

ION Ambulance Care Ltd

ION Pinewood

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

iON Pinewood is operated by iON Ambulance Care Ltd. The service provides a patient transport service for all age groups including from birth. Patients using the service include those with minor moving and handling needs to those requiring additional medical support during their journeys. iON is an independent ambulance service based in Slough in Berkshire. The service serves communities and patients throughout the whole of the UK. The service employed paramedics, trained ambulance technicians and ambulance care assistants.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection at short notice with announced part of the inspection on 31 October 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

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

We found the following areas of good practice:

- Positive patient feedback relating to the service they received.
- Staff spoke positively of the support they received from the registered manager and were happy in their role.
- The service had a clear purpose and identification, for example, their staff uniforms and ambulances clearly displayed the provider's name.
- Staff received mental capacity act training and showed a working knowledge of consent issues.
- Staffing levels were sufficient to safely meet the patients' needs.
- The service used its ambulance and resources effectively to meet patients' needs.
- Staff clearly understood their safeguarding responsibilities and the actions to take regarding suspected abuse or neglect.
- Staff used technology effectively. This ensured they had access to safeguarding information and enabled them to take immediate action if they identified safeguarding concerns.
- The registered manager and staff demonstrated a genuinely caring approach to the patients they supported ensuring their wellbeing at all times.
- All incidents were reviewed by the registered manager, investigated and appropriate action taken to minimise the risk of future reoccurrence.
- Ambulances were well maintained and a servicing programme was in place to ensure they remained available for use.

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

- The service had not always managed infection prevention and control effectively by clearly following professional guidance and the service's own policies and procedures.

Summary of findings

- There was a disconnect between the company based management team and operations management team which meant there was not always as consistent well led message disseminated to staff.
- Effective governance and risk management processes had not always been in place to ensure the continual improvement of the quality of the service provided.

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

Professor Ted Baker

Chief Inspector of Hospitals

ION Pinewood

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

Contents

Detailed findings from this inspection	Page
Background to ION Pinewood	5
Our inspection team	5
How we carried out this inspection	6
Facts and data about ION Pinewood	6
Action we have told the provider to take	24

Background to ION Pinewood

iON Pinewood is operated by iON Ambulance Care Ltd. The service originally opened in 2014 before moving to its current operational premises in July 2017. iON is an independent ambulance service based in Slough in Berkshire. The service serves communities and patients throughout the whole of the UK.

iON provides 24 ambulances and 40 permanent staff to support patients who require transport to and from their home addresses to hospital appointments. They also provide a service for patients who discharged from hospital to alternative living accommodation such as care homes, nursing homes or other hospital accommodation. iON also provides ambulances and staff to support the local ambulance services with their patients' transfer needs. The service operates two systems to support patients and to meet their varying needs. The service provides ambulances to assist patients who require minimal medical intervention or support during their transfers which are staffed by ambulance technicians and ambulance care assistants. For patients who may require

medical support including suction and additional health monitoring during their journey iON could provide a high dependency service with ambulance technicians and paramedics. iON provided all services to patients of any age including new-borns.

The registered manager has been in post since 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 31 October 2017 which was followed up by telephone calls to staff completed by 8 November 2017. This was the first inspection of the service since they registered with the CQC.

Our inspection team

Our inspection team was led by a CQC inspector, a specialist advisor who was a paramedic with experience and knowledge of emergency ambulance services, and a second CQC inspector. The inspection team was overseen by Nick Mulholland, Head of Hospital Inspection

Detailed findings

How we carried out this inspection

During the inspection, we visited the company office and the ambulance base where the ambulances and equipment were stored on a secure site. We spoke with 18 staff including; three ambulance care assistants, four ambulance technicians, two paramedics, the registered manager, the provider's recently appointed clinical and governance lead, the provider's assistant corporate director, other company office based staff and the provider's 'ambulance make ready officer' who had responsibility for ensuring the operational preparedness of the ambulances. We were unable to speak with patients during this inspection however we reviewed patient customer feedback on the quality of the service they received.

During our inspection, we reviewed staff recruitment and training files and maintenance records. During and following the inspection we were sent additional information by the provider which included policies and procedures relating to the management of the service.

Following the inspection we also spoke with an additional two emergency care assistants and two technicians on the telephone. We also spoke with a senior operations manager who regularly used iON services.

Facts and data about ION Pinewood

At the time of our inspection iON Ambulance Care Ltd was registered to provide the following regulated activities:

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

There were no special reviews or investigations of the service on-going by the CQC at any time during the 12 months before this inspection.

We inspected four ambulances to note their cleanliness, moving and handling equipment available and access to personal protective equipment to keep staff, and patients, safe from risk of cross infection.

Activity (September 2016 to October 2017.)

- In the reporting period October 2016 to September 2017 there were 3207 patient transport journeys undertaken.

Track record on safety

There were no reported never events from October 2016 to September 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event has the potential to cause serious harm or death but neither had happened.

There were 16 reported clinical incidents from October 2016 to September 2017

There were no reported serious injuries from October 2016 to September 2017

The provider received 18 formal complaints from October 2016 to September 2017

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

We inspected this service as a patient transfer service as this was the regulated activity provided.

iON Pinewood is operated by iON Ambulance Care Ltd. The service provides a patient transport service for all age groups including from birth. Patients using the service include those with minor moving and handling needs to those requiring additional medical support during their journeys. iON is an independent ambulance service based in Slough in Berkshire. The service serves communities and patients throughout the whole of the UK.

The service employs four registered paramedics, one advanced paramedic, 12 ambulance technicians and 23 emergency care assistants worked at the service, which also had a bank of 16 temporary staff who supported the service when required. The service did not manage or store pharmaceutical medicines other than rescue glucose gel for patients with diabetes. The owners of the company are actively involved in the daily running of the service.

The service has 22 ambulances available to meet patients needs which have both bariatric equipment to enable the safe carry of patients up to 70 stone and equipment to support the safe transfer of patients from birth.

During our inspection we visited the company office and ambulance station situated on different sites within Slough. We spoke with 22 staff in total including five healthcare assistants, four ambulance technicians, two paramedics, the registered manager and office based staff. We did not speak to any patients or relatives as none were present during the inspection.

Summary of findings

We found the following issues that the service provider needs to improve:

- General governance was not robust and did not demonstrate a monitoring of the quality of the service
- The service did not have an effective system in place to regularly review clinical and non clinical risks which could impact on the quality of the service provided
- Infection prevention and control measures were not always followed to minimise the risk of cross infection to patients.
- Medical gases were not always stored appropriately on the ambulances

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service managed patient safety incidents well. From September 2016 to October 2017 there were no reported never events for patients using the service. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The service had policies and guidance to help staff identify an adverse incident and the correct action to take when one occurred. The provider's policy 'Adverse Incident and Untoward Incident Management, Including Serious Incidents' outlined the arrangements for reporting, managing and learning from incidents. There were 16 incidents recorded from September 2016 to October 2017. Records showed these incidents had been reviewed and investigated with action taken to minimise future risks.
- Staff knew how to report incidents and took action to keep patients safe. They reported incidents to the registered manager verbally and in writing using the provider's incident reporting form. Staff used their work mobile phones, containing guidance and prompts to ensure immediate accurate recording and documenting.
- Records showed staff reported incidents which were documented in an 'Incidents, Complaints, RTC (road traffic collision) Register'. In a three month period from April to June 2017 there were nine vehicle related incidents reported which included collisions. As a result of reviewing these incidents staff were informed that the member of staff not driving was responsible for exiting the ambulance and supporting the driver to manoeuvre safely. This was to try to help prevent future incident and maintain patient safety. In the following three months there was a slight reduction in the number of incidents reported from nine to eight in total.
- The registered manager investigated incidents and shared learning where identified. Staff used this learning to minimise the risk of patients experiencing similar or repeat incidents. For example, following patient falls

whilst entering the ambulance, staff were instructed that no patients were to enter the ambulances via the side entrance. In response to these incidents the provider was in the process of purchasing new lower side steps for all ambulances to make patient access easier and safer.

- The registered manager was aware of their legal responsibilities to patients when incidents occurred. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that patient. The registered manager told us they were aware of the need to be open and transparent with patients when a notifiable incident had occurred. They also understood the requirement of the patient receiving a written response following investigation into incidents however, at the time of the inspection there had been no incidents requiring a written apology.

Clinical Quality Dashboard or equivalent

- The provider used the incident reporting system to monitor the on-going safety of the service provided. There was not a separate clinical quality dashboard to monitor safety due to the size of the service.

Cleanliness, infection control and hygiene

- The service did not always follow best infection control practice. The service had an 'Infection Prevention Control' policy available within the room where cleaning materials were stored at the ambulance base. This contained guidance regarding all the relevant aspects of infection prevention including using appropriate cleaning materials and methods to clean surfaces.
- The provider did not always ensure cleaning equipment was available when required. The service used a colour coded cleaning system, inclusive of mops and brushes, for cleaning the ambulances and different areas of the site. This was in order to prevent the risk of cross contamination. Staff responsible for keeping the ambulances clean understood the need for the colour coding system assigned to each of the cleaning products.
- However, during our inspection a delivery of mop heads had been delayed which meant the staff were re-using

Patient transport services (PTS)

the mop heads, designed for single use. Staff told us 50 mop heads were on order due for delivery before the day of the inspection. Unfortunately, due to a change in cleaning supply contractors the delivery was delayed. This meant patients were exposed to an increased risk of suffering a cross infection incident.

- Staff did not always follow appropriate procedures to ensure ambulances were clean and fit for use. We inspected four ambulances at the ambulance base. One ambulance, ready to be used, had a scoop stretcher with surgical tape stuck to its surface. This indicated cleaning practices had not been effective in preparing the ambulance for patient transfer journeys. This placed patients at risk of cross contamination. When identified, staff took action to rectify the cleanliness of the equipment rechecking the ambulance for its overall cleanliness to ensure it was clean and ready for use.
- Staff did not always have the appropriate equipment to safely manage patients suffering from a communicable infection. The office team made clinical staff aware of patients who were suffering with a communicable infection prior to being transported. Ambulances contained infection control packs for staff to use which contained additional personal protective equipment (PPE) including overalls for staff to use in these circumstances. However, the provider did not make appropriate face masks available to staff to ensure the risk of contracting and passing on airborne infections from services users to staff were in place.
- Staff had access to appropriate equipment to clean their hands. Adequate supplies of hand sanitiser gel were available on every ambulance. As we were unable to observe any patient interaction, it was not possible to observe staff hand hygiene practice.
- A senior member of staff completed a 'hand hygiene environment' audit on 28 July 2017 this identified regular checks on hand hygiene were not completed. As a result the provider introduced Quality Monitoring Checks (QMC) which included observation of practice. Senior staff joined random transfer journeys to observe hand hygiene practice. A QMC check completed on 22 September 2017 included observing staff adherence to the '5 Moments for Hand Hygiene' approach. This approach identifies the key moments when healthcare workers should perform an effective hand hygiene process. This would allow the provider to ensure a good

standard of hand hygiene was being maintained by staff. Approximately 10 members of staff had been assessed using this method. The outcome of this QMC identified that staff were following safe hand hygiene practices.

- All ambulances carried 'spill kits' to enable staff to safely clean spillages of bodily fluids which may present a biohazard. The providers 'Infection Prevention Control' policy detailed the action staff should take to manage such incidents. This included the use of cleaning materials to manage the immediate spill which would be followed by a deep clean upon return to the ambulance base.
- Staff were aware of the measures in place to minimise the risk of cross infection between patients. Staff wore clean uniforms and were bare below their elbows. One staff member told us if their uniform was contaminated it would be disposed of and a new uniform obtained from the provider. Staff told us they washed their uniforms in accordance with the infection control policy minimising the risk of patient cross infection.
- Ambulances were deep cleaned every six weeks to ensure they remained safe to use and office staff maintained a deep cleaning schedule. Procedures were in place to ensure deep cleaning processes were effective at keeping patients safe. The provider had recently contracted an external company to complete this process. Each ambulance would be swabbed every three months to measure the number of bacteria present pre and post deep clean. This would identify that appropriate techniques and cleaning materials were used to ensure the ambulances remained available for use. This had yet to commence at the time of the inspection.
- There was a system in place for safe segregation, storage and disposal of clinical waste which staff understood. On a visual inspection we saw staff had correctly disposed of waste. The service utilised an external company who removed clinical waste monthly and records confirmed this occurred.

Environment and equipment

- The service had sufficient numbers of ambulances in order to meet patients' needs. The service had 22

Patient transport services (PTS)

ambulances available for patient transfers. These ambulances were stored on a dedicated secure ambulance base with easy access to cleaning and stock replenishment items.

- Ambulances contained specifically designed equipment for the safe transfer of patients. These included stretchers with locking mechanisms to stop movement during transfer, patient harnesses and equipment to support the safe transfer of babies in incubation units. Harnesses and chairs were available to allow the safe transfer of children of any age. Equipment was available to enable staff to safely and effectively move patients up to a weight of 444 kilos (70 Stone). The service also used electric stair climbers to support patients unable to weight bare whilst using stairs to move between differing floor levels.
- Ambulances were mechanically maintained to remain suitable for use. We reviewed records which evidenced all ambulances were serviced, had valid insurances policies and in date MOT certificates. This documenting system enabled office staff to ensure ambulances were maintained at the required intervals to minimise risk of breakdown which could impact on patient transfer services.
- Make ready staff were able to complete routine maintenance tasks at the ambulance base minimising the time an ambulance was unavailable for use. Staff would contact the make ready officer directly to make them aware of any ambulance faults. Staff would also complete ambulance defect forms. This information allowed make ready staff to identify whether the work could be completed at the ambulance base or would require the ambulance being taken to a garage. The ambulance defect forms were used to inform the office if there were any ambulances unavailable for use whilst awaiting repair works. This would allow office staff to manage patient bookings only allocating patients to the appropriate number of ambulances available.
- The registered manager was purchasing equipment to increase the safety of babies whilst being transferred. The service was acquiring baby pods to enhance the safe transfer of infants in the ambulances. Baby pods are lighter than hospital incubation units which allows for greater ease of securing in the ambulances. Baby pods would also allow the service to minimise waiting times for patients at the hospitals as they would be readily available.
- Ambulances were equipped to ensure the safe transfer of patients detained under the mental health act, for example, those displaying aggressive behaviour or self-harming. This included seating arrangements which would allow any patient escorts to be seated in front of, to the rear of and side of any patients to minimise the risk of them exhibiting behaviours which could harm themselves and others. All equipment not in use could be stored safely out of sight.
- Equipment was standardised across the ambulances for the type of patient they transported. However, high dependency ambulances, for patients with greater medical needs, were equipped with additional equipment to ensure safe transport, this included, vital sign monitors, suction units and nitrous oxide. The equipment was checked by the ambulance staff daily to ensure it was in working order and documented on the daily record sheets. Records showed equipment used on ambulances was serviced annually by external companies to ensure it remained available for use. Equipment such as machines to measure blood pressure and blood sugars were routinely replaced once the manufacturer's guarantee expired
- Office staff maintained a detailed spreadsheet for each item of equipment, electrical and non-electrical used by the service. This contained dates of servicing allowing equipment such as defibrillators to be serviced in accordance with their required timescales.
- Equipment to maintain electrical or battery powered equipment was available for staff if they felt there were concerns items were not functioning properly. Spare batteries, for equipment such as radios for example were available on each vehicle.
- Each vehicle had emergency equipment that supported staff to provide basic lifesaving treatment to patients of all ages. We saw records that evidenced staff checked this equipment daily. We inspected the emergency equipment on four vehicles and found all equipment was in date and in working order.

Medicines

Patient transport services (PTS)

- We were told staff did not carry medicines on the ambulances. Processes were in place for the transportation of patients' own medicines. If medicines were required the patient would be accompanied by a nurse, GP or other appropriate person who would maintain possession and control of these medicines.
- However we observed nitrous oxide, a medical gas, used to offer pain relief, was available for use by ambulance technicians and paramedic staff when transporting high dependency patients if required. We saw this was not always stored appropriately on the ambulances. The cylinders were stored within a storage sleeve and locked in the rear of the ambulances to keep them secure. In one ambulance it was stored in a bag labelled as Oxygen. This meant in the event of responding to a potential medical incident staff may administer nitrous oxide instead of Oxygen. We brought this to the attention of staff and they took immediate action to rectify this.
- Oxygen and nitrous oxide cylinders were stored securely in a locked area of the ambulance base. Cylinders were placed in a storage system which was colour coded to clearly identify the contents level.
- Staff were assessed on their ability to provide gases safely. An nitrous oxide and Oxygen policy was available for staff to support them with their existing knowledge on when and how to administer correctly. Staff were also required to complete specific training to ensure they remained competent to administer nitrous oxide and Oxygen appropriately.
- Staff kept secure and accurate documentation relating to the patient transfer service provided. Each ambulance contained 'daily log sheets' which detailed each patient transfer journey as well as time of handovers and any reasons for delay or cancellations. Staff accessed patient information on work mobile phones which were secured by three pieces of unique data including pin number, password and call sign information before it could be viewed. This prevented unauthorised or accidental viewing by any persons other than identified staff members.
- Staff completed detailed patient report forms (PRFs) to enable a detailed handover be provided to hospital staff. PRFs contained journey detail times and identified if there were any risks associated with patient transfer including mental health issues and patients mobility status. These were completed fully and handed to the registered manager at the ambulance base who kept this information secure. They were collected on a daily basis by office based managerial staff who returned them to the office where they were stored securely maintaining patient confidentiality.

Safeguarding

- Patients were protected from abuse and avoidable harm. The provider had a Safeguarding of Children and Young People Policy in place which provided guidance and support to staff on how and when to raise a concern. Staff also completed separate online training courses in Safeguarding Adults, (level 2) and Safeguarding Children and Young People, (level 3).
- All safeguarding training had an 80% completion rate with additional training planned. Staff were able to describe the physical and emotional symptoms patients could display if suffering from abuse.
- Additional safeguarding guidance and support was made available for staff. Two senior members of staff were nominated as safeguarding leads. They had previous experience in managing and responding to safeguarding concerns and were available to provide additional guidance and support to staff if required.
- Staff were also provided with immediately accessible up-to-date safeguarding information. When staff identified a potential safeguarding concern regarding a patient they completed a safeguarding report form and

Records

- The registered manager and office staff collected information about patients' individual needs before transfer. For example information regarding their medical condition, age and gender. This ensured staff were aware of the patient's condition allowing them to plan appropriately for the journey.
- Staff were made aware of a patient's do not attempt cardiopulmonary resuscitation (DNACPR) status prior to their transfer. A policy was in place which provided guidance to staff on how to manage this information appropriately. Staff documented DNACPR information and ensured this travelled with the patient and was provided during handover when the patient had concluded their journey.

Patient transport services (PTS)

informed the registered manager and office staff by telephone. Office staff assessed the information once received making the referral to the appropriate safeguarding authority.

- Staff also had a NHS Safeguarding application stored on their work mobile phones. This allowed them to identify the nearest point of contact for concerns in the areas they were working and immediately share information. We saw safeguarding concerns had been reported, monitored and feedback given to reporting staff when the local authority had concluded their investigations.

Mandatory training

- Patients were assisted by staff who completed mandatory training in key skills to ensure they were suitably trained to support patients. Many staff were already qualified as ambulance care assistants, technicians and paramedics prior to joining the service. However, to ensure consistency of approach all staff were required to complete a training programme in a number of core areas including infection control, patient handling and safeguarding which all had 80% completion rates and basic life support which had a 90% completion rate. All training was required to be completed yearly to ensure staff had the most up to date information available.
- The service was able to deliver training effectively to all frontline staff supporting their professional knowledge. The company office had a dedicated staff training room available and ran Saturday training courses. The service had a training officer who also worked alongside patient transfer staff and undertook induction and basic life support refreshers. This enabled staff to have access to training resources at a time suitable to meet their needs.
- A variety of learning methods were used to help ensure staff completion of key training. This included face to face and electronic training. The electronic training was completed on a health care affiliated website which meant the information offered was the most up to date with any changes in medical professional guidance. This system also sent automatic alerts to office staff every 12 weeks making them aware when to book staff their refresher training. We saw this was an effective system to ensure all staff retained the right qualifications, skills to keep patients safe.

- Specific training was available to meet staffs individual roles. The 'make ready' officer had received additional training in infection control from an external provider. This learning was cascaded to other members of staff ensuring sharing of information and best practice.

Assessing and responding to patient risk

- Information about patients' needs were collected at the point of booking by office staff. This information included a patient's level of mobility, their medical needs and any physical needs which would require the use of additional equipment to support them safely. This information was used to identify whether patients required a high dependency transfer or standard patient transfer. This information was communicated to staff via their work mobile phones or handheld personal computer. This allowed staff to complete dynamic risk assessments prior to patient transfer to ensure they had the skills and appropriate equipment to meet these individual needs.
- Patients' wellbeing was visually and continuously assessed during their travel to ensure they remained fit for transfer. During patient transfers one member of staff sat with the patients in the rear of the ambulance. This enabled them to observe the patients during the transfer allowing them to respond appropriately by providing first aid if they witnessed a decline in a patient's condition. Staff told us if additional medical intervention was required support would be sought from iON paramedics or the local ambulance service.
- Patients were supported by staff who could take appropriate action to manage patients wellbeing during transfer. High dependency patients, for example those with existing medical conditions who were at risk of illness during their journey were supported by staff who held a professional status such as a technician, paramedic or advanced paramedic qualification. This meant in the event of a patient's health decline immediate life preserving care could be provided whilst additional support was arranged. If patients required additional medical support during their journeys between hospitals they could also be supported by hospital staff during their transfer.
- For other patient transfer services staff followed a clear pathway to manage patients who became ill during their journey. All staff were appropriately trained to

Patient transport services (PTS)

administer basic life support and emergency first aid. In the event of an unplanned health related incident staff informed us they would stop the ambulance as soon as it was safe to do so and seek assistance from the local emergency services.

Staffing

- The staff team (not including management and directors of the service) consisted of a lead high dependency unit/mental health paramedic, clinical lead and governance paramedic, lead training officer, safeguarding officer, clinical team leader, fleet officer, make ready officer, technicians, paramedic and an advanced paramedic.
- Additional staff were available for use in unforeseen events such as an emergency or staff sickness for example. This would allow for continuity of service of patients using the service. This also supported patients who needed to complete longer journeys to receive their care. We saw this included patient transfers to and from other counties including Cornwall and Sussex. The availability of these additional staff minimised the disruption on existing patient transfers and offered more flexibility to patient transfers.
- The office staff and registered manager worked closely with staff to arrange shifts which met patients and staffs individual needs. Staff told us they were regularly contacted by management to discuss their availability to cover shifts.
- There were sufficient staff available to meet patient's needs. The registered manager and office staff organised shifts and reviewed these staffing figures daily. This allowed the provider to ensure sufficient staff were available to meet the needs of the patients who had pre-booked patient transfers. The registered manager was also able to ensure a capacity of spare staff were available above the minimum figures required to meet the pre-booked patient transfer journeys. This allowed flexibility to respond to fast time requests for patient support. Staff rotas were organised and displayed in the staff room at the ambulance base. We saw these figures were consistent and sufficient to meet patient needs.
- The service did not promote the use of lone workers during their patient transfers. However, staff working on behalf of the local NHS trust ambulance service were

provided with, and followed their policy and procedures relating to single crew working. This policy was available for staff to review in their staff room and on their mobile phones. Staff said they were able to maintain contact with the senior staff and seek the support of the services management if they had any concerns whilst working. However, staff we spoke with had not worked singularly and felt continually supported in their role.

Response to major incidents, anticipated resource and capacity risks

- The service was able to respond appropriately in the event of an unforeseen event which could affect patient transfer. The registered manager was able to discuss what action they would take to use additional staff to support patients should a major incident occur. This would include the use of bank staff who were trained healthcare professionals with a working knowledge of the service iON provided.
- The provider's major incident plan included guidance on working in conjunction with the NHS and local authority who would be controlling the major incident should this occur. This could include a catastrophe such as large scale flooding or terrorist attack for example. The provider's Emergency Response checklist detailed the steps required to ensure the safe continuation of the service and included information obtained from a number of local NHS ambulance trusts. This information was documented to ensure a consistent and safe service was provided to patients.
- The service was in the process of creating a business continuity plan at the time of the inspection. This would provide staff with immediate guidance on the action to take in the event a critical incident which could impact on the operation of the service. This included vehicle and fuel shortages, industrial action, loss of staff and bed blocking or ward closure. Staff were able to discuss what action they would take in the event of managing adverse situations such as adverse weather or in the event of a communicable disease outbreak.
- This information had yet to be formalised at the time of the inspection to provide new staff with the information they required to complete their role fully. However, had been implemented and circulated to staff immediately following the inspection.

Patient transport services (PTS)

- The service would take action in the event of an additional resource burden to maintain patient transfer journeys. For example, in the event of a staff or patient influenza additional cleaning measures would be taken to minimise the risk of this spreading. This would ensure staff, and patients, remained fit for transfer limiting a staffing burden which could occur.

Are patient transport services effective?

Evidence-based care and treatment

- Staff had guidance available to them to on how to complete their role effectively. They provided care in line with the Joint Royal Colleges Ambulances Liaison committee clinical practice guidelines (JRCALC) and the National Institute for Health and Care Excellence (NICE).
- Staff confirmed they had access to these policies and procedures on their work mobile phones for immediate reference. This information was also displayed within the staff room situated at the ambulance base.
- Staff evidenced through discussions they were aware of the location and content of the service policies and procedures. Once a new policy had been released staff told us they had to sign to say they had read and understood new changes in their working practice. The provider assessed staff understanding and application of policies and procedures by completing staff quality monitoring checks. These were supervised and observed staff practice whilst they complete their role to ensure they followed the guidelines provided for them.

Assessment and planning of care

- During the booking process office staff would speak with the requester to identify the patient's individual needs to provide the most appropriate type of transfer to meet these needs. For patients with medical conditions which may require medical assistance such as the use of suction machines for example high dependency (HD) transfer paramedic staff would be used to ensure safe transfer. For patients without specific time critical medical needs non paramedic staff would be responsible for patient transfer.
- At the time of booking office staff would also discuss whether additional equipment such as those used in moving and handling would be required. Staff said they

would make immediate assessments of patients' needs at the point of collection making adjustments to transfer arrangements if required. This would include refusing to transfer patients if it was felt that the patients' needs could not be met by the staff members on the patient transfer ambulance. On those occasions the HD paramedic staff would be used to support patients.

Response times and patient outcomes

- Ambulances were subject to live time tracking which enabled the service and the local NHS ambulance service, a user of iON, to monitor response and journey times. Regular meetings were held with the local NHS ambulance service to discuss response times to ensure the service provided met patients' needs. Patients provided positive responses when asked if staff arrived at the right time and ensured patients made their appointments at the right time. From January to June 2017 patient feedback analysis showed 97% of those questioned agreed the timing of the service met their needs.
- The service did not routinely record their response and journey times to see if the service they provided met patient's needs. Whilst journeys were subject to live time tracking this information was not available after the event and for analysis to see where improvements could be made. A senior member of staff said iON work was subcontracted from the local ambulance trusts. As a result the collection and arrival times for patient journeys was held and monitored by the trusts and not by iON. This information would be discussed at regular meetings with the trusts however was not held or analysed by iON to see if improvements could be made.

Competent staff

- The registered manager told us staff received annual appraisals which staff and records confirmed with a 96 % completion rate. Staff said they were able to speak with the registered manager on a daily basis. During daily informal discussions with the manager staff would discuss what had occurred during their shift and whether or not they required any additional support such as additional training needs or equipment for example. Staff spoke positively of the support offered by

Patient transport services (PTS)

the registered manager confirming they felt 'listened to'. Staff said the registered manager took positive action when they raised issues which were immediately addressed.

- New staff received an induction which included an induction and training folder with relevant information useful to their roles as well as policies and procedures. New staff also completed a two week supervised period to assess their suitability for their position. This allowed management to identify any additional training needs required.
- The service completed, as part of the induction process, new staff driver licences checks and driving assessments. This was to ensure staff had the sufficient driving category and experience allowing them to drive the ambulances. Staff provided office staff with their driving licences every six months to ensure they remained safe and effective to continue in their driving role. Records showed these checks were current and up to date.
- Staff were suitable trained and experience to complete emergency transfers using blue lights if required. All technicians and paramedics completed Driving Advanced (BTEC Level 3 or FutureQuals Level 3) Emergency Ambulance Driving training. This qualification enabled them to drive ambulances in both emergency and non-emergency situations and was valid for six years. Staff undertook annual driving assessments to ensure they remained competent to complete this role. There had not been the regular need to transfer using the emergency blue lights however staff had been appropriately trained and assessed to ensure they remained safe to do so.
- Staff were encouraged to undertake further professional qualifications in order to enhance their role, and they were positive about the training provided, and the opportunity to develop within the service. Staff could access additional courses with direct support provided by senior paramedic staff to enable them to complete this successfully. Paramedics were supported to maintain their professional accreditation by working with other agencies such as local NHS trust ambulance services. This was confirmed by staff we spoke with.

Coordination with other providers and multi-disciplinary working

- Staff worked in conjunction with other health and social care providers such as doctors, nurses and care staff to ensure patients' needs were always met during and after transfer.
- Staff reported, and we saw, good working relationships with the local NHS ambulance trust. iON were able to support last minute and on the day patient transfers which allowed patients to reach their appointments in a timely manner.

Access to information

- Staff had access to up to date policy information and guidance to support them in their role. This included information made available in packs on the ambulances. Staff also had work mobile phones where the services policies and procedures were accessible. Printed versions of policies and procedures were displayed in the staff room.
- Patients were supported by staff who had the most relevant information regarding the care they were due to receive. Office staff collected relevant information about a patient prior to being transferred by ambulance staff. This would include do not attempt cardiopulmonary resuscitation or information relating to a patient's mental wellbeing. This would include whether or not a patient was living with dementia and would therefore require additional support and care from staff. Staff confirmed they received a full handover from office and hospital staff regarding patient's individual needs at the time of collecting a patient for transfer.
- Staff would seek additional information from appropriate people to enable them to complete their role effectively. Staff felt they had sufficient information about the patients they were transferring however were happy to seek guidance from the registered manager, office or hospital staff if required. In the event of additional information being required the registered manager would liaise with staff on their work mobile phones. We saw this was an effective system in use throughout the inspection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were able to demonstrate they complied with the requirements of the Mental Capacity Act 2005 (MCA) when supporting patients. The service had a MCA policy

Patient transport services (PTS)

in place describing staff responsibilities when supporting patients who were not always able to make their own decisions. Staff were able to provide clear examples of patient consent and had a good working knowledge of the need for capacity. Staff members stated they would gain consent prior to any transfer or treatment.

- The provider was in the process of completing guidelines for staff working with children at the time of the inspection. This guidance document would provide staff with information regarding when to make decisions or take action in the best interests of the child.
- The provider did not transport children under the age of 16 without an escort and the provider's consent to care and treatment policy made it clear how and when staff would seek patient consent prior to transport. This policy also informed staff what action to take should patients refuse to be transferred and provided clear guidance to staff on the Gillick competency and Fraser guidelines. These are guidelines used to help assess whether a child has the maturity to make their decisions and understand the implications of them. Staff had access to this information on the ambulance and could seek advice from the registered manager if they had concerns regarding a patient's ability to provide consent.
- The provider's Policy and Consent to Care and Children Patients identified the need for staff to seek consent from a young patient aged 16 and 17 prior to patient transfer. If staff identified a patient of this age was unable to give informed consent staff would seek the consent of a person with parental responsibility for the patient. This ensured any transfer activity undertaken by staff was in the patient's best interest.
- Patients suffering from a mental health condition which adversely affected their behaviour were supported appropriately by staff. On these occasions the patient would be accompanied on their transfer by a health care professional known to them, such as nurse or doctor. If the patient could display behaviours which could challenge iON staff would prepare the ambulances by removing items which could be used to cause staff and the patient harm. However, the accompanying health care professionals would be responsible for ensuring the patient could not cause harm to themselves or others during the transfer journey.

Are patient transport services caring?

Compassionate care

We were not able to observe interactions between staff and patients. This was because there was no suitable opportunity to accompany the ambulance crew on a patient transport journey. However we reviewed patient feedback forms received by the service.

- Patients and their family members commented positively about the service they received regarding the caring nature of staff. Comments received by the provider included, '(staff were) Extremely kind and caring to my mother', 'Kind and efficient care throughout the journey' and 'Best transport experience so far'.
- An external senior operations manager told us patients were treated with kindness by iON staff. They told us, 'The iON staff share the same values and caring nature as those of (the local ambulance service) and they demonstrate this throughout all aspects of their service delivery.'
- Patients responded positively to a satisfaction survey where they were asked if staff had been caring in their approach by making sure they were helped into their homes. A patient satisfaction survey from January to June 2017 identified of the 105 patients who provided a response, 95 of these patients had responded positively. The remaining 10 patients they had been transferred away from their home address so did not feel the question was applicable to them. No patient had answered negatively to this question.
- Patients were asked if staff had been caring by ensuring they were made comfortable before staff left their address. A patient satisfaction survey from January to June 2017 identified of the 105 patients who provided a response, 104 of these patients had responded positively. The remaining one patient had not felt the question was applicable to them, no patients had answered negatively to this question. Positive feedback comments from patients were received which included, '(staff were) Very nice and very pleasant and kind and friendly and made me very comfortable before they left me at home'.

Patient transport services (PTS)

Understanding and involvement of patients and those close to them

- We were unable to observe interactions between staff and patients so are unable to provide evidence for this area.

Emotional support

- Staff spoke positively about ensuring patients were treated with kindness, this included not leaving patients without personal and emotional support upon their return home. Staff told us in the event of returning patients home to an empty house they would take action to ensure their wellbeing. This would include contact relatives, friends or the provider of care packages for the patient to make sure they would not be alone without companionship and support.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- iON Ambulance Care Ltd provided non-emergency transport for patients who were unable to use public or other transport due to their medical condition. The local clinical commissioning groups (CCGs) had awarded the provision of PTS services to the local NHS ambulance trust. The local NHS ambulance trust used independent ambulance providers, including iON Ambulance Care Ltd to support their delivery of the PTS service.
- The service was able to meet patients' needs at the time it was required. Staff were available to support patients six days a week from 7am until 10pm. We saw evidence of this in the staff rotas viewed. There was the ability to support patients on Sundays if requested in advance however this was not often required.
- The office sent staff to key locations within neighbouring counties to support patients to receive a prompt service. The registered manager said staff would be located at holding locations in key areas where last minute transfer requests were likely. During the inspection one of these ambulances was requested by the local NHS trust ambulance service. We saw staff were able to respond immediately to ensure the transfer could occur in a timely manner.

Meeting people's individual needs

- The service complied with the Accessible Information Standard (AIS); patients received information regarding their care in a format they could understand. The AIS aims to make sure patients who have a disability, impairment or sensory loss receive information they can access and understand from health and care services.
- The service patient information guides were in accessible formats to help patients understand the care available to them. The service also supported patients to communicate their needs with staff. This information included pictures, translation of phrases and basic sign language information. A Pre-Hospital application had been installed on staff mobile phones. This application allowed staff to choose the patients preferred language ensuring staff and patients were able to communicate their needs clearly.
- Patients living with dementia were supported by staff who were aware how to manage their needs appropriately. All staff completed dementia training and were able to discuss how they would approach a patient living with dementia. This included how they would speak to, encourage and ensure the patient had additional support from a family member, friend, health or social care professional during their journey if available. This offered familiarity and lessened anxious feelings that a patient living with dementia may experience when in an unfamiliar environment. If a supporting person was not available to provide an escort for the patient the provider ensured staff were aware on how to manage patients' needs appropriately. This included ensuring the patient was accompanied at all times to minimise the risk of them becoming disorientated and distressed.
- Patients were supported during their transfers in a way which maintained their privacy and dignity. The ambulances contained equipment to safely transfer patients between differing transfer equipment such as stretchers and chairs. Staff used this equipment in the rear of the ambulances with the doors shut. This minimised the possibility of other people observing patient care maintaining patient's privacy and dignity.
- Staff supported patient with any moving and handling needs so they could access transfer services. Ambulances had different points of entry including side

Patient transport services (PTS)

steps, low access steps and tailgates so patients who were able to walk or were in a wheelchair could enter safely. There was additional seating in the ambulances to allow additional medical staff to travel with the patient if required.

- Staff would speak with the registered manager and office staff requesting they spoke with health and social care providers to minimise the impact for patients experiencing an out of hours transfer. When patients were discharged late at night staff would ensure the patient would not be left without adequate support once they returned home. This would include liaising with social services via the registered manager and speaking with friends and family of the patient.

Access and flow

- Patients had access to services at the time it was needed. From September 2016 to October 2017 the service undertook 3207 patient transfer journeys. 80% of which was commissioned by the local NHS patient transport service. A senior operations manager we spoke with told us, 'On request of ad-hoc work and short notice bookings, we have always had a prompt, professional response from iON. They have, most of the time, capacity to deploy additional resources on request at short notice, for planned scheduled work they have provided crews on request'.
- Request for assistance was continually reviewed to ensure the demand for work could be met by staff. The company office took the booking calls and emails promptly and organised crews dependent on the patients' needs in a timely way. This ensured the service were able to respond appropriately to patient demand.
- The registered manager was also able to respond to immediate requests for transport. During the inspection a last minute request was made for support which we could see was responded to appropriately. The registered manager was able to send the nearest available crew to ensure the patient received transport in a timely fashion.
- Systems were in place to monitor the location of ambulances available for use. The registered manager could track each ambulance using satellite navigation systems. As a result the registered manager and office staff were able to quickly identify the nearest and most appropriate crew to time critical transfer requests. The

local NHS ambulance service who used iON in support of their patients also had access to this tracking system. This allowed them to identify whether their patients were making their appointments at the correct time.

- Whilst this information was reviewed in live time, it was not available for review following the event. A senior member of staff identified this information was stored by the local NHS ambulance trusts iON staff were subcontracted to work for. This information was discussed at regular monthly meetings with the trusts however was not available for review by iON to ensure they were meeting patient's needs in a timely way.
- The service had a number of ambulances available in the event of an ambulance breakdown. This would enable patients to continue their journey with familiar members of staff. This is particularly important for patients living with dementia as changes in routine and unfamiliar faces can cause distress. This system of ambulance replacement minimised the risk of disruption to patients' routine supporting them to make their hospital appointments at the required time.

Learning from complaints and concerns

- Patients were provided with information on how to complain if required. Complaints information was clearly displayed in all the ambulances and contained contact details for the provider's office, the Care Quality Commission allowing patient to raise concerns externally about the quality of the service they received and for Healthwatch. Patients were also able to provide feedback anonymously, positive or negative, by means of a pre-addressed questionnaire available in the ambulances. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way.
- Complaints were managed effectively. The service's complaints policy clearly all processes to complete when a complaint was received. This included identifying staff roles and responsibilities and timescales for any investigation into such complaints. From October 2016 to September 2017 we saw 18 complaints had been documented and investigated fully. Responses had been provided to the original

Patient transport services (PTS)

complainant within the identified timescales. General themes had included staff lateness, behaviour, conflict management and the speed of the transporting ambulances.

- The registered manager and office staff were able to review the travelling speed of ambulances allowing them to investigate if concerns had been raised regarding the driving of ambulances. Tracking information identified the speed ambulances had been travelling allowing appropriate disciplinary action to be taken if required to ensure repeat complaints were not received.
- Following investigation the learning from complaints was shared with staff to minimise the risk of reoccurrence. When lessons to learn had been identified from a complaint all staff were informed during face to face contact with the registered manager. This information was then sent to all staff in an email to ensure they had a written copy of actions to take to prevent a reoccurrence of the original complaint. Staff were also offered additional training where required to ensure this learning was effective. An external company's service operations manager told us that after complaints had been made, 'These (incidents) have not been repeated post investigations. Our experience is that iON has taken seriously all complaints and outcomes and all requests for change in process or standard operating procedures have been undertaken'.

Are patient transport services well-led?

Leadership / culture of service related to this core service

- The service had a clear management team structure in place with nominated persons who held particular lead roles. These identified lead roles provided staff with a point of contact if they had a particular concern in a specific area such as mental health and safeguarding for example. Staff were aware of the management structure of the service and felt confident they could speak with managerial staff at any time if they wished to.
- Staff were supported by a visible and supportive managerial team. Staff spoke positively of the support they received in their daily role from office and

managerial staff. One member of staff told us the registered manager would be at the ambulance base before they started their shift and would not leave until all staff had completed their shifts and returned to base.

- In the event of any concerns outside of working hours an on-call system was in place allowing staff to speak to a manager at any time. Positive comments on management were received from staff who told us they have, "Good management support", "Good, effective management support" and "I see management every day when I go to and finish my shift so I can just stop and have a five to 10 minute chat with them, they're always there to help". A senior operations manager told us, 'Both (registered manager) and (assistant director) are approachable, they lead by example to the iON workforce'.
- Patients and their wellbeing was placed at the heart of the work completed by staff at iON. All staff told us the service was focused on meeting the needs of the patient who use the service. Comments received from staff included, "I would say yes, 100% (service focus)", "Patients should always come first and making sure they're safe, I'd say that's number one on the list" and "(We're) pulling together, definitely (to achieve the service focus)". One member of staff told us, "This is certainly one of the best companies I've worked for from that point of view, it's (the focus on patients) is important to them, there has been an investment in patient care, I think they (management) have gone out of their way to make sure they're doing it right and doing it properly".

Vision and strategy for this core service

- The service had a clear vision and strategy for the service with easily identifiable phrases to describe how they wished patient transfers to be completed. The service had the overall business strapline of Responsive, Reliable and Regulated. A strapline is a short sentence that a service uses to represent their business. From this strapline a number of core values had been identified which were, Safe, Caring and Improving. These were the values of the service and embedded with staff as the way they should deliver patient transport.
- Staff we spoke with were able to identify these values and discussed how they would follow these during their working day. One member of staff told us, "Everything

Patient transport services (PTS)

we do for patient's needs to be safe at all times and we need to find ways of improving the service...you don't feel restricted by management, you can talk and you've got the freedom to speak which is nice". Staff were aware of the values of the service and how to display them during patient transfer.

- The registered manager told us the long term vision of the service was to expand their operating base enabling patient transport in other counties. The service had already purchased new ambulances and were in the process of recruiting additional staff. The management team and staff were keen to develop the service to ensure they could offer more patient transfers in a greater area.

Governance, risk management and quality measurement

- The service did not always clearly review the quality of the service provided through the use of effective auditing systems. The operations director said they had recently introduced Quality Monitoring Checks which are six monthly supervised patient transfer journeys with ambulance staff. These would be completed to assess and encourage high standards of hygiene, presentation, interaction between clinical staff and patients as well as the care of patients during transport. We saw this was a detailed process; however it had only commenced in September 2017 therefore the effectiveness of this staff auditing procedure had yet to be assessed.
- As part of the on-going development of the service the provider had recently employed an advanced paramedic to undertake the role of clinical governance lead. They were establishing themselves within the service at the time of the inspection. Their role was to ensure the service and staff were routinely and regularly audited to ensure improvements to drive the quality of the service provided were identified. Time was required to ensure this role and auditing process became embedded in working practice however the effectiveness of this position and work completed could not be assessed during this inspection.
- The provider had a contract with a local NHS trust ambulance service which clearly documented the expectations of iON staff whilst working on their behalf. This included communications with the dispatch team,

health and safety of patients and patient care for example. The contract also documented the key performance indicators (KPIs) iON staff were expected to achieve including, ensuring patients wait no more than 120 minutes after their requested collection time, that patients must not miss their outpatient appointments and passenger time on the vehicles is less than 60 minutes. A senior operations manager told us response times were mostly met and where there had been a dip in performance 'this has been addressed with constructive conversations' with managerial staff. Monthly meetings were held with the local NHS trust ambulance service to reflect on iON performance to ensure the service continued to meet patients' needs.

- However, the operations director acknowledged the local NHS ambulance trust maintained performance figures relating to iONs response times. Therefore they were unable to provide evidence staff were meeting the KPIs asked of them. This meant the provider was unable to accurately review the quality of the service provided, identify and take steps to ensure improvements could be made if required.
- The service did not always clearly review their risks to identify if there had been any change or additional risks identified. The service had a risk register and a risk assessment for corporate risks however it was unclear how regularly the risks were reviewed.
- The risk register had identified potential areas of concern which included punctuality of staff and reliability for example. There was an identified owner for the risk, the triggers which would commence the risk and actions which would be taken to minimise these. However, the reviews of these risks were not documented and it could not be shown how frequently these were being reviewed for accuracy or any change.
- The service had a separate corporate risk assessment which had been completed in 13 June 2017. This risk assessment identified potential areas where concerns could be raised such as staff appraisal, clinical supervision and effective governance arrangements. An identified control measure to minimise the risks with areas for improvement had been identified for each of these areas. However, there had been no review of these risks since June 2017.

Patient transport services (PTS)

- Since this time the provider had moved the location of their ambulance base however the existing risks to the service had not been reviewed to reflect the move to the new location. Therefore it could not be evidenced risks were regularly reviewed to ensure the control measures to manage these remained appropriate.

Public and staff engagement

- Staff were not always involved in formal staff meetings to discuss the direction of the service. Staff meetings were difficult to arrange owing to the nature of the work completed and the inability to always bring staff together in one location at the same time. In the event of a change of policy or guidance information this was shared with staff via their work mobile phones, information placed within the ambulances in the ambulance folder and displayed within the staff room.
- There had been no formal staff meeting since June 2017 which was due, in part, to the relocating of the ambulance base and the separate location of the provider's office. The registered manager said they had an open door policy and spoke daily with staff however, some staff did say they would benefit from more structured and formal meetings. This would allow management to freely share information with staff regarding changes to the service which included the relocation of the office onto the ambulance base. The management of the service were aware of this need and said the relocation of the service on one site would aide formalising this process.
- Despite no formal staff meetings occurring since June 2017 staff felt they were kept up to date with any changes which may affect their role and service delivery. Staff told us they were in regular contact with the registered manager and spoke with them daily.
- The service sought patient feedback on how to develop and improve the quality of the service they received. The ambulances contained details on how patients could provide their views on the service received. Customer satisfaction forms were available for patients to take from the ambulance and return to the service anonymously if so preferred.
- Patient feedback received spoke positively of the service they received. From January to June 2017 we saw patient feedback analysis. This include patient responses to questions such as, were they collected at the right time, did they feel safe and confident with the driver, were they made comfortable by staff before leaving and were they in a clean ambulance. We could see of 124 responses 99% of patients responded positively that they felt safe and confident with the driver and 99% of patients said they were left comfortable by staff before they were left at their destination.
- Staff were encouraged to share their thoughts on how the service could be improved. The management team had identified shortly before the inspection the need to involve staff in discussions around the development of the service. As a result a locked post-box had been placed in the staff room to encourage staff to post ideas on how they wished the service to progress. At the time of the inspection no suggestions had been made but staff were aware of its availability for use.
- Management staff listened to and responded to staff feedback in a timely way. Staff we spoke with offered examples of where they had made suggestions as to how the quality of the service could be improved. This included the movement and addition of equipment within the ambulances. Staff told us when their suggestions were made immediate action was taken to ensure their requests were viable and implemented. Staff spoke positively about their ability to influence change at the service.
- Patients were supported by staff who were afforded access to facilities to suitable rest areas to maintain their wellbeing. The ambulance base had a dedicated kitchen area as well as staff area with seating, provided sweets, biscuits, drinks and a television to allow staff to relax between transfers. The staff room also contained pigeon holes for each member of staffs communications and a locked post box which was used for staff to deposit their feedback on how the service was operating. If staff were unable to return to the ambulance base they were responsible for ensuring they had sufficient break times to minimise the risk of them becoming tired during the course of their journey

Innovation, improvement and sustainability

- Staff were proud of the service they worked for. Staff told us they enjoyed working for iON with some experiencing a long daily commute in order to work with

Patient transport services (PTS)

the services patients. The registered manager and other managerial staff were proud of the staff team and of the strong professional relationships they had developed with patients and other healthcare providers.

- The service had a long term plan to expand and grow the service provided. At the time of the inspection an additional six ambulances had been purchased to

ensure the on-going availability of service to patients. The service was in the process of recruiting additional staff to allow this expansion to continue without compromising on the quality of the service provided.

- The service sought to improve the service they provided. Staff took prompt action to address issues identified throughout the inspection to ensure they provided a quality service to the patients they supported.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must ensure risks to the service provided are regularly reviewed to taking action to minimise where identified.
- The provider must implement further processes to measure quality of the service

Action the hospital **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should ensure adequate supplies of infection prevention and control equipment is always available for use.
- The provider should ensure effective cleaning practices are followed by staff
- The provider should ensure medical gases are stored appropriately

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not always ensured effective systems were always in place and operated effectively to assess, monitor the quality and risks associated with the service provided. This would ensure appropriate action was taken to improve the quality and safety of the care patients received.</p> <p>This was a breach of Regulation 17(1)(2)(a)(b).</p>