AmbuServ Limited

AmbuServ Limited Nottinghamshire

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 know to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Ambuserv Limited is operated by Ambuserv and provides an ad hoc patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 14 February 2017 along with an unannounced visit to the service on 2 March 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:

- Managers documented and investigated all incidents.
- Vehicles and equipment were visibly clean, maintained and fit for purpose.
- Staff had knowledge of consent and their role in relation to patient records.
- Staff received induction training appropriate to their role.
- Based on the information from the primary contractor, staff assessed all patients prior to transport.
- All staff received annual appraisals and first aid updates.
- Communication was maintained with patients, hospitals and control centres.
- Staff were caring, considerate and respectful of both patients and family members or carers.
- Staff demonstrated a good awareness of the emotional impact of journeys on all concerned.
- Seating and ambulance entry was flexible according to patient's needs.
- Patients transported were clinically stable prior to transfer.
- Primary contractors told us that they received positive feedback about the service from patients.
- The service had a vision to be an expanding organisation with staff on fixed contracts.
- Team members respected leaders and felt included in decisions made.
- Staff were proud to work for Ambuserv and wanted to make a difference for patients.
- Staff told us they were not afraid to raise concerns due to the small nature of the team.

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

- The service did not have an incident reporting or duty of candour procedure in place and staff were not aware of the regulation.
- At the time of inspection, the service did not perform cleaning audits to assure themselves the effectiveness of the cleaning. However, since inspection, staff told us these had been included in delivery audits.
- Staff did not receive safeguarding children training or training around the Mental Capacity Act (2005) code of practice or Deprivation of Liberty Safeguards. Following our inspection, the provider had sourced an external training organisation to deliver safeguarding training to staff. The provider also confirmed staff signed the safeguarding children and vulnerable adults policy to confirm they had read and understood it.
- Staff maintaining medical equipment had not received formal training to perform the tasks.
- The service did not have their own language aids for people who did not speak English as their first language. However, since inspection, the service provided smart phones for staff to use for translation purposes via an electronic application.

Summary of findings

- A formal employment process was not in place. Character or employment references were not sought. However, following the announced inspection the provider told us they changed this process to include at least two references.

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

Ellen Armistead

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Ambuserv Limited is operated by Ambuserv and provides an ad hoc patient transport service. We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 14 February 2017 along with an unannounced visit to the service on 2 March 2017. We inspected, but have not rated the service as we were not committed to rating independent providers of ambulance services at the time of this inspection. All elements of the five key questions including whether the service was safe, effective, responsive, caring and well led. We inspected the ambulance station in Mansfield and accompanied the crews on journeys to speak to patients and staff about the service.

AmbuServ Limited Nottinghamshire

Detailed findings

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Detailed findings

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Background to AmbuServ Limited Nottinghamshire

Ambuserv Limited started as an independent ambulance service in February 2015 in Mansfield Nottinghamshire. The service primarily serves the communities of central England (Lincolnshire, Nottinghamshire, Derbyshire, Northamptonshire, South Yorkshire and West Midlands) offering patient transport services (PTS) for non-emergency transport. It also provides ad hoc out of area provision which may cover; one off transfers anywhere in England and Wales.

The company was formed in August 2014 and became registered with CQC in December 2014 for providing transport services, triage and medical advice provided remotely. The service has had a registered manager in post since 15 December 2014.

The company has two directors and seven staff working on zero hours contracts. There are four patient transport ambulances and two pool cars.

Our inspection, on the 14 February 2017 and unannounced inspection on 1 March 2017, was Ambuserv's first CQC inspection.

We inspected, but have not rated, all elements of the five key questions including whether the service was safe, effective, responsive, caring and well led. We inspected the ambulance station in Mansfield and accompanied the crews on journeys to speak to patients and staff about the service.

Our inspection team

The team that inspected the service comprised a CQC lead inspector Sarah Cooper,two other CQC inspectors, and a specialist advisor with expertise in patient transport services.The inspection team was overseen by Simon Brown, CQC Inspection Manager.

Facts and data about AmbuServ Limited Nottinghamshire

The service is registered to provide the following regulated activities:

- Providing transport services, triage and medical advice provided remotely.

During the inspection on the 14 February 2017, we visited the base. We spoke with the two manager/directors, five crew members, five patients and one relative. Prior to the inspection we spoke with two primary contractors who regularly sub contract work to Ambuserv.

We viewed four out of the possible six fleet vehicles. These included four ambulances and two pool cars.

Detailed findings

We also reviewed a range of documents and information provided by the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has not been inspected before; this was the service's first inspection since registration with CQC.

Activity (February 2016 to January 2017)

- In the reporting period February 2016 to January 2017 there were 2,740 patient transport journeys undertaken.
- Seven patient transport drivers worked at the service on a zero hours contract. There were no bank or temporary staff. The service did not store or provide any medication.

Track record on safety

In the reporting period February 2016 to January 2017

- No never events
- 12 incidents all no harm.
- No serious injuries
- Two complaints

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The five key questions about services and what we found

Summary of findings

Are services safe?

We do not currently have a legal duty to rate independent ambulance services.

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

- At the time of inspection, the service did not perform vehicle cleaning audits to assure themselves that cleaning was effective. However, since inspection, cleaning has been included in delivery audits
- The service did not have a duty of candour procedure in place, and staff did not have an awareness of the regulation.
- Prior to inspection, staff did not receive safeguarding children training. Since inspection, the provider made arrangements for of level 2 safeguarding children, mental capacity, dementia awareness, handling disturbing behaviour, violent and aggressive patients
- Oxygen flow meters and wheelchairs were maintained by the operations manager. We could not be assured that they had received appropriate training for the maintenance of medical equipment in line with Medicines and Healthcare products Regulatory Agency (MHRA) Managing medical devices 2015.
- We could not be assured that staff reported all incidents, or had awareness of what constituted an incident.
- Staff did not have policies or training for managing disturbing behaviour or violent and aggressive patients, they told us they relied on experience in these situations.

Patient transport services (PTS)

However, we also found the following areas of good practice:

- Directors monitored and investigated incidents internally. .
- Cleaning and maintenance logs were kept, and staff adhered to the cleaning standards
- Vehicles and equipment were stored securely. An ambulance was kept on standby in the event of a breakdown.
- Checks were performed and documented on all Ambuserv's equipment.
- Staff maintained running sheets and stored them safely.
- Staffing levels were appropriate for the current work load, with no vacancies.

Are services effective?

- Staff planned work around information supplied by the primary contractor. They did not transport a patient if they were not equipped to do so.
- The service collected journey timings on running sheets, however these details were not used to monitor outcomes for patients.
- Staff understood their role in obtaining consent and for patients with do not attempt cardio pulmonary resuscitation orders in place.
- All staff received annual appraisals.
- Staff received an induction supervisory period which included equipment familiarisation and driving assessment.
- Yearly first aid level two training was completed by all staff.
- Staff liaised with managers and control centre throughout their shift.
- Staff were informed of special information by hospital staff or control.

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

- A formal employment process was not in place as character or employment references were not sought. This meant that the service could not be assured of a staff member's good character and suitable for their role.
- Staff had not received specific training in the Mental Capacity Act 2005 and showed no awareness and understanding of the Mental Capacity Act (2005) code of practice or Deprivation of Liberty Safeguards.
- Clinical performance audits were not undertaken, which meant Ambuserv could not benchmark their service against similar providers or identify areas for improvement.

Are services caring?

- Patients and caregivers told us staff were respectful, friendly and courteous throughout their care.
- We saw staff take time to engage with patients and communicate in a respectful manner.
- Staff maintained patients' privacy and dignity.
- All staff were passionate about their roles and were dedicated to providing excellent care to patients.
- Patients were involved in decisions about their care and treatment. Clear explanations and information was given to the patients during conveyance.
- Staff demonstrated awareness of the emotional impact of the journey on both patients and carers.

Are services responsive?

- The service had three ambulances operating each day. Each vehicle would complete between six and 20 patient journeys each day.
- When the ambulances were not booked, managers actively sought work through primary contractors.
- The service managers described the unique selling point of the service as their flexibility and caring nature.
- Staff planning was a challenge due to the ad hoc nature of the service.
- Staff took into consideration patient's needs based on the information provided and their initial assessment.
- With prior notice the ambulance could transport a patient in a bariatric wheelchair.
- There was seating in the ambulances to allow family members or additional nursing staff to travel with the patient.
- All ambulances had several points of entry including a ramp access.

Patient transport services (PTS)

- Patient transport services did not undertake emergency transfers. Patients transported were clinically stable.
- Staff communicated any delays with patients and ambulance control.
- The service collected patient feedback and responded appropriately to complaints.
- Primary contractors told us that they received positive feedback about the service from patients.

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

- The service did not have their own language aids for people who did not speak English as their first language.
- There was no formal dementia awareness training for staff despite frequently caring for patients living with dementia.
- The service did not benchmark their performance against other patient transport providers.

Are services well-led?

- The service had a vision to be an organisation with substantive staff and a fixed contractor.
- Some staff were aware the expansion of the business and the vision to employ substantive staff.
- All staff had received induction training and received disclosure and barring service checks.
- Policy changes and risks were communicated to staff through team briefings.
- Leaders were highly respected and all staff expressed a good team ethos.
- Staff were proud to work for Ambuserv and wanted to make a difference to patients.
- Managers listened to, acted upon staff suggestions, and sought staff opinions.
- Patient feedback was sought and where possible fed back to the appropriate staff however, we did not see evidence of this being used systematically to improve patient transport services.
- Staff told us they were not afraid to raise concerns due to the small nature of the team.

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

- The service did not currently have a formal risk register, however, managers were identifying current risks and managing them appropriately.
- There was no established governance framework for monitoring service delivery.
- The management had not provided relevant training for staff in children's safeguarding, the Mental Capacity Act and deprivation of liberty. Since inspection, the provider made arrangements for of level 2 safeguarding children, mental capacity, dementia awareness, handling disturbing behaviour, violent and aggressive patients

Patient transport services (PTS)

Are patient transport services safe?

Safe means the services protect you from abuse and avoidable harm.

Incidents

- The service had not had any never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- From January 2016 to February 2017, the service reported 12 incidents. There was not a written incident reporting policy in place, although managers maintained a record of all incidents.
- Staff knew to inform the manager of all potential incidents. These were added to the electronic incident record and immediate actions suggested in the event of a safety issue.
- Staff were aware of incidents that had been shared, but could not describe changes as a result of an incident. Incidents were not graded by Ambuserv, and the managers informed the primary contractors of all incidents for their joint investigation.
- We saw evidence of incident investigation, actions and learning points as a result of incidents, such as if a patient appeared too sick to transfer and the loss of patient baggage. Despite what staff told us, we saw learning from incidents shared through the team brief notices.
- However, we could not be assured that staff informed managers of all incidents, or had awareness of what constituted an incident. Some things were reported straight back to the primary contractor for their investigation, so not captured locally as an incident. For example transporting a patient without an accurately completed do not attempt cardio pulmonary resuscitation (DNACPR) order would be reported to the primary contractor, but not captured as an incident.
- 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 person.
- At the time of inspection, the service did not have a duty of candour process in place. Staff and managers did not have a knowledge of the 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 person. The managers addressed this after inspection and a policy had been written.
- Of the 12 incidents reported, none of these involved the duty of candour regulation.

Clinical Quality Dashboard

- The service did not use a clinical quality dashboard or capture quality indicators in any other format.
- Clinical updates and alerts were received from the primary contractors, and displayed in the staff kitchen area.
- Feedback from a primary contractor was of a safe and compliant service.

Cleanliness, infection control and hygiene

- Ambuserv Limited had an infection prevention and control policy and procedures in place for staff to follow in order to maintain safe working practices. These included a vehicle cleaning standards document, cleaning schedule, control of substances hazardous to health (COSHH) assessment and infection control risk assessment.
- The service assessed its COSHH compliance in July 2016. This resulted in suggested improvements such as reminders to dispose of containers appropriately. The service scheduled a further review for July 2017.
- During our inspection all four vehicles inspected were visibly clean, uncluttered and had a supply of clean linen.
- The operations manager and assigned crew cleaned all vehicles daily. We saw cleaning logs to demonstrate that cleaning had taken place each day. A vehicle deep clean was performed monthly, or after a serious contamination of blood or other body fluids.
- Disinfectant wipes were provided for staff to use during the course of the shift to maintain cleanliness of the vehicle and equipment. During our inspection, we observed the crew decontaminating their vehicle after

transporting patients. We observed cleaning procedures between patient journeys, after transfer the crewmembers wiped the seats and placed wipes into clinical waste bags.

- Clinical waste disposal bags were stored securely within the vehicles. Waste disposal bags and used laundry was bagged and returned to the hospital. No clinical waste was stored or disposed of at the ambulance depot.
- The service had not performed vehicle cleaning, infection prevention and control, or hand hygiene audits. This meant the service could not be assured that staff complied with cleaning and infection prevention and control policies. Following the inspection, the provider told us they planned to include these in delivery audits.
- Body fluid spill kits were stored in each ambulance.
- Cleaning materials were available for staff to use for daily cleaning. The service did not use colour-coded buckets or mop heads for cleaning the vehicles. There was no information available to highlight to staff which mop and bucket should be used and when to prevent the risk of cross infection.
- Hand sanitising facilities were readily available inside the ambulances. Two hand gel containers were positioned at the front and one at the back of the ambulance. We observed the crew members apply hand-cleaning gel frequently to ensure their hands were sanitised.
- Personal protective equipment was available and we observed staff using it when dealing with patients.
- Staff were supplied with uniforms and coats. The staff services standard operating procedure detailed the expectations for staff in uniform. Staff we saw were arms bare below the elbows and dressed in accordance with company policy.

Environment and equipment

- Ambuserv leased their station. The station was situated within a fenced area. Close Circuit Television (CCTV) cameras monitored the premises 24 hours a day. Security gates were padlocked to prevent tampering with vehicles or equipment.
- A schedule of MoT testing and vehicle servicing was available for each vehicle. These documents were stored in folders in the headquarters. An overview board in the office included details such as date of MoT, tax, service and current mileage. Sat the time of our inspection, all vehicle MoTs and services were up to date
- Patient restraint belts were provided on the vehicles for wheelchairs and the stretchers. Each stretcher had two straps for securing patients. Extension straps were available for obese patients or child restraint seats.
- The service had a bariatric wheelchair. Crews needed to be informed in advance about an obese patient in order to ensure they had the adapted wheelchair with them.
- The operations manager performed monthly maintenance checks. These included wheelchair checks, stretcher checks and vehicle checks. A log of the last four months demonstrated the checks had been carried out on all vehicles. A log book was kept of necessary work such as light bulb and windscreen wiper changes.
- Staff signed vehicle daily check sheets at the start of each shift. This included external vehicle checks as well as equipment. If necessary, they completed ad hoc vehicle fault sheets to communicate necessary work or faulty equipment.
- Larger repairs, servicing and MoTs were performed by registered garages.
- Vehicle keys were stored securely in the office. At the end of the shift staff placed the keys in a locked box if their return was out of office hours.
- Staff disposed of clinical waste at the hospitals visited. No specimens were carried within the vehicles.
- Only three of the four ambulances were in use at any time. This ensured that in the event of an emergency or breakdown, another vehicle was available.
- Equipment was standardised on all ambulances. This included piped oxygen, half sized patient transfer board, curved transfer board, fire extinguisher, ramp, carry chair and stretcher.
- Staff completed training on the use of equipment on induction and was performed during the supervisory week. All staff completed a signed induction sheet to confirm this had been performed. We saw evidence of this in staff files.
- Whilst we did not see evidence at inspection, the provider told us afterwards that oxygen regulators fitted to oxygen cylinders within the ambulances were subjected to servicing and four yearly tests by the services approved provider. However, oxygen flow meters and wheelchairs were maintained by the operations manager. We could not be assured that they had received appropriate training for the maintenance

of medical equipment in line with Medicines and Healthcare products Regulatory Agency (MHRA) Managing medical devices 2015. This was due to a lack of recognised training in place.
- When transporting children the escort was responsible for supplying all necessary equipment. Contractors were made aware of this at booking.
- Replacement stores such as gloves, aprons uniforms, oxygen masks, de-icer and cleaning equipment were available in the office.
- The ambulances had breakdown cover. If an ambulance had mechanical problems, the service would send another ambulance to ensure that the patient could continue their journey without excessive delay.
- At the time of inspection, crews did not routinely risk assess patient's own equipment. We observed the crew transporting a patient with their own wheelchair after day treatment. They did not ask the patient any questions about the wheelchair or visually inspect it. This meant they would not be aware if the brakes were not effective or faults were present. Following inspection, the provider told us they had introduced on the spot, risk assessments of patients' own wheelchairs, a Private Wheelchair Assessment check form and an updated standard operating procedure.

Medicines

- The service did not supply or store any patient medication. We saw patient's medicines kept safely with their belongings.
- Vehicles did not carry medicines for use in an emergency.
- Piped oxygen was available in each vehicle for patients already prescribed oxygen. On delivery from suppliers, this was placed in the ambulances and secured in a suitable holder.
- It was the responsibility of the patient or carer to apply the oxygen, as staff had not received training on oxygen therapy.
- Portable oxygen cylinders were stored in a locked cupboard within the office. At the time of inspection a hazard sticker was not in place, and there was no evidence of a risk assessment for the indoor storage. The pictogram sticker was immediately rectified, and a risk assessment planned. By the time of the unannounced inspection, the risk assessment had been completed for the cylinders.

Records

- Patient details were recording on the ambulance documentation (run sheets). These were placed in vehicle specific folders and returned to the locked head office at the end of the shift. All records were kept in the locked files for a year prior to shredding. No records were left on the vehicle at the end of the shift. Primary contractors also kept a copy of the jobs given to Ambuserv.
- Staff transported patients who had a do not attempt cardio pulmonary resuscitation (DNACPR) order in place. They were notified of this at the time of booking. Managers and staff told us that if it was incorrectly completed and had not been discussed with the patient or relative they would not accept it, or discuss this with the family or patient, but refer back to ambulance control. The service had a procedure requiring all staff to ensure all DNACPR orders were reported to ambulance staff by ambulance control prior to collecting the patient. The process included how to identify a correctly completed form, and not to hand a completed DNACPR form to a relative that may not be aware. However, they did not have a policy or procedure documenting the process in event of a confused patient travelling with an incomplete DNACPR. We raised this at inspection and we were told and observed, that every attempt was made to provide a completed DNACPR prior to travel.

Safeguarding

- Ambuserv had policies for safeguarding children and for protecting vulnerable adults from abuse; however the policies did not contain any information for the appropriate local authority safeguarding children or adult teams All staff were responsible for reporting safeguarding concerns to the company managers. The managers would escalate them to the relevant contractor. Staff did not report directly to social services.
- At induction, staff received online safeguarding adults training. All staff had completed this training. This did not include children's safeguarding training. Staff told us that all children were accompanied by an escort. This was not in line with national guidelines on safeguarding adults (NHS England Intercollegiate document 2016, Safeguarding Adults: Roles and competences for health care staff). All patient transport service ambulance crews should be trained to level two. Since inspection,

the provider made arrangements for of level 2 safeguarding children, mental capacity, dementia awareness, handling disturbing behaviour, violent and aggressive patients

- All staff had a basic understanding of safeguarding. Staff could describe the signs of abuse, knew when to report a safeguarding incident, and told us they would escalate any incident to one of the managers immediately.
- The safeguarding lead for the service was the registered manager. In line with other staff they had received basic safeguarding training. This meant the service was not working in line with national guidelines on safeguarding adults. The NHS England Intercollegiate document, 2016 Safeguarding Adults: Roles and competences for health care staff.
- From February 2016 to January 2017, the service had not made any safeguarding referrals to the local safeguarding authority. All referrals were fed back to the primary contract holder to refer. A new safeguarding policy was developed in January 2017 to include a referral form to monitor referrals and capture feedback. At the time of the unannounced inspection, a staff member had used the referral form to report a safeguarding concern to managers.
- Staff told us that the booking agent would advise the service of any known safeguarding issues.

Mandatory training

- Training consisted of initial induction training including health and safety, manual handling, safeguarding, first aid level two training, infection prevention and control and fire training. There was an annual first aid refresher course, and further training was available. One employee, who had been with the company from June 2015, was a supervisor and trained other staff. This included a supervisory period on commencing and equipment familiarisation.
- All staff records included completed induction training and record of driving qualifications.

Assessing and responding to patient risk

- Staff were trained in first aid and would assess the condition of a patient throughout the journey, but would not perform observations of vital signs. If concerns were raised staff called 999 for emergency service support. Staff gave an example of a patient with severe back pain and they had requested paramedic support. Escalating to emergency services was reported as an incident for follow up by the managers.
- The primary contractor risk assessed a patient's suitability for patient transport services (PTS). Ambuserv did not see this risk assessment, but took it on good faith that this was the case. If details were missing or the patient was not suitable for PTS they would refer back to the primary contractor. This meant that the approach to assessing and managing day-to-day risks to people who used services was reactive.
- Where necessary manual handling risk assessments were completed by Ambuserv staff. These followed the recognised task, individual, load and environment format.
- Staff did not have policies or training for managing disturbing behaviour or violent and aggressive patients, they told us they relied on experience in these situations. Therefore, we were not reassured that staff had the correct training to manage disturbing behaviour or violent and aggressive patients safely. There had not been any reports of having difficulty in coping with challenging patients.

Staffing

- Ambuserv employed seven staff on a zero hour's contract due to the ad hoc nature of work. This included paid leave calculated pro rata on the hours worked over the previous 13 weeks. At the time of inspection, there were no vacancies and the staffing levels met the needs of the company.
- All crews were two person crews. Managers aimed to plan crews so that an experienced member of staff could accompany a less experienced member of staff. All staff spent the first month of employment working with a supervisor for training and extra support.
- Either staff were responsible for allocating their breaks or, the control desk of the primary contractor told staff to take a break. For example, staff told us they were waiting for a patient at a hospital. The crew contacted control to inform them of the delay, and were told take a break and return to the patient when ready.
- The two company director managers provided 24 hour on call support for crews. In the event one was not contactable, staff would contact the control desk for advice.

- Company directors informed primary contractors of staff availability on a daily basis, this prevented unfilled shifts.
- The service did not employ bank or agency staff.
- All staff completed an induction checklist in their first week of employment. This included company policies, familiarisation with equipment, driving competency check, and health and safety.

Response to major incidents

- There were no major incident plans or arrangements due to the nature of the service. The service was not a first or emergency responder.
- A vehicle was kept on standby in the event of a vehicle emergency, such as a flat tyre or accident.
- Managers had completed a fire risk assessment, and staff all received a fire safety brief on commencing employment. The staff handbook included actions in the event of a fire or when fire alarms were activated.
- Procedures in event of an accident were included in the staff handbook. This included prompts for reporting of injuries to the Health and Safety Executive.

Are patient transport services effective?

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Evidence-based care and treatment

- Staff who were remote working had access to advice on guidelines and protocols. If needing advice, staff would ring their company managers or the control centre of the ambulance service who had subcontracted the work to them. Staff we spoke with were aware of how to access support and guidance.
- NHS contractors shared policies with Ambuserv, such as the loss of patient baggage policy. These were accessible in the staff office.
- Ambuserv worked under the guidance of the primary contractor. This included standards set by the primary contractor, such as staff training in life support and call turnaround times. The contractor assessed patient's suitability for travel and the needs of the patient.
- Changes to policy documents and a sign sheet to confirm staff knowledge of the changes were attached as appendices to policies.

Assessment and planning of care

- Due to the nature of the ad hoc work and lack of contracts, the staff had limited awareness of a patient's condition. Information received from control included the name, age, location, whether a do not attempt resuscitation order was in place, mobility of the patient and whether a stretcher was required. They were also informed if an escort was provided. If inaccuracies existed in the information staff told us and we observed they would contact control. Staff told us they were able to make assessments of the needs of patients at the point of collection and make changes where necessary. Some aspects, such as a manual handling assessment followed a formal process.
- Staff told us they were made aware of any patient with mental health problems through the booking system in advance of accepting a booking so they could plan accordingly.
- The crew did not transport a patient if they thought they were not equipped to do so. They told us and we saw crews discussing a patient's condition with nursing staff prior to discharge.
- Managers told us they did not accept requests for transporting patients who were detained under Section 136 of the Mental Health Act (patients who require transportation to a place of safety for a mental health assessment)

Response times and patient outcomes

- The service did not routinely monitor the outcomes of people's care, or benchmark themselves against other patients transport services (PTS).
- Clinical performance audits were not undertaken, which meant Ambuserv could not benchmark their service against similar providers or identify areas for improvement.
- Ambulance running sheets included patient details, time of call, arrival at pick up, on board time, arrival at destination and the time the crew cleared. These were kept securely for a year, but the data was not used to monitor outcomes for patients.
- The crews reported all pick up and drop of times on the running sheets and to the ambulance control. Managers monitored the running sheets for number of and timings of journeys and vehicle speeds.

- The provider gave response times to the crews. If the patient's pick up and turnaround was longer than ten minutes, crews had to contact the control desk.
- Adverse patient outcomes such as falls or deterioration in their presentation would be monitored through the incident reporting system. There had been no adverse patient outcomes reported in the year prior to our inspection.

Competent staff

- All staff had received an annual three-stage appraisal that included self-assessment, assessment by the supervisor and a sign off by the business manager.
- All seven staff were offered the opportunity to complete a care certificate to enhance their care skills. One member of staff had recently expressed an interest in performing this.
- The managers and the supervisor supported induction and supervision of staff. All staff worked with the supervisor until signed off as competent. This included an informal driving assessment.
- All staff completed yearly first aid level two training. They also completed online manual handling training and received instruction in the use of the manual handling equipment.
- Managers checked staff driving licence, a note of previous employment and disclosure and barring at the start of employment. At the time of inspection the service did not request previous employee or character references for staff. By the time of the unannounced inspection, the service had changed the employment procedure to include references.

Coordination with other providers and multi-disciplinary working

- Throughout the shift staff liaised with the primary contractor control centre. Although there were no set contracts, Ambuserv worked with a provider for a week at a time. This meant that working relationships and service provision could be organised in a structured fashion.
- Staff at one of the contracting providers reported receiving evidence of Ambuserv meeting their required standards at the start of their contracts. This included vehicle insurance and registration; staff procedures and check process; health and safety; vehicle and equipment; operational procedures; complaints and concerns; finance and staff training.
- We requested feedback from four providers who used Ambuserv as a third party provider. The two services that responded gave very positive feedback about the care and service provided by Ambuserv. One described Ambuserv as responsive and willing to learn after incidents or complaints.

Access to information

- Ambulance staff received daily job sheets at the start of each shift. These included collection times, addresses and patient specific information such as relevant medical conditions, complex needs, mobility, or if an escort was travelling with them.
- Staff felt they had access to sufficient information for the patients they cared for. If they needed additional information or had any concerns, they spoke with managers.
- Staff told us both hospital staff and control staff made them aware of any special requirements. For example, they were notified if a patient was living with dementia.
- A standard form was used to record details about the patients' medical needs, mental health needs, medication, risk assessment as well as their Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status.
- Staff told us they would not transfer patients who were not for resuscitation in the event of respiratory or cardiac arrest without a valid and original DNACPR. We observed staff review the current DNACPR status of a patient they were transferring, checking it was correct and valid.
- The service did not have a DNACPR policy, however all staff had access to a DNAR (do not attempt resuscitation) process check list with clear guidance. Managers told us plans were in place to write a DNACPR policy.
- Vehicles all had up to date satellite navigation systems and vehicle trackers on them. Managers could track a vehicle location in event of a delayed pick up.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had not received specific training in the Mental Capacity Act 2005 and showed no awareness and understanding of the Mental Capacity Act (2005) code of practice or Deprivation of Liberty Safeguards. Therefore, we were not reassured that staff had the correct training or awareness to manage the MCA needs of patients.

However, staff were knowledgeable about the consent process and we observed them asking verbal consent from all of the patients they transported before commencing any moving or handling.

Managers told us that patients were not restrained by Ambuserv staff. If a patient was restrained physically (beyond a legal seat belt), then an escort was required.

Are patient transport services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Compassionate care

- Patients and care givers told us staff were respectful, friendly, kind and compassionate when providing treatment or care. We observed crews spoke in a kind and calm manner and offered reassurance, particularly if the patients were distressed or in pain.
- Patients told us that staff introduced themselves and made sure that they were kept informed of information throughout their journey.
- We saw that staff took time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff took time to interact respectfully and compassionately with patients using the service. One crew member spoke reassuringly to a child patient while they were waiting for the nurse escort to get ready. Crew members chatted politely to other patients or their family.
- Staff maintained patients' privacy and dignity. For example curtains were drawn around hospital beds when transferring a patient from a bed to a stretcher, and they asked for support to minimise patient discomfort. Patients conveyed to hospital were covered in a blanket to maintain their modesty and keep them warm whilst on a stretcher or in a wheelchair.
- Wherever possible, vulnerable patients, such as those living with dementia or a disability, would have a relative or carer with them while being transported.
- All staff were passionate about their roles and were dedicated in providing excellent care to patients. Managers told us the recruited staff who had demonstrated a desire to enter a caring profession.

Understanding and involvement of patients and those close to them

- Patients were involved in decisions about their care and treatment. Ambulance crews gave clear explanation of what they were going to do with patients and the reasons for it. Staff checked with patients to ensure they understood and agreed. We saw evidence of a family member involved in decisions on the transport of their sick relative.
- Staff provided clear information to patients about their journey and informed them of any delays.
- Staff asked permission to enter the patients' home, when they collected a patient from hospital to take them home.
- Staff showed respect towards relatives and carers of patients and were aware of their needs; explaining in a way they could understand to enable them to support their relative.
- Primary contractors reported frequently receiving positive feedback about the transport service.
- Twenty feedback forms had been received in the previous two months. These were predominantly positive with comments such as 'very satisfied with care', 'good teamwork', 'very helpful' and 'caring and nice people stayed with me all day.'

Emotional support

- We saw staff check on patient's wellbeing, in terms of physical pain, discomfort, and emotional wellbeing during their journey.
- We saw evidence of staff demonstrating awareness of relative's emotional wellbeing during some particularly difficult times, treating them with dignity and respect.

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

Responsive services are organised so that they meet your needs.

Service planning and delivery to meet the needs of local people

- The service had three ambulances operating each day. Each vehicle would complete between six and twenty patient journeys each day.

Patient transport services (PTS)

- There were no formal contracts in place and work was scheduled on a daily or weekly basis. Most bookings came from a primary contractor to the NHS.
- When not booked, Ambuserv approached all primary contract holders daily to offer availability for patient transport. Managers felt their key strength was the staff and service flexibility; which included the ability to convey both seated patients, those in a wheelchair and on a stretcher.
- Due to the nature of the ad hoc work staff planning was a challenge. Ambuserv employed all seven staff on a zero hour's contract. Managers told us that as soon as a contract was secured they would give all staff some contracted hours.

Meeting people's individual needs

- The booking process meant people's individual needs were identified. For example, the process took into account the level of support required, the person's family circumstances and communication needs. Staff also made an assessment on arrival at the hospital by communicating with the patient or carer.
- For patients with communication difficulties or who did not speak English, we were informed staff would ask the patients relative to translate or staff at the hospital or care home where the patient was being transported to Local NHS hospital translation services were available. Since inspection, the service provided smart phones for staff to use for translation purposes via an electronic application.
- All vehicles contained a pen and writing pad for use by patients with difficulty speaking.
- The service had an equality and diversity policy that covered all the protected characteristics of the Equality Act. Staff had a basic knowledge of the policy and told us that equality and diversity was part of their mandatory training.
- The service did not have any communication aids, to support patients who were unable to speak due to their medical condition or who had complex needs. There was a potential risk of patients not being able to explain what was wrong or understand.
- The service had one wheelchair for overweight patients. There were no ambulances with trolley beds suitable for larger patients.
- For patients living with dementia and those with cognitive impairment their support needs were assessed at point of booking. There was seating in the ambulances to allow family members or additional nursing staff to travel with the patient.
- The ambulance crew did not routinely transport patients who were end of life. However, staff were aware of the need to support family or other patients should a patient become unwell during a journey. Patients or their escorts ensured their hydration and nutrition needs were met on longer journeys. We saw a nurse escort taking milk and water for the baby's journey, and the ambulance crew encouraged a day patient to take the sandwiches from the ward with her on the journey.
- Ambulances had different points of entry, including sliding doors, steps and a ramp so that people who were ambulant or in wheelchairs could enter safely.
- Staff told us they would transport a patient in their own wheelchair if possible, rather than transferring them to a trolley, so they were more comfortable.

Access and flow

- The service operated 24 hours a day seven days a week if necessary. They operated two shifts a day with two or three vehicles for each shift.
- Transport services were subcontracted to Ambuserv as third party providers. Other ambulance service providers contacted Ambuserv with a varied period of notice. Sometimes no notice was given of a patient transport requirement. Due to this Ambuserv accepted jobs on a case-by-case basis, ensuring patient needs could be met.
- The service recorded, but did not monitor turnaround times. Crews monitored the call received, arrival time and departure time on their daily report sheet. They did not compare their performance with other patient transport services. We were told that the timings were dependant on the notice given by the primary contractor and whether the patient was ready. If the delay was longer than ten minutes then the control centre would decide whether the ambulance crew could wait for the patient.
- The information sheets carried by staff provided them with journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.

- Managers confirmed that patient transport services did not undertake emergency transfers. Patients transported were clinically stable.
- If a journey was running late the driver would ring ahead to the destination with an estimated time of arrival and keep the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.

Learning from complaints and concerns

- Ambuserv did not have a complaints policy. Ambulance crews had a feedback sheet, which they could give to patients. Crewmembers told us they tried to resolve complaints themselves but could then refer them to the company managers if the complainant wished. They explained that most complaints were about delays or discomfort during transport. Crewmembers were not aware of any changes to address these issues.
- Patients could also complain via the subcontracting organisation. We saw an example of a complaint sent to the local commissioning service. This had been dealt with in a timely fashion.
- Each ambulance displayed a patient's charter, highlighting how to leave feedback and how to make a complaint.
- From February 2016 to January 2017, the service had received two complaints. Both complaints were dealt with effectively and confidentially, and appropriate third parties were involved. We saw evidence of an apology to the patient, feedback and documentation of learning from a complaint. These were shared with staff via discussions and the team briefing letter.

Are patient transport services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Vision and strategy for this this core service

- Ambuserv aimed to provide efficient and friendly service that suited the patient's exact needs. They had a vision to have substantive staff gain contracts from primary contractors.
- Managers were working with other providers to determine their needs and requirements, in order to fulfil them.
- Some staff were aware of the vision for contracts and to provide excellent care for all patients. Other staff told us they wanted to do a good job on the day.

Governance, risk management and quality measurement

- At the time of inspection the managers identified the need for a risk register. This was not in place, but was under development with a whole service approach to defining the service risks.
- There was no governance framework in place to support the delivery of the strategy and monitor the effectiveness of the service, such as response and turn-around times.
- Two risk assessments had been completed in the past, one for the storage of oxygen within the office building, and for the office environment. Managers were aware of other risks, such as potential for gaps in staffing and delay in getting staff references. At the time of inspection, the two managers were not able to evidence mitigation against the risks.
- Changes to policies, the identification of risks and any other service changes were notified to staff by face-to-face contact, text messages and a team brief. We saw reminders to staff to check tyre pressure and topping up windscreen washers regularly. The managers had set up a free text messaging service for the sharing of updates and training presentations. All staff had been supported to load the electronic application onto a device. We saw evidence of a staff member contacting the manager using this system. The plan was to add more training documents and policy changes to the secure site.
- Managers had a recruitment process in place although, this was not formally documented. All staff supplied employment history and underwent a disclosure and barring check; however, employment or character references were not sought. We could not be certain, that the managers had made every effort to gather all information to confirm the person's good character. During the inspection managers reflected that this was not a robust process. By the time of the unannounced inspection, the service had changed the employment procedure to include references.

- The service did not undertake any clinical or performance audits, or maintain a quality dash board. This meant that working arrangements with partners were not managed proactively. For example, the service was frequently sent to pick up patients with a do not attempt cardio pulmonary resuscitation (DNACPR) order in place. On arrival, they would find the DNACPR was not with the patient, in accordance with company process they had to seek guidance from the control. Also, patients who were described as mobile needed assistance in mobilising and transfer. There was no process for capturing the delays caused by communication errors and no process of feedback to the controllers, which limited problem solving in this area.

Leadership / culture of service

- Two managers/owners were responsible for the day to day running of the service. One took the position of business manager and the other operational manager.
- The leaders of the service were respected and held in high esteem by staff who were all aware of the managers roles. They were confident the managers had the appropriate skills and knowledge for their roles, felt able to raise any concerns with them and found them easy to contact and talk to. Staff said the organisation and the managers were good to work for and they felt they were well looked after as members of a team.
- Managers demonstrated respect of staff's emotional wellbeing. The small team ensured all staff could support their colleagues through difficult times.
- Staff expressed they were proud to work for the service. They wanted to make a difference to patients and were passionate about performing their role to a high standard.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers.
- All staff had zero hours contracts which they told us could at times be very difficult financially. Staff told us they had raised this with the management who were hoping to address this shortly with the acquisition of long term contracts.
- One of the primary contractors described the service as caring, competent and efficient. They told us staff treated patients with respect and adapted to the patient's needs. They described the management as open and honest in their approach to how their service was led. This was confirmed during our inspection.

Public and staff engagement

- We saw evidence of staff suggestions being supported by managers and implemented. These included combining the items in the vehicle in one bag, using a vehicle folder for patient notes and supplying all staff with a torch for identifying house numbers from the ambulance.
- Staff were involved in discussions around weekend working to develop an on call programme.
- Patient feedback leaflets were available in the ambulances. These were however, written in English and not in easy read formats.
- If possible, patient feedback was relayed to the appropriate member of staff. We did not see evidence of this being used systematically to improve patient transport services.
- Staff and managers all described the desire and plan to have team meetings. Due to the size of the service this had not been possible without reducing service delivery. Team briefings in the form of a poster and email had been a recent introduction and staff were positive about this.
- Staff told us they were not afraid to raise concerns due to the small nature of the team.

Innovation, improvement and sustainability

- Managers of the service were aware that they could only grow the service with long term contracts. The managers were seeking new opportunities to gain contracts from other sub contracted providers
- Ambuserv staff prided themselves on being flexible and providing an excellent caring service.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must take prompt actions to ensure all staff received level two safeguarding children's training. Since inspection, the provider has implemented this training.
- The provider must ensure staff have training on the Mental Capacity Act 2005 and dementia awareness training.
- The provider must ensure the managers have an understanding and process in place in the event of an incident requiring a duty of candour.
- The provider must ensure that an individual with appropriate training maintains equipment.
- The provider must ensure that appropriate references are sought prior to the commencement of employment to assure themselves that employees are of good character and suitable for their role.

Action the hospital SHOULD take to improve

- The provider should ensure staff have a process to follow for the reporting of incidents, including what constitutes an incident.
- The provider should ensure staff have access to translation aids for patients who do not speak English.
- The provider should ensure they continue to create and maintain an up to date risk register.
- The provider should monitor performance, standards (such as cleaning audits) and safety systems to highlight areas for improvement.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13(2)** Systems and processes must be established and operated effectively to prevent abuse of service users. Staff must receive safeguarding training that is relevant, and at a suitable level for their role. Providers and staff must understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with people who lack the mental capacity to make some decisions. **How the regulation was not being met**: • Staff were not receiving appropriate safeguarding children training as necessary to enable them to carry out the duties they are employed to perform. • Staff were not given additional training on the Mental capacity act or dementia awareness training.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Regulation 15(1)(e)** All premises and equipment used by the provider must be properly maintained and the provider must make sure they meet the requirements of relevant legislation. **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

- Equipment such as oxygen flow meters were maintained by staff who were not trained to perform these tasks.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19(1)(a)** Persons employed for the purpose of carrying on a regulated activity must be of good character. When assessing whether an applicant is of good character, providers have a robust process and make every effort to gather all available information to confirm that the person is of good character, and have regard to the matters outlined in Schedule 4, Part 2 of the regulations. **How the regulation was not being met:** • The registered provider did not have a robust employment process in place and did not seek references for new staff.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **Regulation 20(1)** The provider must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. The provider should have policies and procedures in place to support a culture of openness and transparency, and ensure that staff follow them. **How the regulation was not met:**

This section is primarily information for the provider

Requirement notices

- The service did not have policies and procedures to support an open and honest culture, and it was not part of the incident reporting process.