.
- The service should ensure policies are dated and version controlled and that there is a system in place to ensure policies are kept up to date with the latest best practice and national guidance.
- The service should ensure all staff meetings are minuted in order to provide a log of discussions held within staff meetings.
- The service should ensure staff are trained in the Mental Capacity Act and kept up to date with this training.
- The service should ensure it has a policy on meeting the communication needs of patients with a disability or sensory loss.
- The service should ensure it puts measures in place to ensure the necessary recruitment and retention of staff to ensure sustainability of the service.
- The service should ensure it develops a formal strategy in line with the objectives and values of their provider.
- The service should consider collaborating with partner organisations to help improve patient services.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Requires Improvement	Requires Improvement

Patient transport services

Safe	Requires Improvement 
Effective	Requires Improvement 
Caring	Insufficient evidence to rate 
Responsive	Requires Improvement 
Well-led	Requires Improvement 

Are Patient transport services safe?

Requires Improvement 

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

Mandatory training

The service provided mandatory training in key skills to all staff. However, the service did not provide evidence that all staff had completed all of the mandatory training.

Staff received mandatory training, which was up to date for the modules we saw. Staff completed a generic Central Bedfordshire Council mandatory training programme applicable to all council employees online using an electronic tablet supplied by the council. Staff reported they had a certain time to do these modules and that the system was updated with new courses.

The service provided staff compliance data for 4 of the generic council mandatory training modules which were safeguarding, equality and diversity, general data protection regulation and fraud awareness. This showed staff were up to date with these modules, however we requested data for mandatory training compliance, but we did not receive data for the other generic council mandatory training modules. Therefore we were unassured that the generic council training had been completed.

There was an additional Non-Emergency Patient Transport Service (NEPTS) specific training programme which included first aid at work, infection prevention and control, safeguarding level 2, epilepsy and medication, PEG and tube feeding awareness, managing challenging behaviour and gas and oxygen supply awareness. The 2 substantive staff members reported they had completed the NEPT training a year ago and the record of NEPT staff training showed this was not due to be repeated until August 2023. These 2 substantive staff members agreed their mandatory and NEPT service training was comprehensive and met the needs of service users and staff.

The service had intended to run the NEPT service training programme in August 2022 but this had not taken place and the service was planning to run this in November 2022 instead. This meant that any new agency staff would not complete the service training until November, and the 2 new members of staff recently recruited had not yet completed the council or NEPT training.

Patient transport services

Staff completed training on autism but not on recognising and responding to patients with mental health needs, learning disabilities and dementia. Substantive staff members completed training on autism as part of the council's generic fleet training. As these areas were not part of the NEPT service training, this meant that agency staff would not receive training in this area if they had not completed the generic council training.

Managers monitored mandatory training and alerted staff when they needed to update their training. For the generic council fleet mandatory training modules, the online system alerted staff when training was overdue.

Safeguarding

Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it, however we were unsure if all staff had completed the training.

Staff received training for their role on how to recognise and report abuse. The service told us substantive staff completed mandatory annual safeguarding as part of the council's generic programme, and NEPTS staff also completed safeguarding level 2.

Records showed that NEPT staff had completed both the council and NEPTS safeguarding modules. New agency and substantive staff were planned to complete safeguarding level 2 training in November 2022 as part of the NEPTS training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff we spoke with at the inspection told us they would treat everyone the same and with dignity, and would not single anyone out on the basis of a protected characteristic.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with at the inspection were able to give an example of a safeguarding concern that they had reported.

The council had a generic safeguarding policy which also applied to the NEPTS. It was procedure for staff to inform the NEPT Co-ordinator of safeguarding incidents immediately and before completion of the shift. The NEPT Co-ordinator would then immediately inform the council safeguarding team.

Staff we spoke with at inspection told us they would report any safeguarding concerns to their line manager or the risk and compliance manager. They also said they would report any issues to the school, and that each service user had a diary that was completed daily to feedback to parents when returning them home.

The service told us that permanent staff employed by the council had their references checked by the council recruitment team following successful selection, and enhanced Disclosure and Barring Service (DBS) clearance was administered by the council DBS team. The service informed us DBS was current and in date for these staff. They said that for agency staff, enhanced DBS clearance was part of their recruitment policy and was certified by the providing agency. The service told us that the council used only agencies from an approved list for agency staff. We requested DBS check compliance for all staff in service, however we did not see evidence of this.

Patient transport services

The council had an exclusive contract with a third party service which sourced agency staff from various employment agencies based on the job requirement submitted. The employment agency was responsible for checking references and ensuring staff had the required skills and DBS clearance. If accepted by the third party system, the agency staff member would be available to work for the NEPTS.

Cleanliness, infection control and hygiene

There was no evidence the service controlled infection risk. However, equipment and control measures to protect patients were available for staff to protect themselves and others from infection. Equipment, vehicles and the premises were visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The 2 ambulance vehicles we inspected were visibly clean.

We do not know whether the service performed well for cleanliness over time. This is because the service did not carry out audits of cleaning performance. We requested this information following our inspection however, we did not receive any evidence suggesting cleaning had been completed.

The service did not keep vehicle cleaning records therefore was unable to demonstrate that all areas were cleaned regularly. We requested vehicle cleaning logs, including deep cleaning, schedules, however none were supplied.

The service told us that it was the duty of all staff to carry out internal and external cleaning of vehicles, and that during COVID-19 additional cleaning during and at the end of each journey was introduced and remained in place. However, without records of cleaning there was no evidence this occurred. The service told us that a process for recording the cleanliness of equipment and vehicles during routine inspections was in development after our inspection.

The mops used to clean vehicles did not have disposable mop heads and there was no guidance on the limits to how often these could be re-used or when they expired.

Staff had personal protective equipment (PPE) available for use. However, some of the staff we spoke with at inspection were wearing nail varnish, watches and bracelets, so were not bare below the elbows in line with best practice and agency staff did not have a uniform. We spoke with a new member of agency staff at inspection, who told us they had been given uniform guidelines and a high visibility vest.

Staff were trained in infection prevention and control as part of the NEPTS training, and the induction process covered spill kits, cleaning of the interior and wiping down of hand pathways, and also covered waste emptying at the end of every day, and the availability of fluid resistant face protection.

We have no evidence that staff cleaned equipment after patient contact. This is because the service did not keep cleaning records, did not perform cleaning audits and we did not observe service user journeys. However, the daily cleaning process for NEPT vehicles stated that cleaning of the hand rails of the vehicle interior at the point of boarding and alighting, and daily interior cleaning of grab rails, door handles, seat handles, seat belt fasteners, steering wheel, gear stick, wheelchair anchoring equipment, floors and windows, was required.

The service had a procedure in place for infection prevention and control of COVID-19. This included asking about COVID-19 status of patients at the time of booking a journey, removing a vehicle from service for 72 hours and cleaning it should there be a confirmed case of COVID-19 on the vehicle, and for symptomatic staff to inform their line manager and not come to work.

Patient transport services

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment did not always keep people safe. Staff did not manage clinical waste well.

The design of the environment followed national guidance. The service used standard ambulance vehicles in accordance with recommendation.

Staff carried out daily safety checks of specialist equipment. Substantive staff used an electronic tablet based system to carry out daily vehicle checks, and agency staff had a paper based daily vehicle checklist. We saw records showing the results of daily checks for September 2021 to September 2022, October 2021 to September 2022 and March 2021 to July 2022 for the 3 vehicles respectively. Leaders told us they also held regular vehicle spot checks.

The service had enough suitable equipment to help them safely care for patients. The service had 3 ambulance vehicles which were rented from a hire company. We saw that all 3 vehicles had valid in date MOT certificates.

The hire company carried out regular 10 week checks of the vehicles, which included a 75 point check list and checks of tyre depths and pressures, brake linings and wheel nuts. We saw the last 5 checklists for all 3 vehicles. We saw that defects had been identified on some of the 10 week checklists and that for some of these defects actions had been taken to rectify these. For some defects identified we had no further information as to whether these had been rectified.

We did not see any documentation for servicing of the vehicles. There was reference to the minimum requirements for an annual service in the service level agreement (SLA) document. We saw an SLA for inspection, service, maintenance and repair with the vehicle hire company name on it, however this was incomplete with respect to including the name of the service with which the SLA was, and the SLA was not signed or dated.

Vehicle administration was not managed directly by the NEPT team. This was done by the main fleet department of the council.

Out of hours vehicle keys were stored in a locked box for which only the relevant staff had keys to. However, during the day the keys for the vehicles were kept in an unlocked cupboard that was accessible to all staff with access to the office building. Whilst access to the office building was restricted to staff working in that office, this included staff from other teams within the council, and a contractor employed by the council. Therefore, vehicle keys were not stored securely and accessible only to staff authorised to use them. We raised this with the service during our inspection, and they told us they would make changes to the way vehicle keys were stored.

The handheld electric controller for the passenger lift equipment on one of the vehicles inspected had a next test due date of January 2021. However, the service explained that none of the ambulances used by the service are fitted with tail lifts, and that they are instead all fitted with manual ramps, which would mean the handheld electric controller was not in use anyway.

At the depot there was a general store which was used by all fleet services. Keys for accessing the store were held by the NEPT Risk Assessor and 3 other staff members outside of the NEPTS. Within the store there was a locked cupboard containing cleaning products and equipment, however there was no signage to inform staff of the type of products inside and therefore the control of substances hazardous to health (COSHH) was not managed effectively.

Patient transport services

Staff did not dispose of clinical waste safely. Staff reported they would use standard black bin bags for clinical waste (all clinical waste should be collected and disposed of in yellow bags as per guidance) collected during transport, and these would be dispensed of either on arrival at the school or at the depot in standard main bins on site which were emptied every 72 hours. These bins were not kept in a securely locked area. The service told us that very little clinical waste was produced on a day to day basis on NEPT vehicles. They advised that the vehicles carried a spill kit and PPE.

Assessing and responding to patient risk

Staff completed a risk assessment for each patient to minimise risks when the patient was referred to the service and reviewed this. Staff informed us they would identify and quickly act upon patients at risk of deterioration.

Staff we spoke with told us that if an emergency occurred, they would stop the vehicle somewhere safe, telephone 999, and take advice over the phone on whether to administer the patient's own medications or to bring the patient to hospital in line with the service procedure.

Staff completed risk assessments for each patient at the point of referral. There was a risk assessor and compliance officer who carried out a risk assessment to assess patient needs, identify risks, risk impact and likelihood and control measures for patients prior to the service accepting a new patient. This included visiting the patient's home, speaking with their parents and reviewing wheelchair assessments.

Staff reported that risk would be re-assessed if a new risk emerged. We saw an example of a risk assessment which noted reviews in December 2021 and July 2022. They also reported that if they arrived at the collection location and had concerns about a new risk, they would contact their line manager for a decision on whether to transport the patient or not.

Requests for transport were initially received and considered by the council entitlement department. At referral to the NEPTS, information on the patient's transport needs and medical conditions was received and the NEPT Co-ordinator would consider whether NEPT was suitable for the service user. If the service user's medical conditions were outside of NEPT staff's ability and training to transport safely they would not be accepted. Risk assessments would be carried out if identified as necessary by the NEPT Co-ordinator.

However we requested the NEPTS formal inclusion and exclusion criteria for patient suitability to use the service but this was not supplied, and there did not appear to be a formal policy on how risk assessments were carried out, what should be considered or which patients were not suitable. Therefore, we were not assured that the selection and risk assessment process would be objectively and consistently applied.

Staff knew about risks that had been identified. Patient care plans were provided by the patient's family to travel with them and provide information to staff and emergency services if needed. The care plans provided instructions on actions required in the event of incidents and staff were required to contact the NEPTS co-ordinators if incidents occurred. The service did not keep copies of patient care plans. The entitlement department of the council provided a summary of the patient's medical background and contact details and NEPTS produced an information document based on this as a reference for the crew.

The service did not have access to mental health liaison and specialist mental health support. Staff we spoke with reported they would not make an assessment on a service user's mental health, but would report any concerns through the safeguarding process. Staff would raise concerns with the NEPT Co-ordinator who would pass these on to social services or safeguarding within the main council.

Patient transport services

Staff shared information when handing over their care to others. Staff completed a diary for each journey, which included the handover to the school and parents. Staff explained that information contained in this would be limited to, for example, patient mood, and any difficulties with their condition. The service did not make written observations during transport, but if an incident occurred, they would document this in a notebook.

Staffing

The service generally 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 reviewed staffing levels and skill mix, but there was no evidence that they could adjust this where necessary. Managers gave agency staff an induction.

The service had enough staff to keep patients safe. The service had 2 substantive members of staff working as patient assistants, which was enough for the number of service users being transported (one patient assistant for 2 service users). However, if a substantive staff member was off work, or if the service increased the number of service users transported, there were not enough staff present to safely run the service. The service told us that the NEPT Risk Assessor, who had completed the NEPTS training, would cover staff absences if necessary.

We requested records of the staffing of the NEPT service for the last 6 months, to include details of the number, role, qualification and training of all staff present on every journey within the last 6 months, and the needs of patients being transported on these journeys, however this was not supplied.

The service manager could not always adjust staffing levels daily according to the needs of patients. If additional staff were required, the service would need to request agency staff, however agency staff had not necessarily received the council mandatory and NEPTS training, and therefore were not suitably qualified to provide care. During our inspection the service had some agency staff that were not trained in the NEPTS programme and were therefore unable to cover the qualified vacancies. However, we were told they ensured these agency staff were placed with a NEPTS trained staff member.

Staff specifications when requesting agency staff were an enhanced DBS and a full D1 licence for drivers, with 5 years work history and medical training an advantage. The service advised that agency staff have been trained in the past to the same level as NEPT staff and that there was NEPT training planned for November 2022 for newly recruited agency staff.

The service had vacancies. Over the last 12 month period, the service had suggested that 6 members of staff were required to run the service. They had originally recruited 4 permanent and 1 bank relief staff, however 3 of these had since left the service, leaving the 2 substantive staff we saw at inspection.

During our inspection we saw that the service had now increased their staffing requirements to 8 members of staff, and currently had 4 staff (3 full time and 1 bank relief), 2 of which had only just been recruited. They planned to cover the other 4 vacancies with trained agency staff.

The service used agency staff. The service told us that in the event of planned or unplanned staff absences they would request agency staff. Managers did not plan to limit their use of agency staff, but would be requesting staff familiar with the service. Due to difficulties with recruiting a permanent workforce, the service was planning to create a pool of NEPT agency workers who were trained by the NEPTS and which it could draw upon when extra staff were needed.

Patient transport services

Managers gave agency staff an induction. The service told us all permanent and agency staff received the same induction. As we did not see records of staff compliance with induction, we have no evidence of the overall compliance for this. At inspection we spoke with agency staff who were currently completing the induction. They told us they had completed the main part of the induction and were currently completing the remainder 'on the job'.

Records

Staff kept a record of patient transport and a patient summary document. Patients carried their care plan. These were easily available to staff providing care. However, records were not always stored securely.

Patient notes were suitable for the purpose for which they were intended and staff could access them easily. Patient care plans were provided by the patient's family to travel with them and provide information to staff and emergency services if needed. The service did not keep copies of patient care plans. The crew were provided with an information document produced by the NEPTS leadership based on information about the service user's medical background and contact details supplied by the council entitlement department.

Records were not stored securely. Patient information held by the service was kept in locked storage in the main office premises, however this storage was accessible to other members of staff within the same office who were not part of the NEPTS.

We found confidential patient information in one of the ambulance vehicles we inspected, which was not securely locked away on the vehicle. As other members of staff in the same office could currently access vehicle keys as these were not secured during the day, and as the vehicles had a 10 week check on site by the hire company, this meant patient information could be accessed by persons not authorised to view it.

We raised patient record storage both in the office and on vehicles with the service at the time of inspection, and they told us they would work on a solution to keep patient records secure and accessible only to those staff who required access to carry out their role.

Medicines

The service did not carry its own medicines or medical gases, or prescribe them. The patient's own medicines and oxygen would be administered in an emergency only, under instruction from an NHS emergency services paramedic. Medicines brought on board by patients were logged.

The service did not carry its own medicines. It was procedure for staff to administer a patient's own medicines only, and then only under the instruction of an NHS emergency services paramedic accessed by calling 999 in the case of an emergency.

Staff were required to log the emergency administration of medicines when this occurred. We did not see any examples of logs of administration of emergency medications at inspection.

Staff were required to complete records of the patient's medicine handovers. It was procedure for patient's medicines to be signed in by staff when received from parents and from the school, and signed for by the school and parents when returned to them by staff. We saw an example of a medicine handover record on one of the vehicles, however this did not appear complete.

Patient transport services

Incidents

The service had processes to manage patient safety incidents. Staff were aware of incidents to be reported and how to report them. When things went wrong, the service was aware of the need to apologise and give patients honest information.

Staff generally knew what incidents to report and how to report them. Staff we spoke with told us there was an accident form to be completed, and they would document any injuries in the vehicle diary. We saw an example of a blank route log where incidents, the date of reporting and to whom could be documented. Staff told us they would also inform their line manager of any incidents and their line manager would complete the required process.

The service reported there had been no incidents in the last 12 months. Therefore we did not see any evidence relating to whether staff would raise concerns and report incidents, and whether managers investigated incidents thoroughly, involved patients and their families in this, and shared feedback and learning from incidents. There was no evidence relating to whether staff learned from safety alerts and incidents to improve practice. However, staff we spoke with at inspection told us that learning from an incident would be passed on to them via emails, or by phone or text message if more urgent.

There was information on duty of candour in the vehicle information handbook as a reference for staff which explained the requirement to be open and honest when something went wrong.

Are Patient transport services effective?

Requires Improvement 

This service has not been inspected before. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on guidance however there were no specific NEPT policies and procedures in place.

There was no system to ensure staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We requested a list of NEPTS policies and procedures following our inspection, however the service advised us that this was not applicable to NEPT as they followed the council's policies and procedures. Therefore, we have no evidence that the NEPTS has its own set of service specific policies for its regulated patient transport activities. The service had a 'dealing with any emergency including aggressive behaviour' document, however this was not dated, version controlled, referenced or authorised by anyone.

We saw some hard copies of NEPTS documents contained within a vehicle information folder for use by staff during transport. This included documents on dealing with emergencies, the reporting process for emergencies, incidents and aggressive behaviour, duty of candour, the infection prevention and control process on vehicles and general waste. These were not dated, version controlled, referenced or authorised by someone, and there was no process for updating these hard copies when a new version was issued.

Nutrition and hydration

The service did not carry food and drink on board ambulance vehicles.

Patient transport services

Response times

The service did not monitor response times.

The service did not monitor response times as all current service user transfers were long term regular transportation to and from school. The service did not monitor other performance indicators such as journey times and arrival on time. Therefore we were unable to establish the response times within the service.

Competent staff

The service generally made sure staff were competent for their roles. There was an annual appraisal programme.

Staff were generally experienced, qualified and with the right skills and knowledge to meet the needs of patients. The 2 substantive members of staff had completed the NEPTS training and had about 12 months NEPT experience. However, agency staff had not completed the NEPTS training and were not experienced in the role, although this was mitigated by placing untrained new or agency staff with substantive staff members. The Risk Assessor and Compliance manager had completed all NEPTS training except the Passenger Assistant Training Scheme (PATS) course. The NEPTS co-ordinator had completed some of the NEPTS training.

Staff employed in the NEPTS as a driver required a full unrestricted driving licence including class D1. Drivers had a licence check, and a practical driving assessment by council driving assessors who were ex police driving instructors, of 40-60 minutes to ensure drivers were safe and competent. This was carried out by the council fleet department and took place before candidate interviews for the role of NEPTS driver. This assessment would be repeated every 12 months. We requested, but did not receive, compliance data for the driver assessment process.

Operation of the vehicle ramp for wheelchairs, clamping, manoeuvring and safety of wheelchairs was included in the induction programme and delivered by in house trainers.

We requested details of the staffing in the NEPT service for the last 6 months, to include details of the number, role, qualification and training of all staff present on every journey within the last 6 months, and the needs of patients being transported on these journeys. However, we did not receive these.

Managers gave staff an induction tailored to their role. Staff we spoke with told us they had completed an induction or were doing the induction at the time of inspection. This included training on wheelchairs, seat belts, steps, customer care, patient needs and vehicle cleaning. This process also included going through procedures and 'on the job' elements like meeting the parents of patients and doing a test journey. Drivers completed additional induction items including vehicle checks and paperwork. We requested, but did not see, compliance figures for the service induction.

There was an annual appraisal programme and staff could discuss training needs with their line manager and felt supported to develop their skills and knowledge. NEPTS staff participated in the council annual appraisal programme. This was completed by the employee, sent to their line manager and they would then meet to discuss this. Staff reported that they had the opportunity to discuss a variety of topics at this annual one to one meeting, including any concerns they have, ways to improve the service and any other training requirements or equipment needed to improve the service.

The service reported that the last annual appraisals were carried out in March 2022. We requested compliance figures for these however these were not supplied, therefore we did not see evidence that NEPT staff had completed their annual appraisal.

Patient transport services

We received conflicting information about whether managers made sure staff attended team meetings. The service advised that the NEPT Co-ordinator held monthly meetings with staff, however we were unable to review any meeting minutes for attendance and content, as the service did not take minutes for these meetings. The staff we spoke with during inspection reported that staff meetings were not regular and occurred only if there was something to be announced. Staff reported that updates to information were passed on to them via the council tablet, email or telephone, and felt they were kept updated on changes.

The service advised that all fleet management staff attended a meeting every 2 weeks, which included an update on the NEPTS. These meetings were minuted and records of these requested, however we did not receive the minutes so cannot comment on the meetings and their content.

Managers made sure staff received specialist training for their role. Leaders told us that the content of the NEPTS training programme was informed by the needs of the particular patients they transported, with the implication being that specific training would be arranged for any specific patient backgrounds or needs arising. The programme included modules tailored to the current service users.

We did not see any evidence of staff training on the Children Act.

Multidisciplinary working

The service worked with other council based agencies. However, they did not collaborate with other external agencies to benefit patients.

The service liaised with other agencies within the council as necessary, however they did not work across healthcare disciplines with other healthcare agencies when required for the care of patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported service users to make decisions about their care. The service gained service users' consent. However, staff were not trained in the Mental Capacity Act or consent.

The service gained consent from service users for their care. The service reported that all the service users currently being transported by the service were children travelling to and from school, and that their parents, carers or legal guardians had applied for transport via the council entitlement team and had agreed to this transport. The service explained that as part of that agreement they had consented to place their children on this transport, and that by allowing their children to be collected by the NEPTS, they gave consent to transport by the service.

During our inspection we were unable to evidence whether consent had been obtained for other aspects of the service. However, staff we spoke with explained that it was parent consent for the correct restraint in equipment during transport, and that for service users who were not compliant, staff would decline to transfer these patients.

We have no evidence that staff recorded consent in the service users' records. We did not see copies of agreements between parents and the service for transportation.

Staff did not receive training in the Mental Capacity Act (MCA). The service advised that the MCA and consent were part of the 4 week NEPTS training programme. However, the NEPTS programme was not due to run until November 2022, and the MCA and consent had not been included in the previous NEPTS training programme about 12 months ago.

Patient transport services

The service advised us that there was an MCA policy. We requested a copy of the consent process and policy, however this was not received.

Are Patient transport services caring?

Insufficient evidence to rate 

This service has not been inspected before. We were unable to rate this as we did not see any episodes of caring during our inspection and the service did not collect patient and relative feedback.

Compassionate care

When we spoke with staff they understood and respected the individual needs of each patient, and described examples of actions they would take to tailor the journey to the individual person's likes and dislikes.

Emotional support

When we spoke with staff they understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

When we spoke with staff they were enthusiastic about providing a high quality service.

Service users and their families could contact the service if they needed to. The NEPT Co-ordinator could be contacted directly at any time by parents, carers or legal guardians.

However, the service had a very small number of service users and did not have a formal process in place to collect feedback from patients and their relatives. Therefore, we have no evidence of service user and relative views on the service. The service acknowledged that a feedback process was required and told us they were developing this.

Are Patient transport services responsive?

Requires Improvement 

We have not inspected this service before. We rated it as requires improvement.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of a subgroup of local people. It worked with other agencies within the council and schools to plan care, but not with the wider system.

Managers planned and organised services so they met the needs of a subgroup of the local population, and recognised there were also other groups that it could serve in the future. The service was designed to meet the needs of children requiring one to one care during transport to school. However, the service told us that it wanted to expand to different patient groups as well, such as elderly patients.

Facilities and premises were generally appropriate for the services being delivered.

Patient transport services

Meeting people's individual needs

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

Staff established each service user's needs in advance through information gained from the service user's parents and carers. This included any possible medical concerns that may happen during their journey. The service explained that NEPTS staff had experience in looking after children with special needs including learning difficulties, behavioural differences, physical and sensory disabilities. They worked with patients, parents and carers to ensure adjustments that were necessary were made. The service did not have a policy on meeting the information and communication needs of patients with a disability or sensory loss, but staff we spoke with understood this.

The service did not currently transport any patients with dementia and did not have specific training for, or access to support for, this condition. However the service told us that NEPTS staff were experienced in working with vulnerable people, and that concerns of any nature about a patient would be raised with the NEPT Co-ordinator who would then pass these on to safeguarding or social services within the council.

There were currently no arrangements for staff, patients, relatives and carers to get help from interpreters or signers when needed. The service reported that there were currently no patients using the service requiring this type of support, but said that arrangements would be put in place should the need arise.

Access and flow

People could access the service when they needed it, however, the service did not monitor waiting times.

Managers did not monitor waiting times. Access to the service was through application to the council entitlement department, followed by assessment by the NEPT service.

If service users had their transport cancelled, alternative transport was arranged. The service told us they would notify the parent, carer or legal guardian of a route cancellation as soon as possible, and would arrange alternative transport via the council special educational needs and disability team until NEPTS transport could resume.

Learning from complaints and concerns

The service had not received any complaints in the last 12 months. There was a concerns and complaints process.

The service supplied a selection of the council guidance on the generic council concerns and complaints process. This explained that issues relating to service delivery or the action/inaction of staff should be subject to the formal complaints procedure, but issues raised and resolved to the complainant's satisfaction no later than the next working day should be dealt with outside the complaints procedure. The guidance stated that if the issue could not be resolved as simply and quickly as first thought, then staff should consider logging it as a formal complaint and going through the complaint procedure.

We were unable to speak with any service users or relatives during our inspection. Therefore, we have no evidence relating to whether patients, relatives and carers knew how to complain or raise concerns.

Patient transport services

We did not see information displayed about how to raise a concern in service user areas (vehicles). However, the service advised that parents, carers and legal guardians could contact the NEPT co-ordinator directly with concerns. Staff we spoke with told us that parents, carers and legal guardians would be given the contact details of the NEPT Co-ordinator and could contact them to make a complaint.

The NEPT service had not had any complaints or whistleblowers in the last 12 months. Therefore information relating to whether managers investigated complaints, identified themes, gave feedback to service users and shared learning with staff to improve the service, was unavailable. This meant we were unable to make a judgement as to whether investigations were completed, acted upon and shared within the NEPT service.

Are Patient transport services well-led?

Requires Improvement 

We have not inspected this service before. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service, however, the requirements of healthcare regulation were not fully understood. They identified some of the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

As part of our inspection we spoke with the Fleet Services Manager, the Principle Operations Officer for Fleet and the NEPTS Co-ordinator. All 3 members of staff had previous experience working in the council within the fleet area. We also spoke with the Fleet/NEPT Risk Assessor and Compliance Officer. The NEPT service sat within Central Bedfordshire Council Fleet Services, which was part of the Public Protection and Transport department of the council. The Fleet Service Manager reported to the Assistant Director for Public Protection and Transport, who reported to the Director of Public Protection and Transport. The Principle Operations Officer and NEPTS Co-ordinator reported to the Fleet Service Manager. The Principle Operations Officer was the CQC Registered Manager but did not have direct line management responsibilities for the NEPTS. This meant they were accountable for the regulated service but did not have direct oversight.

The leadership told us fulfilling transport routes and ensuring patients were transported safely was a priority for the service. They identified that the difficulties with recruiting and retaining staff that the service had faced so far would have an impact on the sustainability and future growth of the service. As such they had identified that ensuring they recruited and retained the right staff with the correct requirements was a priority. They had also identified a strategy to mitigate this difficulty, which was to train a group of agency staff to the same level as NEPTS staff, to create a pool of agency staff the service could draw upon, given the difficulties with recruitment and retention of permanent staff. They planned to include 5 to 6 agency staff on the upcoming NEPTS training course along with the new NEPT permanent staff they had recently recruited. They further appreciated that maintaining continuity of staff and vehicles could help maintain relationships and communication with all parties involved, such as patients and their parents, carers and legal guardians.

In terms of growth of the service, leaders recognised that to be in a position to bid for contracts and be able to deliver them, staff and vehicles were required to be in place first. They identified that there was a decision over whether to buy or lease vehicles in this situation to ensure vehicle availability in the event that services expanded. Leaders stated they talked to vehicle suppliers regularly to engage with them and build relationships.

Patient transport services

However, the service had not fully understood the requirements of the CQC and healthcare regulation and compliance. When speaking with service leaders they were unable to explain and discuss processes relating to regulated activities provided by the NEPTS.

Processes and systems operated within the service were performed in line with other council fleet transport services which were not healthcare services.

Vision and Strategy

The service did not have a formal vision for what it wanted to achieve or a formal strategy to turn it into action. There was an appreciation of the need to ensure sustainability of services and the needs of the local community. Leaders were in the early stages of implementing ideas to address the future needs of the service.

The service was in the relatively early stages of existence, having been running a little over 12 months at the time of inspection. The service did not have a formal vision, values and strategy. However, leaders were able to describe their aspirations for the future of the service and demonstrated some appreciation of the needs of the local community. They stated they wanted to expand the service and win contracts, particularly NHS patient transport service contracts, and to provide a safe, reliable and professional service that served the community.

There was a fleet bulletin where leaders said they would include as much information as possible, and the NEPT Co-ordinator told us they kept staff on the vehicles updated with the goals of the service. The team as it existed comprised of staff who had been together from the start and as such leadership felt staff had been party to the aims and aspirations of the service.

Leaders advised that the NEPTS had contributed to the overall business continuity plan for Central Bedfordshire Council, which was held by the council emergency planning, by submitting information in support of this plan as part of a corporate multi agency council response.

Culture

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

The substantive staff we spoke with reported they enjoyed their job and aspired to provide a high quality service. They appreciated the challenges that came with caring for vulnerable people and welcomed feedback on how to make improvements. They gave examples of how they would tailor their approach to the individual needs of the specific service users they were transporting. Leaders were similarly enthusiastic about wanting to help people and provide a high quality and value for money service supporting the community, with financial gain a secondary consideration.

Leaders felt that the principles of equality and diversity were well embedded within the council, which they said had robust equality and diversity policies and annual update training in this area. They also quoted a figure of 68% of staff in the council being female, with the Fleet Services Manager for the NEPTS being one of the few female Fleet Managers in the country, and referred to the council targets for Black and Ethnic Minority employees.

The service was at a very early stage in terms of developing career progression routes for staff. However, the NEPT Co-ordinator felt that as they learned how to operate the service effectively, they would look at staff training and development, and felt there would be opportunities in the future. They said that if they won contracts, they would look to promote existing staff, with the observation that drivers were often promoted to managers.

Patient transport services

The Fleet Services Manager stated there was an open door policy with access for staff at any time. The NEPT Co-ordinator was the first point of contact for service users, relatives and staff. They stated they visited all depots at least once a week and that service users and parents all had their email and phone number, with their phone being on 24 hours a day and them being easily contactable. The Principle Operations Officer was available for staff to contact as well.

Leaders acknowledged the need to maintain regular communication with staff to emphasise they were an integral part of the team and to encourage staff to share ideas about how to improve the service. However, staff we spoke with during inspection reported that staff meetings did not occur regularly and that updates were communicated via the council tablet, email or telephone, although they felt they were kept updated.

Governance

Leaders within the NEPT service did not always directly operate governance processes. However staff were clear about their roles and had regular opportunities to meet.

Central Bedfordshire Council is the parent organisation for Sandy Depot, therefore some processes were centralised and carried out by other council departments. However, whilst there was some overlap, being generic processes, these were not always designed or tailored towards a regulated patient transport service. This meant we were not assured that these were necessarily fit for the purpose of meeting the compliance requirements of running the NEPTS. This also meant there was not always direct ownership of processes by the NEPTS, for example policies, incidents and complaints.

The Risk Assessor and Compliance Officer had regular meetings with the Fleet Services Manager and Principle Operations Officer, where issues around risk and processes could be escalated. The Fleet Services Manager and Principle Operations Officer met fortnightly (although the Principle Operations Officer did not directly manage the NEPTS), but the service was planning to implement monthly meetings which also included the NEPT Co-ordinator and Risk Assessor and Compliance Officer. The Fleet Service Manager could then escalate any risks as necessary to the Assistant Director for Public Protection and Transport, with whom they had a regular monthly meeting.

We requested the minutes of governance meetings, however these were not supplied. Therefore we have no evidence relating to the content or adequacy of these meetings.

Management of risk, issues and performance

Leaders and teams did not have a complete set of systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. They did not have plans to cope with unexpected events.

The service did not have a developed programme of risk and performance management.

The NEPT Co-ordinator was responsible for the risk register and vehicle issues were reported directly to them by staff. The risk register was at an early stage of development with only 4 risks currently entered, such as vehicle and staff management, using agency staff, vehicle maintenance/repairs and the CQC. The risks had RAG ratings, actions and a September 2022 update. The limited entries were not very detailed or specific and did not have any timeframes.

When asked the leaders stated they felt the 3 main risks for the service currently were staffing, vehicles and the service users themselves.

Patient transport services

The service had an arrangement with the vehicle leasing company for the provision of a spare vehicle in the event of maintenance or breakdown. They had formulated a way forward for staffing which involved training of agency staff for use by the service, and had a procedure for service user emergencies during transport which staff we spoke with were aware of.

The NEPT Co-ordinator told us they would update staff about any issues or risks at weekly, or minimum fortnightly, meetings at depots. If an immediate staff update was required, they would telephone then email staff. As we did not see any minutes for the leadership meetings we cannot comment on the discussion or escalation of risks through these channels.

The service had not yet set any Key Performance Indicators (KPIs) but told us they were looking to implement these. They were considering installing a vehicle tracking system that measured parameters of driver performance and a monitoring system for MOTs and vehicle checklists.

The service had not carried out any audits and there was no programme of audits in place to measure performance and identify areas for improvement in the various aspects of the service. We requested audits and none were supplied, however the Fleet Services Manager advised that vehicle maintenance documents were checked and any gaps were investigated every 3-4 months.

Information Management

The service did not collect data and analyse it to understand performance, make decisions and improvements. The electronic information systems were integrated and secure however hard copies of patient information were not securely managed.

The service did not have its own specific information technology (IT) systems, but as part of the council it used the generic council IT systems. The NEPTS itself did not collect data and analyse it for understanding performance, decision making and improvements.

The paper based patient information was not stored securely.

Engagement

Leaders and staff did not actively and openly engage with patients, equality groups, the public and local organisations to plan and manage services. They did not collaborate with partner organisations to help improve services for patients.

There were no systems for formally collecting feedback from service users and relatives. The service did not currently collaborate with any external organisations.

Learning, continuous improvement and innovation

Staff understood the importance of the need for continually improving services. However they did not demonstrate a good understanding of quality improvement methods and the skills to use them. Leaders understood the importance of innovation but were not yet able to produce robust examples of this.

We did not see any evidence of learning and improving in the form of audits as the service had not performed any audits and had no audit programme. We did not see any evidence of learning from incidents and complaints as the service had not received any. However, leaders and substantive staff we spoke with were open to ways they could improve and wanted to provide a high quality service.

Patient transport services

They had thought about ways to increase recruitment and retention of staff to improve the service. One idea they had was offering to pay for all driver training, including the relevant driving course to obtain the licence required for this type of driving, to increase the number of candidates able to apply for the role. They had also considered the idea of using of electric vehicles however this was currently regarded as expensive and without the required charging points.