

Local medical services

Quality Report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Local Medical Services is operated by Local Medical Services Limited. The service provides event cover (which we do not regulate) and patient transport services. Local Medical Services worked on an ad hoc basis for local authorities, private patients or NHS trust transfers.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 11 June 2019.

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.

During the inspection we became aware the provider may be providing a regulated activity that they are not registered for. We are currently investigating this and will report on any actions taken in due course.

We rated it as **Requires improvement** overall.

We found the following areas that require improvement:

- The service's governance systems and processes did not demonstrate a monitoring of the quality of the service.
- The service did not have an effective system in place to identify, limit and control clinical and non-clinical risks. The manager was able to identify several risks; however, there was limited evidence to demonstrate the manager identified all service risks including some we identified during our inspection.
- Managers did not routinely collect and monitor information about the outcomes of people's care and treatment. Managers did not routinely record risk assessments of patients during the patient transport booking procedure.
- The service did not ensure all staff working for the service had the qualifications, competence, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment. The recruitment records did not provide assurance that all staff had the required employment checks completed before they commenced work.
- Not all policies reflected the service, or the roles and responsibilities of the staff employed. We saw one policy was in the name of another provider and did not detail current legislation and national guidance.
- Most staff understood how to protect patients from abuse. However, the safeguarding lead was not trained to the appropriate level for children's safeguarding.
- Although the service had a complaint's policy and treated concerns and complaints seriously, there was no information available on how patients and their families could make a complaint.
- Although the service was committed to improving services by learning from when things went well or wrong, there was a lack of innovation.

We found the following areas of good practice:

- The service-controlled infection risk well and had suitable premises and equipment which staff looked after well. The service stored medical gases safely and securely.
- Staff of different professional groups worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Summary of findings

- The service cared for patients and their carers with compassion and kindness. The service supported carers to be with patients for reassurance during their patient transport and the service took account of patient's individual needs.
- The service planned and provided services in a way that met the individual needs of local people. Patients could access the service in a way and at a time that suited them.
- Staff we spoke with held the managers in high regard, enjoyed working for the service and felt well supported.

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 service with a warning notice and seven requirement notices that affected Local Medical Services. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South) on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Requires improvement



Summary of each main service

Local medical services Limited is an independent ambulance service providing patient transport services and private event cover which is not regulated by the CQC. The service primarily serves the community of Buckinghamshire, Oxfordshire, Hampshire and Northamptonshire. There were no formal contractual or service level agreements in place. The service worked on an ad hoc basis providing patient transport services for local authorities, private patients or NHS trust transfers.

Summary of findings

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Requires improvement 

Local Medical Services

Services we looked at Patient Transport Services (PTS)

Summary of this inspection

Background to Local medical services

Local Medical Services is operated by Local Medical Services Limited. The current registered manager took over the service in December 2017. It is an independent ambulance service based in Aylesbury, Buckinghamshire. The service provides pre-planned patient transport services for all age groups, for private organisations, privately funded patients and for some NHS Trusts. The service could also provide high dependency transfers but did not transport patients detained under the Mental Health Act.

At the time of inspection, the service had not provided any high dependency transfers since their registration in January 2018.

The service primarily serves the communities of Buckinghamshire, Oxfordshire, Hampshire and Northamptonshire. The service did not work with formal contractual or service level agreements, but on an ad hoc basis for local authorities, private patients or NHS trust transfers.

Local medical services also provided medical cover at private events. We did not inspect this part of the service as we do not regulate services that cover private events. We identified that the provider was conveying in

emergency situations using the blue lights on the ambulance, from events to hospital which is a regulated activity. The provider has stated that they will stop conveying immediately as the service is not registered for this activity.

The service consisted of seven vehicles which included ambulances, rapid response vehicles, and 4x4 vehicles. However, the service only used three ambulances for patient transport journeys.

The service provided patient transport journey's seven days a week, 24 hours a day.

This was the first inspection for the service since being registered in 2018.

The service has had a registered manager in post since January 2018. 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.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC assistant inspector, and a specialist advisor with expertise in patient transport services.

The inspection team was overseen by Amanda Williams, interim Head of Hospital Inspection.

Information about Local medical services

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection on 11 June 2019, we visited Local Medical Services at Aylesbury. We spoke with nine staff including; registered paramedics (who were part of the

management team), ambulance care assistants and managers. We spoke with two patients and one relative. During our inspection, we reviewed 30 sets of patient journey records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Summary of this inspection

Activity (October 2018 to May 2019)

- In the reporting period October 2018 to May 2019 there were 1003 patient journeys undertaken.

There were 60 members of staff including registered paramedics, paramedic technicians and ambulance care assistants who worked at the service mostly on a self-employed basis to cover both the events and patient transport service. However, five of the 60 staff had substantive part time or zero hours contracts.

Track record on safety from October 2018 to May 2019:

- No Never events
- Clinical incidents 13 in total
- No serious injuries

There had been no complaints received since December 2017.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Patient transport services

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

Are patient transport services safe?

Requires improvement 

We rated safe as **requires improvement**.

Mandatory training

The service provided mandatory training in key skills to all staff and had processes in place to ensure everyone completed it.

- As part of corporate induction, the service required staff to undertake training in safeguarding children and adult training at levels one and two, manual handling (face to face), health and safety briefings which highlighted key issues and risks associated with the service hub and the vehicles and a practical driving assessment (if the roles required it). We saw evidence most staff had completed this training.
- New staff completed mandatory training on line through an accredited company which comprised of 14 subjects including but not limited to manual handling, infection prevention and control, fire safety, data protection and mental health legislation. The introduction of online learning commenced three months prior to the inspection therefore it was in the early stages to assess staff compliance. The compliance lead monitored staff compliance with the mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do

so. Although staff had training on how to recognise and report abuse, and they knew how to apply it, policies did not reflect national guidance and the correct safeguarding contact details.

- The service had a safeguarding policy for adults and children which was available for staff to access. This included how to report a safeguarding concern and highlighted who safeguarding referrals should be made to at a local level but did not detail local authority contacts. The paper copy of the policy detailed contact names of people who did not work for the service. The policy did not consider the intercollegiate guidance on 'Safeguarding children and young people: roles and competences for health care staff' (January 2019), or the safeguarding policy protecting vulnerable adults (2015). It also did not contain information on female genital mutilation.
- The designated safeguarding lead for the service was trained to level three safeguarding which was not in line with the intercollegiate document – "Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff" which states the designated safeguarding lead should be trained to a minimum of level four.
- All staff completed face to face training on the corporate induction which included children and adults safeguarding training at level one and two. At the time of inspection, 75% of staff had completed the adult and children safeguarding training although the service did not have target levels for achievement and had completed over 80% correct answers from the end of learning assessment.
- Managers required staff to complete e-learning upon completion of their induction, which would reinforce the

Patient transport services

induction training. The e-learning included but not limited to, define safeguarding and recognise its purpose, identify abuse and distinguish between different types of abuse and their key indicators and to take the appropriate actions if there were specific concerns

- All staff we spoke with stated they had not had to make a safeguarding referral but were aware of the process. During office hours, they would contact the on-call manager or safeguarding lead to share their concerns who would make the safeguarding referral. Outside of office hours staff reported they would call the on-call manager for advice.
- The safeguarding policy referenced caring for patients living with dementia, however the service did not provide staff with training in conflict resolution which would help staff to deescalate patient's behaviour due to cognitive impairment.

Cleanliness, infection control and hygiene

The service mostly controlled infection risk well. Staff used equipment and some control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.

- The service had an up to date, version-controlled infection control policy, which we saw addressed all relevant aspects of infection prevention, and control including environmental cleaning and laundering of uniforms. The service also had a policy detailing how and how often the ambulances and equipment should be cleaned. We observed staff following the policy.
- Infection control was included as part of the mandatory training e-learning package all staff were expected to complete. Subjects included recognising the importance of infection control, identify how infections were caused and spread, recognise and implement good practices for personal and equipment hygiene and define health care associated infections.
- The service provided evidence at the time of inspection that 87.5% of staff had completed the e-learning.
- The service ensured new staff worked with an existing member of staff for their first two shifts, so they could see the general cleaning criteria required after each patient interaction to maintain cleaning standards and to reduce the risk of infection.

- We observed all staff to be compliant with uniform policies, for example we saw staff were bare below the elbows with long hair tied up which followed infection control best practice.
- Personal protective equipment was available on all vehicles for staff to use when needed. This included items such as clinical gloves and aprons and reduced the risk of cross infection.
- If a patient was known to have an infection staff would transport them last on their journey list and managers took the vehicle off road for a deep clean by the external deep clean company. However, we did not see evidence of any written guidance of how to manage an infectious patient.
- There was a deep cleaning schedule for each ambulance, which we saw was current, completed and up to date. An external provider was responsible for deep cleaning the ambulances every six weeks.
- The external provider used checklists to monitor compliance with each stage of the cleaning process. The external provider swabbed the vehicle before and after each deep clean to measure the number of bacteria present. We saw records, which showed the bacteria present after cleaning, were within recommended ranges. Therefore, the provider was taking steps to ensure that the vehicles were appropriately clean for use.
- The service used a colour-coded mop system for the cleaning of different areas of the vehicles and station to prevent cross contamination and stored items in a secure area on the station. However, staff did not store mops in an upright position which meant the mop heads were mixed together which could pose an infection risk.
- There was a system in place for safe segregation and disposal of waste, which staff understood. There was a designated secure area for the safe storage of waste. A visual inspection showed staff had disposed of waste in line with the policy. Information we reviewed demonstrated the service was using an external company who removed clinical waste monthly.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.

- The service had a fleet of seven ambulances and two response cars. Two of the vehicles were equipped with

Patient transport services

blue lights which were used for events only. In addition, one of the vehicles had suitable equipment for transporting bariatric patients. Bariatric equipment is specially designed to carry larger weights than normal equipment.

- The ambulances had a range of equipment specifically designed for the safe transfer of a wide range of patients. This included restraints for the safe transfer of a child on a stretcher, a child seat, and a baby pod. Stretchers and wheelchairs were fitted with locking mechanisms to stop them moving during transit.
- We noted an external company had serviced most equipment such as stretchers, wheelchairs and automated external defibrillators (a portable electronic device with simple audio and visual commands, which through electrical therapy allows the heart to re-establish an organised rhythm so that it can function properly), in a timely manner. However, we noted a carry chair on one vehicle required a service check in February 2019.
- There was a system for tracking the vehicles servicing, MOT due dates and insurance. A review of these records indicated all vehicles received a service, had an up to date MOT and were fully insured.
- Staff told us if an ambulance had a fault, they would inform the on-call manager, and the ambulance would be removed from service until the fault was resolved. This ensured all ambulances were safe for use.
- To ensure a quick response to a fault on an ambulance, the service had a contract with a local garage to repair any faults and service the ambulances. If an ambulance broke down, they had an agreement with a vehicle recovery service to ensure swift recovery to continue to provide a consistent service.
- The operations manager was able to track each of the vehicles using an electronic satellite navigation system which automatically updated. The system enabled staff to produce a report which detailed speeds of the ambulances and their journeys. This provided assurances in the case of emergencies and resulted in the ability to contact the relevant crews. In the event of a road traffic accident the managers were able to locate the crews.
- Staff documented on the vehicle daily inspection sheet, any equipment or vehicle faults and reported it immediately to the on-call manager. The equipment would be removed immediately and sent for repair.
- We found that the ambulance station and all vehicles were visibly tidy and free from clutter.
- Staff locked all ambulances when not in use and stored them in a yard outside the offices. All ambulance keys were stored inside the office in a locked key box. The office had CCTV internally and staff accessed the offices using a key. This reduced the risk of unauthorised access to the ambulances and base.
- We found appropriate storage for used sharps available however, we noted two of the four sharps boxes we saw did not detail the date staff had begun to use them.
- All the consumables we reviewed were in date and appropriate for use. The service used disposable consumables as they were awaiting a sluice to be fitted within the base. Staff returned linen borrowed from NHS trusts at the next opportunity.
- All patient transport vehicles should have had response bags on the vehicle. Out of three we looked at only one had a response bag. The response bag contained consumables to administer first aid. The VDI check included if a response bag was on board to ensure it was available at the beginning of the patient journey.
- We noted the service had not equipped any of the vehicles with vehicle first aid boxes which is recommended practice. The registered manager reported they were in the process of purchasing these for each of the seven vehicles.
- All patient transport vehicles we observed had fire extinguishers on board which had been serviced and were in date, and this was also true for the base.
- The service provided uniforms including shirts, trousers and t-shirts to all staff and photo identification badges were issued at the beginning of their employment.

Assessing and responding to patient risk

Patient transport services

Managers did not document risk assessments for each patient which meant risks may not be removed or minimised. However, staff identified and quickly acted upon patients at risk of deterioration and followed company procedures.

- Members of the management team informed us they completed risk assessments for all patients during the booking process. However, there was no documented evidence of this as managers recorded only basic information, such as a patient's name, date of birth and where the patient was to be collected from, as well as their destination. Managers reported any information provided to them which was concerning, was verbally communicated to the patient transport staff. This meant there was a risk staff would not have written evidence of special requirements a patient had, for example if the patient was living with dementia.
- Management reported if they had a concern regarding a patient's medical history they would discuss this with a qualified paramedic with regards to the safety of transporting that patient and whether they required qualified staff for the transfer.
- The service relied on the NHS referring trusts to assess the patients and pass on any concerns to the service, which we observed happened.
- There was a standard operating procedure which outlined actions for staff to take in the event of a patient becoming ill during a journey. When asked, staff reported they would call 999 and administer first aid which was in line with the service's standard operating procedure.
- All staff had received basic life support training and training on how to use an automatic external defibrillator (a portable electronic device with simple audio and visual commands, which through electrical therapy allows the heart to re-establish an organised rhythm so that it can function properly) which were carried on all the patient transport ambulances. Which meant in they were available to staff in the event of an emergency.
- The service had an in date and version-controlled policy covering do not attempt cardiopulmonary resuscitation orders. Staff we spoke with understood their responsibilities to carry the appropriate paperwork with patients.

Staffing

The provider did not ensure all staff working for the service had the qualifications, competence, skills, experience to keep people safe from avoidable harm and to provide the right care and treatment. The recruitment records did not provide assurance that all staff had the required employment checks before they commenced work.

- The recruitment records did not provide assurance that all staff had the required employment checks completed before they commenced work. The lack of systems within the service's recruitment processes to monitor staff competencies and training compliance meant there was no oversight of the skills of staff.
- We reviewed the recruitment spreadsheet and found one member of staff that was colour coded green on the patient transport tab, which meant they had all recruitment checks completed and were ready to work but were colour coded amber on the compliance tab, meaning some checks were outstanding. We also found the spreadsheet recorded three members of staff's references had been received but when we checked the references they had not been received. This meant that there was no robust system to ensure that staff had the appropriate pre-employment checks in place.
- The service had 55 staff on their books that were self-employed and five staff members who were employed substantively on a part time basis. The service used most staff for event work (paramedics) and staffed the patient transport service with mainly ambulance care assistants.
- We saw evidence all staff had valid enhanced Disclosure and Barring Service (DBS) checks during the recruitment process. This protected patients from receiving care and treatment from unsuitable staff.
- The service ran an on-call system where a member of the management team was always available on the telephone in case staff needed to contact them. Staff who we spoke with were aware of how to contact them if needed.

Patient transport services

- All staff worked on a rota system, covering 24 hours a day, seven days a week. Staff were not routinely based at the ambulance station and were often called in when there was a patient journey to complete. The on-call manager offered support for staff 24 hours a day.
- Records indicated sickness rates were very low. For example, between October 2018 and May 2019, there had been no sickness recorded for the patient transport staff.
- We saw a policy which detailed when staff should take rest breaks, and this was in line with national guidance. Staff we spoke with reported they took adequate breaks in line with the policy and if they were unable to take a break they immediately informed the on-call manager.
- The service had an ongoing recruitment programme to meet the demands of the new agreement with a local NHS trust to provide patient transport service and the next induction of 25 staff was being completed the following weekend.
- Staff described if a patient was to have a 'do not attempt cardio pulmonary resuscitation' order they would review the paperwork was appropriately recorded and up to date before accepting the patient. This ensured adherence to local policy.
- The service stored patient journey logs securely at the ambulance station. Staff posted all completed patient record forms into a secure box at the end of every shift. Staff who we spoke with understood their responsibilities to maintain patient confidentiality.
- The service stored records securely in a locked cupboard which was accessed only by the manager and owner. This ensured the confidentiality of patient records. Once scanned on to the system the managers shredded the patient journey records.

Medicines

During inspection we found some medical gasses that were out of date. Therefore, the service did not use systems and processes to safely prescribe, administer, record and store medicines.

Records

Staff kept detailed records of patient journey logs.

Records were clear, up-to-date and stored securely.

- Staff did not routinely keep patient records as they were providing the transport and others were providing the care. Staff would only complete a patient report form (PRF) for patient transport patients if they were required to perform hands on care (in an emergency). We observed completed PRFs contained information based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines.
- Staff completed patient journey logs which detailed the date, name of patient, pick up time, drop off time and any relevant comments, for example if they were late and the reason why. We reviewed 30 journey logs which were all completed appropriately.
- Management staff told us they regularly reviewed PRFs usually 10 at a time but were not able to provide us with the evidence of this and the actions taken. This did not assure us managers took appropriate actions if errors or omissions were found in the documentation.
- Medical gasses were the only medicines used within the patient transport service and staff told us they would only administer oxygen if they had been trained to do so. Post inspection we identified the service was not registered for the regulated activity Treatment of disease, disorder or illness which allows staff to administer medication including oxygen. Therefore, the service removed all oxygen from the vehicles and sent assurances they had contacted staff to let them know. The regulated activity of Transport services, triage and medical advice provided remotely allows patients with their own oxygen to be conveyed using patient transport services, if the flow is not increased or decreased during the journey or the oxygen bottle changed.
- We found one oxygen cylinder that had expired in 2016 stored in the ready for use oxygen cage. This meant that patients may have been at risk of receiving out of date oxygen.
- We saw one ambulance technician who was working as an ambulance care assistant for that day, had his own bag which contained medicines. When asked they advised they would not be using any medicines as

Patient transport services

ambulance care assistants were unable to administer medicines. The registered manager reported technicians and paramedics should not be taking their own response bags on to patient transport journey's.

- We observed staff stored medical gas cylinders correctly, in accordance with national guidance which states that small medical gas cylinders should be stored in a locked ventilated cage, lying down and in a ventilated area. Staff stored used medical gas cylinders externally in a locked cage.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.

Managers investigated incidents and shared lessons learned with the whole team and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- The service had an incident reporting policy in place which was version controlled and in date. This detailed the system for reporting and investigating incidents. The on-call managers were responsible for following the organisations procedure when an incident was raised.
- The service had an online incident reporting system which we reviewed. It showed the incident, who had reported it, what severity it was graded at and what actions were taken consequently.
- During our inspection we reviewed five incidents, and all were fully completed with further actions to be taken.
- From October 2018 to May 2019 there had been no reported never events. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Learning from incidents was shared with staff through an online app staff could access on their smartphones. Managers sent out regular messages and reminders following an incident or referencing a medical alert. For example, managers reminded staff not to eat and drink in public view following a complaint.
- During the inspection we observed one incident on an ambulance whereby staff had not secured a patient appropriately in a wheelchair which was realised immediately after the ambulance pulled off and no

harm came to the patient. Once staff had safely secured the patient, they immediately informed the on-call manager who raised the incident on the electronic reporting sheet. This followed the service's incident reporting processes.

- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.
- The service had a Duty of Candour (DoC) policy which was in date and referenced the relevant guidelines. Staff were able to describe when the application of DOC should be applied. However, managers we spoke with stated they had not had any incidents where this had been required.
- The clinical lead and manager understood the need to be open and honest with the service users when an incident occurred. They understood that the service users required a written report following investigation of an incident.

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

Requires improvement 

We rated effective as **requires improvement**.

Evidence-based care and treatment

The service mostly provided care and treatment based on national guidance and evidence-based practice, however did not always show the evidence of its effectiveness. We were not assured the service checked to make sure policies and guidance was up to date and followed by all staff.

- Not all policies were relevant to the service and some referred to members of staff that did not work for the service. We reviewed 15 policies and of those, five policies either referenced names of people that did not work for the service, the wrong provider or were not fully completed. Paper copies of the service's policies held in

Patient transport services

the provider's office which staff could access, did not match the content of online policies. This meant that there was risk staff would not know who to contact or whether it was the correct policy to follow.

For example, the safeguarding policy detailed contact names for staff that did not work for the service, the 'do not resuscitate' policy detailed another providers name within the policy, the patient transport operations policy was still in draft format and the company governance policy had an incomplete organisational chart. The business continuity policy had incomplete contact details and read as an NHS provider.

- All staff had access to guidance from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), which covered key topics such as the administration of medical gasses. Staff who we spoke with confirmed that they had access to this on their mobile phone and would be able to access it when needed.
- Additionally, some policies and procedures had some reference to best practice guidance outlined by the JRCALC and the National Institute for Clinical Excellence. However, there were no clinical audits to monitor adherence to these guidelines.
- We saw all policies were available to staff on their electronic app which staff could access on their smartphones, and managers maintained the app to ensure the content was up to date. However, there was no evidence that all staff had read the policies which meant the service was not always able to assure itself that staff assessed patients' needs against policies to provide care and transport.
- The NHS trusts risk assessed if the service was suitable for the patient. This included patients with mental health needs. For private patients the managers discussed with the requesting patient or service to ensure the patient was suitable for the transport the service supplied. For example, the service did not provide any secure transport for patients with mental health needs.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

- We noted bottled water was available on all vehicles for patient use. Staff we spoke with informed us they would plan long journeys in a way that met the needs of patients and this would include stops to make sure patients had opportunity to eat and drink.

Response times / Patient outcomes

Managers did not collect and monitor information about the outcomes of people's care and treatment.

- There were no formal contractual or service level agreements in place. The service worked predominantly with local NHS trusts and privately funded patients or care homes. All NHS trust work was undertaken on an individual journey basis.
- The service had not set out their own key performance indicators around times of collection of a patient, and times the ambulance should be on the road after a booking. Therefore, the management team had not planned to monitor if the staff had responded to bookings in a timely manner.
- We reviewed 30 journey logs and all journeys were less than an hour from the time of leaving the pick up point to the drop off point. This demonstrated the service completed patient transport journeys in a timely manner.
- The management team confirmed the service did not benchmark itself against other providers therefore; we were unable to compare patient outcomes against other services. However, the management team told us they believed the service provided was good due to the low number of complaints received.
- When working for the NHS trusts the trust monitored the services response times and would report by exception any concerns. We did not see evidence of any concerns raised by the trust.

Competent staff

The service did not always make sure staff were competent for their roles. Managers appraised most staff's work performance to provide support and development but did not ensure during the recruitment process that staff had the correct competencies and ongoing training for their role.

Patient transport services

- The service had no official documentation to record clinical supervision. Managers assessed staff competency to deliver patient care in the field. The registered manager occasionally worked with members of staff and completed assessments of competence but did not document this. The service had no system to record when clinical supervision had taken place and whether any actions were required as a result.
- From discussions with staff and the managers, we understood staff were qualified as first aiders, ambulance technicians or paramedics and we saw this when we reviewed the staff records.
- The service had an induction programme that all new staff followed. Records indicated that all staff had completed the induction programme at the start of their employment. All new staff completed an induction programme as part of the compliance process before they could be scheduled for any shifts. This included a review of clinical qualifications and references as well as completion of all mandatory training.
- The service was unable to demonstrate the training and updates completed for staff who did not have a substantive contract with an NHS trust and may have received training elsewhere. We saw minimal evidence the service kept records of training attended except for their own mandatory training records which demonstrated compliance rates.
- An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. The service provided evidence of appraisals for two members of staff who were on the payroll which were completed yearly. Both appraisals showed areas of improvement but did not detail any future objectives. The service did not appraise staff who were self-employed although did monitor their professional qualification was still valid twice a year.
- Managers reported they used the assistance of an external human resources company for management of poor staff performance. This ensured the service was able to seek advice regarding the correct disciplinary processes to take, although they reported, to date they had not required to use their services.
- The service conducted Driver and Vehicle Licensing Agency (DVLA) checks at the start of employment and reviewed this every year. All staff knew the need to notify

the managers of any changes to their license in line with the driving standards policy. If a staff member received points for dangerous or careless driving and drink driving, they would be required to complete an external advanced driving test before the service would allow them to drive. The service allowed staff six points on their licence for other reasons before their driving required reassessment.

- Each ambulance included a fully integrated satellite navigation system which recorded any faults within the vehicle, driving standards such as speed, harsh braking and acceleration. The managers monitored driving standards and staff reported managers regularly fed back if they had gone above speed limits or questioned why they broke hard or left the vehicle idling.

Multi-disciplinary working

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

- Staff reported good working relationships with the local NHS ambulance trust, independent providers and NHS trusts. Although the service did not have any contracted work they did have direct contacts for the NHS trusts and spoke with them daily.
- The service planned to have quarterly meetings with the local NHS ambulance trust regarding the patient transport journeys provided. As this was a new arrangement the first meeting was scheduled for July 2019. Managers reported they had daily conversations with the NHS trust regarding the services' performance.

Staff understood their responsibilities to hand over all relevant information to other providers when needed. For example, when a patient was transferred with a do not resuscitate order, we observed staff alert the receiving staff at the NHS trust of the order.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.

Patient transport services

- The service had a version control and up to date policy for consent including the capacity to consent however, Gillick competence was not outlined in any of the policies or included in the safeguarding training. This was important as the service were able to transport children. Gillick is a term used if a child under 16 years of age can consent to their own medical treatment without the need for parental permission or knowledge.
- The service covered the Mental Capacity Act 2005 during the induction session to ensure all staff were aware of its implications when caring for patients with reduced capacity for making decisions. The annual e-learning also included a module on the mental health legislation which included definition of a mental disorder, what is and is not covered under the Mental Health Act 2005, definition of deprivation of liberty amongst other relevant topics.
- The service's safeguarding policy included the key principles of the Mental Capacity Act (MCA) 2005). This included reference to the Deprivation of Liberty Safeguards (DoLS). These safeguards were introduced to ensure that people receive treatment without infringing on their liberty
- Staff were trained to assess the capacity of patients to consent and to act in the best interests of the patient. Staff recorded whether they had received a patient consent on the patient record form (PRF), this was only if there was an out of the ordinary occurrence such as a patient requiring urgent medical attention.
- Managers reported if there was a question over the patient's capacity to give consent and they were working for an NHS trust advice was available from the NHS control service. In most circumstances, staff would obtain advice from carers or nurses who were looking after patients with reduced capacity.

Are patient transport services caring?

Good 

We rated caring as **good**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

- During the inspection, we observed staff treat patients with dignity and respect. We observed staff took time to interact with patients and those close to them, in a friendly way and with good humour. We saw staff treated patients in a considerate and respectful way.
- Staff were supportive, sensitive and encouraging during their interactions with service users. We observed staff responding in a timely and appropriate way when a patient was experiencing discomfort and emotional stress.
- The service collected feedback through an online questionnaire. Patient could either complete it themselves, using the staff's mobile telephone, or staff would complete it on their behalf.
- Some of the comments on the feedback forms included: "staff were lovely and took very good care of my grandmother as they took her from the hospital to the care home", "crew were great and provided me with care and compassion as they transferred me" and "staff were extremely efficient and very cheerful".

Emotional support

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

- Staff sought to ensure patients were comfortable and settled at all stages of their transfer. We observed staff ensure the patient was warm and comfortable by adjusting the temperature in the vehicle and offering the patient a blanket. Staff frequently asked how the patient was feeling throughout the journey, and staff acted accordingly to support the patient's needs.
- Staff supported the patients emotionally. We observed staff reassuring patients to reduce any fears they might have had, for example, we saw staff reassuring a patient that they would not miss their appointment and they were due to be at the destination with plenty of time.
- At each stage of the journey we observed staff explain to the patients what they were doing, and explanations were clear and in a way the patient could understand.

Understanding and involvement of patients and those close to them

Patient transport services

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

- We observed staff welcomed and encouraged relatives and carers to travel with the patient, where appropriate. Staff involved relatives and carers throughout the transfer.
- Staff were supportive of patients to manage their own health, care and wellbeing and to maximise their independence; with staff there to help if needed. For example, we observed staff supporting a patient to walk to the ambulance instead of sitting in a wheelchair, as the patient had expressed a wish to walk.
- Staff took time to address all questions and concerns, for example, confirming who would be picking the patient up after their appointment.

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

Good



We rated responsive as **good**.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

- The service provided patient transport services for those attending hospital outpatient clinics, being discharged from hospital wards, as well as transfers from other places of care including nursing homes. The service also provided these services to patients who were self-funded.
- The service was commissioned (but had no contracts) by two NHS trusts to support them to meet the local demand for ambulance services. The service received referrals from the commissioning trusts and jobs were planned and prioritised accordingly. These were recorded on booking forms and included the patients' details, arrival time of pick up and discharge.

- Members of the management team informed us that there had been no occasions when the service had cancelled a patient journey due to not being able to meet demand. They told us this was because of the ad-hoc nature of the work they undertook, and they would not take a booking that they were unable to complete.

Meeting people's individual needs

The service took some action to take account of patients' individual needs.

- The service had not considered patients whose first language was not English. Although the management team informed us that staff would use the internet when needed for translation purposes, there was no access to translation services, either by phone or face to face. This meant that it was unclear how staff would support patients who spoke a different language.
- Staff reported, where practicable they acknowledged the spiritual requirements of the patients; this included allowing time for prayer if required during a journey.
- Vehicles had different points of entry, which included a sliding door and tailgate so patients who were mobile or in wheelchairs could enter the vehicle safely.
- If required, the service would try to accommodate requests of single sex staff being on the ambulance to attend to patients of the same sex needs.
- Staff told us they encouraged a family member or carer to accompany the patient if possible as this can reduce patient's anxiety. For example, carers or family members of patients living with dementia were encouraged to accompany them in the ambulance.
- The management team informed us they did not provide transport services to patients who were suffering with mental health problems or those who had been detained under the Mental Health Act as they had recognised that they did not have the correct vehicles and equipment as well as trained staff to undertake this safely.

Access and flow

People could access the service when they needed it.

- The service provided a patient transport service 24 hours a day seven days a week. The managers took the

Patient transport services

booking calls and NHS trust requests promptly and organised crews dependent on the patients' needs in a timely way, ensuring the flow of patients matched the availability of staff. Bookings from NHS trusts were made in advance therefore the resource requirement and capacity could be arranged in advance.

- The services' internet page described clearly how to make bookings and enquiries. Bookings could be made via the website, by email or telephone call.
- The management team advised they did not monitor if the ambulance staff had picked patients up at the correct time. They reported with the new NHS trust work, the trust would feedback if staff were not arriving at the patients at the correct time. Therefore, the service did not always know if it was providing an efficient and timely service.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. However, the service did not provide patients information about how to make a complaint.

- The service had a complaint's policy which outlined staff responsibilities when managing complaints but did not identify full timescales in which a complaint should be managed. Managers could tell us about how they managed complaints.
- The services own timescale for acknowledging a complaint was two working days, however it did not reference what their response time should be. The policy also referenced that complainants could be referred to the CQC for individual investigation which is the incorrect procedure as the CQC do not have the legal power to investigate individual complaints.
- Additionally, we found the complaints policy did not have reference to the Parliamentary Health Service Ombudsman or other external bodies such as the Independent Sector Complaints Adjudication Service. These are independent bodies that can make final decisions on complaints that have been investigated by the provider and have not been resolved to the complainant's satisfaction.

- Management reported there had been no complaints raised since January 2018 and staff we spoke with reported they had not received any complaints or concerns from the patients they worked with.
- Staff asked each patient to complete an online questionnaire regarding the care they received on an online application. This was the only way patients could leave feedback as there was no paperwork for patients to write feedback down available on the ambulances.
- There was no information available to patients on the vehicles on how to raise a concern or complaint, but their website has an area where patients could contact the service.

Are patient transport services well-led?

Requires improvement 

We rated leadership as **requires improvement**.

Leadership of service

The leaders of the service did not demonstrate they had the necessary skills, knowledge or experience to effectively manage and develop a service registered with CQC and we were not assured all managers had full oversight of the business. However, they understood and managed the priorities and issues the service faced and were visible and approachable.

- Staff described all leaders of the service to be approachable, visible, and respected that several of the managers, including the managing director, had an operational and clinical background. Staff were able to describe the role of each manager or lead which demonstrated they understood the structure of the service.
- The registered manager worked two to three shifts a week for an NHS trust as an ambulance technician. They reported this helped to keep their clinical skills up to date and helped financially to grow the service. When asked if they felt they had oversight of the business they advised they achieved oversight through having daily contact with the operations manager.
- There were no opportunities for senior staff to develop their leadership skills although the operations manager

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had done similar roles and had undertaken leadership training in previous roles. This was important as the managers were responsible for undertaking all aspects of management, including risk management, as well as developing policies and procedures.

- We observed members of staff interacting well with the management team during inspection.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and but did not have a strategy to turn it into action.

- The service had a vision “to deliver excellence, both in the eyes of our customers, and those of you – our staff.” The service’s core values were innovation, care, respect, compassion and responsibility.
- The service had a mission statement “to provide the very best in patient centred care to the private health sector, whilst investing in the continued development of the staff that make our brand unique, together in a socially responsible and sustainable manner.”
- Staff we spoke with were aware of the vision and were aware the registered manager was focused on growing the business in a slow and steady way to ensure safety for patients was the focus of the business.
- The service did not have a documented strategy, but the registered manager reported they wanted to grow the service with an aim of contracted patient transport work, to be able to offer training and complete high dependency transfers. However, the registered manager did not have timeframes in which this strategy would be completed.

Culture within the service

Staff felt respected, supported and valued. Staff focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.

- The service had introduced a staff member of the month rewards system where management would reward staff with a voucher for their contribution to the service. This incentive system was due to start in July 2019, following our inspection, therefore we could not confirm this had been implemented.

- Staff described working for the service like being ‘part of a big family’. We observed staff were professional, supportive of each other, wanted to make a difference to patients and were passionate about performing their roles to a high standard.
- Staff described an open, learning organisation where they felt able to raise issues within a no blame culture. We saw the local whistleblowing policy, which explained how staff could provide concerns regarding the staff or service, internally to the manager or externally to regulators. Staff we spoke with were aware of the whistleblowing policy.
- The service used an external company for staff to access if they required help with mental health and wellbeing issues. This was displayed in their staff rest area.

Governance

There were limited governance systems to improve service quality and safeguard high standards of care.

- We did not see evidence of an effective governance framework to support the delivery of the services vision. Therefore, it was unclear how the provider was assured they were providing a quality service where risks were well managed.
- The service had policies and procedures in place which were version controlled, mostly in date but were not all personalised for the service. The service had no system in place to record if staff had read the policies, therefore the service could not be assured staff had read the policies.
- There were no effective structures in place to monitor key performance indicators. This meant there was limited opportunity for the service to measure its quality against set internal or external standards. However, the service had begun to work with an NHS trust to provide patient transport. The NHS trust would be monitoring key performance indicators and the service had altered their booking forms to capture the relevant information. We were unable to assess this monitoring as it had not commenced at the time of our inspection.
- The service carried out limited audits of the service. This meant the service could not identify areas for improvement and changes made to the service to improve patient care and safety.

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- The service held minuted monthly governance meetings with the management team where items such as staff team days, vehicles, and appraisals were discussed. However, there was no fixed agenda to the meetings which meant important issues such as complaints and learning from incidents could be missed. Additionally, there were no actions plans or allotted actions to specific persons following the meetings.

Management of risk, issues and performance

The service had limited systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- The service had a risk register in place which we reviewed and saw this included fourteen risks regarding the business, organisation, clinical and staff risks. We were told the registered manager reviewed the risk register every three months, however there was no evidence of this on the risk register.
- Some risks had been on the register since 2018 and risk assessed as having a medium impact on the service. Therefore, the service could not be assured all risks were current, relevant or effectively managed.
- We saw the service had risk assessed all areas of the service including vehicles, the base, manual handling risks and medical gasses. We saw evidence these had been reviewed, risk rated, actions required or taken and had a date of next review. However, we were not assured regarding the effectiveness of the risk assessment of medical gasses due to the discovery of out of date oxygen.
- The service had a current version controlled continuity policy which detailed actions for staff to take in the circumstance of a major incident where there was a loss of premises, information technology or severe weather for example. The policy detailed action and response action templates which would assure the service they were fully prepared for any unexpected major incidents. For example, if there was a fire at the base, the service could use an alternative location to store ambulances and equipment relevant to the service provided.

Information Management

The service did not collect and manage information well to support all its activities but did use secure electronic systems with security safeguards.

- The service held most information electronically such as training records and personnel files to make monitoring more effective. For example, the recruitment system was held electronically but did not provide assurance with regards to all information being stored correctly.
- Access to electronically held records and information was password protected. This meant only authorised members of staff had access to the information. We saw that all staff locked computers when left unattended.
- The registered manager told us they had not needed to notify any external bodies of any issues. Therefore, there was no information for us to review, however the management team were able to report what occurrences needed to be reported to external bodies such as the CQC. These included death of service users.

Public and staff engagement

Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services.

- The service had a comments box for staff in the staff rest area to leave recommendations for the service. Following feedback received from staff regarding the condition of vehicles and equipment the registered manager had replaced vehicles and equipment with more up to date versions.
- Staff reported the service arranged regular social events to maintain staff morale and encourage team bonding as not all staff worked for the patient transport service.
- Staff received regular emails and messages on the mobile telephone application to provide updates on both internal and external matters about the service. This ensured staff were kept up to date with regards to any policy and service changes.
- The service had an easily accessible website where the public were able to leave feedback and contact the service. This demonstrated patients were able to engage with the service online and verbally.

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- Staff told us the service had attended schools for educational 'show and tell' purposes and had attended Armed Forces Day at a reduced rate. This evidenced the service engaged with external sources.
- Staff sought feedback from patients at the end of each patient transport journey. From October 2018 there had been 65 responses whereby 93.8% of patients would recommend the service to friends or family. Patients could also use social media to give feedback and we saw results ranged from 4.9 out of 5 (9 reviews) to 5 out of 5 (5 reviews).

Innovation, improvement and sustainability

- At the time of the inspection, the service did not have a formal approach to identify any innovation or improvement work towards improving the quality of care provided.
- The registered manager told us the service was committed to providing a caring and safe service to their patients and the company's success and sustainability was measured by being recommissioned by NHS Trusts and private bookings.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure an effective governance system is in place and understood by all staff.
- The service must ensure that risk assessments are completed for all patients.
- The provider must ensure effective recruitment processes are in place to ensure all staff employed have had pre-employment checks completed and recorded before commencing work.
- The provider must ensure all policies are relevant to the service and detail correct staff contact numbers. There must be a process to ensure all staff have read and understood the policies.
- The provider must ensure all medical gases are ready for use and not past their expiry date.
- The service must ensure there are monitoring systems in place so that areas for improvement are identified in a timely manner.
- The service must ensure all patients are aware of how to make a complaint to the service.

Action the provider **SHOULD** take to improve

- The service should update all policies to reference and reflect up to date legislation and national guidance.
- The service should consider a formal means of translation services.
- The safeguarding lead should be trained to level four in children's safeguarding training as per national guidance.
- The service should review the complaint's policy references timelines for responses and details external agencies such as the parliamentary ombudsman for unresolved complaints.
- The service should consider updating their written guidance for staff regarding processes for conveying patients with active infections.
- The service should review the storage of all cleaning equipment, so it is stored in a manner which prevents the spread of infection.
- The service should consider a set agenda for their governance meetings.
- The service should consider the purchase of first aid boxes for all ambulance vehicles.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The provider must ensure an effective governance system is in place and understood by all staff.• The service must ensure that risk assessments are completed for all patients• The provider must ensure effective recruitment processes are in place to ensure all staff employed have had pre-employment checks completed and recorded before commencing work.• The provider must ensure all policies are relevant to the service and detail correct staff contact numbers. There must be a process to ensure all staff have read and understood the policies.• The service must ensure there are monitoring systems in place so that areas for improvement are identified in a timely manner.• The service must ensure all patients are aware of how to make a complaint to the service. <p>Regulation 17 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <ul style="list-style-type: none">• The provider must ensure all medical gases are not past their expiry date and ready for use.

This section is primarily information for the provider

Requirement notices

Regulation 12(1)(2)(g)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Section 29 Warning Notice</p> <p>Regulation 17, (1) (2), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The recruitment records did not provide assurance that all staff had the required employment checks before they commenced work.</p> <p>Not all policies were relevant to the service and some referred to members of staff</p> <p>that did not work for the service. The service did not have assurance staff had read the policies.</p> <p>There was no assurance that there was a booking process in place for when a request came from a contractor to provide a service for a patient.</p>