

VKL Healthcare Ltd

# VKL Healthcare

## Inspection report

Studio 2000  
5 Elstree Way  
Borehamwood  
WD6 1SF  
Tel: 02089538493

Date of inspection visit: 20 and 29 September 2022  
Date of publication: 14/11/2022

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

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings


## Overall summary

This was the first rated inspection for VKL Transport Services. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	<p>This is the first time we have rated this service. We rated it as good overall.</p> <p>We rated this service as good because it was safe, effective, caring, responsive and well led.</p> <p>Please refer to overall summary above.</p>

# Summary of findings

## Contents

### Summary of this inspection

Background to VKL Healthcare	5
Information about VKL Healthcare	5

---

### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

---

# Summary of this inspection

## Background to VKL Healthcare

VKL Transport Services is operated by VKL Healthcare Ltd. The service has been registered to provide a regulated service since 2013. It is an independent ambulance service in Borehamwood, Hertfordshire. The main service provided is patient transport services, specialising in the safe transportation of low, medium and high-risk patients with mental health conditions between other organisations or locations.

The service provides secure, non-secure and mobility transport services across the United Kingdom for both adults and children 24 hours a day, 365 days of the year. The types of transport provided include transfers from secure mental health services to prison or courts, transfers from mental health inpatient units to general acute settings for medical care, transport from patients' home addresses to inpatient settings, and transfers for patients using community adult mental health services and learning disability services.

The service has previously been inspected, and the most recent inspection took place in 2018, which found that the service was meeting standards of quality and safety it was inspected against. The previous inspection was not rated and there were no breaches identified.

The service had a registered manager in post and was registered to carry out the following regulated activities:

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

In the reporting period 1 September 2021 and 31 August 2022, there were 2,374 patient transport journeys undertaken.

Information provided by the service in September 2022 reported that the service employed 60 staff, of which 10 were permanently employed; the remaining employed on zero-hour contracts.

The service had a fleet of 10 vehicles, including both high and low secure, marked and unmarked vehicles.

## How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties.

We inspected the service using the Patient Transport Services Framework. We carried out a short notice announced inspection on 20 and 29 September 2022.

During the inspection, we visited the provider's headquarters, which is where the service was provided from. There were no other registered locations. We spoke with ten members of staff including the directors, operations manager, human resource manager, ambulance care assistants and patient transport drivers. We observed one patient transferred from a secure mental health hospital. We observed the environment and reviewed 10 patient records. We also looked at a range of data and documents including policies, meeting minutes, and staff files.

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

# Summary of this inspection

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

# Our findings

## Overview of ratings

Our ratings for this location are:

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

## Patient transport services

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

### Are Patient transport services safe?

Good 

This is the first time we have rated this service. We rated it as good.

### Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and dependent on their role. Topics included, but were not limited to, basic life support; infection prevention and control; safeguarding; advanced mental health awareness; the role of a care worker; and Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff received additional specialist training including Prevention and Management of Violence and Aggression (PMVA) training, restraint training in line with the Restraint Reduction Network, and handcuff officer training. Staff also completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. All training was delivered using the Skills for Care Framework.

At the time of our inspection, compliance with mandatory training for the various modules ranged between 95% to 100%. The overall mandatory training completion rate was 98%.

Managers monitored mandatory training and staff were alerted when they needed to update their training. Systems in place allowed managers to clearly view staff training files and ensure staff completed training in a timely way.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles.

### Safeguarding

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



## Patient transport services

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. The safeguarding adults at risk of harm and safeguarding children and young people's policies were in-date and accessible to all staff.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults and children in vulnerable circumstances. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding adults' level 2 and children's level 3. The registered manager was the Safeguarding Lead trained to level 4. This met the requirements within the intercollegiate documents for adults and children's safeguarding training. Compliance with safeguarding training at the time of our inspection was 100%.

Female Genital Mutilation (FGM) was included in safeguarding training. Staff were aware that they had a mandatory reporting duty to report any cases of FGM in females under the age of 18 years of age. Child Sex Exploitation (CSE) was included in safeguarding training. CSE is a form of child abuse and reportable to children's social services in line with safeguarding procedures. Staff were aware of the potential indicators of abuse, the forms to use and how to complete an interagency referral. The policy for safeguarding children included FGM and CSE.

The service also provided training to staff for 'Prevent', which is part of the government policy to safeguard children and vulnerable people from being radicalised to supporting terrorism.

Safety was promoted through recruitment procedures and employment checks. Staff had enhanced Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There had been no safeguarding concerns reported to the CQC in the reporting period, from September 2021 to August 2022.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.**

All areas and vehicles we inspected were visibly clean, tidy and well organised. We observed three vehicles which were in good working order, clean and well maintained. Staff had access to appropriate cleaning equipment.

The service had an up to date infection prevention and control policy. Staff followed infection prevention control principles and had access to hand washing facilities, hand sanitiser, gloves and masks to prevent and control the spread of infection. We noted latex gloves were used which could pose a potential risk to service users and the wider public who may have latex allergies. We raised this with the managers who took immediate action to replace all latex gloves with nitrile gloves. Following the inspection, we were sent assurances of this, including updates to the service policies to reflect the changes. Clinical wipes, clinical waste bags and spill kits were available to aid staff to maintain a hygienic environment.

# Patient transport services

Records demonstrated that pre-transfer and daily ambulance checks required staff to check upon the cleanliness of each vehicle at least daily. A vehicle cleanliness task sheet was available for staff to follow. Staff cleaned the vehicles between each patient journey and at the end of each day, and managers conducted regular checks. In addition, each vehicle would have a deep clean at least annually.

Cleanliness audits were completed monthly. Compliance from the last three cleaning audits from June 2022 to August 2022 was 100%.

Staff were responsible for ensuring that they complied with the service's dress code and that uniforms were laundered appropriately.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

## Environment and equipment

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

Staff had enough suitable equipment to safely transport patients. We inspected three operational vehicles and found all were visibly clean and fit for purpose. Appropriate equipment was available to safely convey both adults and children. Staff were trained to use all equipment.

The service had 10 vehicles available for use. These included 4 high secure and 6 low secure vehicles. We saw that high-secure vehicles included a segregated area for the patient to sit, which was ligature risk free. Vehicles provided enough space for the patient, their escort and the transport team. The service worked hard to make sure that vehicles were designed to ensure the safety of all who used them.

Managers effectively managed the maintenance of vehicles. The vehicles were regularly maintained, serviced, and appropriately repaired. We saw a tracking system in place to monitor when vehicles needed to be serviced. All vehicles had a regular safety service and up to date MOT certificates. In addition, a qualified fleet technician conducted preventative maintenance inspections of all vehicles on a weekly basis to check wheelchair ramps, seatbelts, tyre pressures, wheels, brakes, oil and water. If there were any concerns about any equipment they were taken out of use and repaired.

Staff had access to 24 hours a day, 7 days a week breakdown recovery service. Guidelines for staff to follow in the event of a breakdown were easily accessible. The service had access to satellite navigation systems, as per the NHS England 2015 Patient Safety Alert.

Vehicles were fitted with a tracking device which meant that they could be located at any point in time and used to collect performance data.

Vehicles were kept outside of the provider office. The service ensured that the vehicle keys were stored securely. Keys were stored safely but in an accessible location to all members who required them.

There were processes in place for electrical equipment to be checked for safety annually.

# Patient transport services

We saw that there was a robust process for managing patient restraints, including cuffs. Staff recorded any use on a template which cross referenced the item of restraint used against a transfer docket. This ensured that there was clear documentation of any restraints used. Senior managers monitored all restraints.

The Control of Substances Hazardous to Health Regulations (COSHH) requires employers to control substances that are hazardous to health. We found cleaning products were securely locked away. There were processes in place to enable the safe disposal of clinical waste.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

The service ensured that there was a risk assessment in place to ensure patient safety. The referring organisation was required to complete a risk assessment for the planned patient transportation. This was reviewed by the service prior to them accepting the transfer. The service also completed their own formal risk assessment using a risk matrix to identify and red flags. This enabled the service to determine the type of vehicle and crew required for the journey.

Staff knew about and dealt with any specific risk issues. Risk assessments ensured staff used the least restrictive practices. Staff used their skills and patient information to assess, manage and adapt to accommodate dynamic risks. Staff gave us examples of techniques they used to deescalate challenging behaviours. Each example demonstrated compassion, care and involvement of the patient.

Staff were trained to ensure they could safely manage the needs of patients with mental health conditions. Staff were trained in Prevention Management of Violence and Aggression (PMVA). Staff promoted positive behaviour using the training they received. Included within this training was how to appropriately use restraint, handcuffs and how to de-escalate situations. Staff gave us examples of how they effectively collaborated with patients who were distressed and compassionately communicated with them to reduce worry and concerns.

All patients transported were deemed to be physically fit and not at risk of deterioration. The vehicles did not have monitoring equipment as this was deemed unnecessary. However, all staff were trained in identifying and responding to patients at risk of deterioration and a deteriorating patients' policy was available for all staff to access.

Staff could contact a senior manager 24 hours a day, 7 days week if they needed to escalate a risk or seek advice or help.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe. There were a total of 60 staff working for the service, of which 10 were permanently employed; the remaining employed on zero-hour contracts working on an ad-hoc basis. Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.

The service had a control room which monitored the location of all vehicles and was in regular communication with the staff on the vehicles regarding patient journeys and new requests for work.

# Patient transport services

Staff completed an assessment of the transfer planned to determine the staffing levels required for each journey. This was based on risk assessments completed by both the referring organisation and the service transferring the patient. Staffing requirements were detailed on the electronic system. All transfers were completed by a minimum of one driver and one escort. For longer or higher risk journeys, additional staff were required to ensure sufficient breaks and rest.

We reviewed three staff files. All staff had an up to date DBS check, proof of identification, and application details. The service had obtained two references for all staff in line with their policy. All staff records were securely stored.

Managers made sure all new staff had a full induction tailored to their role and a high level of support.

## Records

**Staff kept detailed records of patient journeys. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient records were well managed and stored appropriately. Staff completed a patient transfer record for each job completed. We reviewed 10 patient transfer records and found they were clear, up-to-date, legible and comprehensive. All were completed to a good standard with accurate information recorded including times, collection and transfer addresses, details of patient conditions, specific needs, and details of any form of restraint used.

Records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff.

When patients transferred to another service, there were no delays in staff accessing their records. Relevant records were transported with the patient, including any forms relating to sections under the Mental Health Act 1983. We saw that staff checked patient records as part of a handover process at the sending hospital or establishment.

## Medicines

**The service did not prescribe, administer or store medicines.**

Due to the nature of this service, staff did not carry or have access to on-board medications. However, we saw a medicines management policy that covered the transporting of patients' personal medication.

## 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.**

The service had an up-to-date incident reporting policy, which detailed staff responsibilities to report, manage and monitor incidents. A paper-based reporting system was available which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

There had been no never events at the service from 1 September 2021 and 31 August 2022. 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.

## Patient transport services

During the same reporting period, fourteen incidents were reported. Each incident had been reported and investigated in accordance with the provider's policy for incident management.

The provider had a duty of candour policy which staff could easily access. 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm. Staff were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened.

Learning from incidents was shared in a variety of means including weekly senior management meetings, quarterly staff meetings, and transport folders which staff could easily access.

Managers debriefed and supported staff after any serious incident. Staff we spoke with corroborated this.

### Are Patient transport services effective?

Good 

This is the first time we have rated this service. We rated it as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service ensured that guidelines and local policies were available for staff to access easily.

There was a comprehensive range of local policies and procedures for the safe transfer of patients and any relevant activity. There was an effective process for managing and reviewing policies. We reviewed 18 policies which were all in date.

There was a regular audit programme across the service. Managers used information from audits to improve care and treatment. For example, cleanliness, stocktake and booking audits. The results of these were shared with staff and reported as part of the services' assurance process.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff received specific training as part of their mandatory training. All staff we spoke with understood the principles of the Act and could give examples of considerations in practice to support people while detained under at Mental Health Act. Staff told us any form of restraint they used was the minimum amount necessary for the shortest possible time, as a last resort.

# Patient transport services

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff received a handover for all patients transferred to their care for transportation. Staff gave us examples of when they had involved relatives and carers in determining what worked well for the patient's individual needs to put them at ease. Staff gave us examples of when they took extra time to get to know patients, in particular young people who might be particularly anxious. Staff adapted their approach and worked as a team to engage with patients and ease their anxieties.

## Nutrition and hydration

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

Patients' nutrition and hydration needs were considered and there were arrangements, such as bottled water in the vehicles, which could be given to the patient if required. Longer journeys were planned in advance and staff could stop at service stations if it was appropriate to do so. Staff considered the needs of individual patients taking into consideration any special dietary requirements.

Staff were able to purchase food and drink for their patients during longer journeys.

## Response times

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

The service had an effective system to regularly assess the quality of its services to ensure outcomes were monitored and measured. Regular audits and monitoring of key performance indicators facilitated this.

The service used locally agreed key performance indicators to monitor objectives. Data was collected and reported at regular intervals to monitor performance. This included information about journey times, punctuality, complaints, and number of patient transfers. Punctuality reports were discussed at quarterly external clinical governance meeting with referring organisations.

In the reporting period 1 September 2021 and 31 August 2022, there were 2,374 patient transport journeys undertaken. The service operated 24 hours per day, seven days per week. For patient transfer requests out of hours, calls were transferred to an on-call coordinator. Managers were available to assist them when required.

The service monitored the number of patient transfers completed and tracked journey times. The service provided an estimated time of arrival (ETA) to clients for every booking. At the time of our inspection, the ETA was met in 98% of journeys. Each vehicle had an electronic tracking system which was used to monitor response times. The software allowed staff to run reports to help them identify when improvements might be needed. We saw that the service arrived on site at or before the requested times, and feedback from referring organisations corroborated this.

Managers used audit findings to make improvements to the service and discussed and shared outcomes with staff at team meetings. Staff told us that recording patient journey times and dates helped staff track any potential delays.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

# Patient transport services

Effective staff recruitment processes were in place. All necessary checks on new staff had been carried out. There was a process in place to ensure that staff held an appropriate license to drive vehicles. Licenses were checked as part of the recruitment policy. Each staff member had a file which contained details of their application, enhanced disclosure and barring service checks (DBS) and references.

Managers gave all new staff a full induction tailored to their role before they started work. All staff underwent an induction programme which included providing information about staff roles and responsibilities, and mandatory and role-specific training.

Managers made sure staff received any specialist training for their role. Staff received specific mental health, autism and learning disability awareness training as part of their induction and an update in their yearly refresher training. Staff gave examples of collaborating with patients with additional needs. Staff worked with other professionals or family members to identify what worked for the patient in the past to keep them relaxed during their journey. Staff encouraged patients to bring something to help reduce their stress levels to improve the experience.

Staff received training in restraint, in line with the Restraint Reduction Network Standards and all staff using any form of restraint were trained in basic life support.

Managers told us that they would often work alongside staff to ensure that they were able to manage the jobs effectively. We were given examples of when staff had been given the opportunity to lead on patient transfers whilst managers took a back step.

Managers supported staff to develop through regular constructive clinical supervision of their work.

Staff had the opportunity to discuss training needs with their manager and were supported to develop their skills and knowledge. Staff we spoke with confirmed the provider offered refresher training on a regular basis and ensured staff were up to date with their skills, knowledge and learning requirements.

Managers supported staff to develop through yearly, constructive appraisals of their work. As of September 2022, 100% of staff had received an appraisal.

## Multidisciplinary working

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

The team worked well together and communicated effectively for the benefit of patients and their families. There was effective team working between all staff including the senior management team, transport coordinators and crew members.

Staff worked across health care disciplines and with other agencies when required to meet the needs of the people who used the service. The service had established strong links with the local NHS trusts, as well as independent providers. They worked with managers and other professionals to help keep patients safe and provide a quality service. We looked at feedback from professionals who referred to the service which was positive.

Staff spoke positively of team working, effective communication and peer support. We observed constructive examples of staff working well together.

## Patient transport services

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005, and knew who to contact for advice. Staff received and kept up to date with mandatory training on advanced mental health awareness. They understood how and when to assess whether a patient had the capacity to make decisions about their care.

Training records showed that all staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of induction and mandatory training days. A Mental Capacity Act policy was in place that provided clear guidance for staff on assessing patient's ability to make informed decisions. Staff also had access to a consent policy which followed national guidance.

Staff told us about their understanding of lawful and unlawful restraint practices and had a good understanding of how to manage patients that were resistant to being transferred.

Staff liaised with other professionals at the sending establishment to ensure they understood how best to support the patient prior to engaging with them. The service worked collaboratively with mental health providers to ensure that patients' needs were met during their transfer. The service was informed of the mental health needs and risks of the individuals prior to transfer. We saw that staff were aware of these prior to completing a transfer and gave examples of how they managed patients with differing levels of mental health illness.

### Are Patient transport services caring?

Good 

This is the first time we have rated this service. We rated it as good.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed one patient being transferred from the referring organisation and saw staff treat the patient with kindness, respect and dignity.

Staff followed policy to keep patient care and treatment confidential. Staff understood the importance of maintaining patient confidentiality and privacy.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The team displayed a passion for helping patients with mental health conditions. They spoke respectfully about patients, their needs and their families. We were given examples of how staff had successfully managed to calm patients down when agitated or aggressive.



# Patient transport services

We reviewed feedback from service users and referring organisations which were overwhelmingly positive and complimentary about the care and respect shown by staff to patients. Comments from referring organisations included “Staff are excellent. Always try and accommodate to meeting our times to transfer service users safely. VKL are my first choice when booking transport”; and “Engaging, smiley and friendly staff with good communication skills”.

Patients said staff treated them well and with kindness. Patients’ reported feeling well looked after and were very happy with the service they received. Comments included, “Amazing support from all staff”; “Kind and caring staff, made me feel at ease. Thank you so much for all your help”; “VKL always look after me and are always nice to me”; and “Lovely ladies making a traumatic time easier to cope with, thank you “.

## Emotional support

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

Staff gave patients emotional support and advice when they needed it. Staff talked to us about the importance of emotional support for people who used the service and others involved in their care. We observed staff interactions with a patient who were very reassuring, kind and considerate.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. We were given examples of how staff completing the transfer endeavoured to ensure that the patient was not provoked or distressed by the staff or journey. For example, during the transfer of a patient with severe learning disabilities, staff had built a rapport before the journey seeking the patient likes and dislikes. The patient liked particular toys and food so the staff bought these items before the journey to ensure the patient felt at ease. The patient was happily transferred without getting distressed and without the use of any restraints.

Staff talked to us about the skills and techniques they used to provide emotional support and communicate with empathy. Staff talked to us about being kind, caring and compassionate. They understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. These were discussed at handover.

## Understanding and involvement of patients and those close to them

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

Staff took time to explain to patients and gave them time to understand the information. We observed care provided prior to a transfer which demonstrated crew members ensured their patient understood and were involved in their care, and what the next steps of the journey would be.

Patients felt they were fully involved in their care and had been given the opportunity to ask questions. Patient feedback forms we reviewed corroborated this. Patients gave positive feedback about the service, thanking staff for their care and consideration.

Staff described being patient focussed and involved them in discussions about their care.

# Patient transport services

## Are Patient transport services responsive?

Good 

This is the first time we have rated this service. We rated it 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.**

Managers planned and organised services so they met the changing needs of the local population. They worked with referring organisations to plan service provision. The individual needs of the patient was central to all planned transfers. The service ensured risk assessments were completed as part of the referral process and used this to tailor the crew and vehicle to meet individual patient needs.

The service was available 24 hours a day, 7 days a week and was able to offer immediate support for patient transfers. Crew members were available out of normal business hours and could provide instant support to referring organisations.

The service offered transfers for patients across the country. We were given examples of journeys undertaken, which included transfers between London and Scotland. Staff told us that most transfers were short distance, however, when transfers were provided over longer distances, additional risk assessments were required to ensure there were enough staff and rest breaks.

The facilities provided by the service met the needs of the individuals using the service. Vehicles were provided according to the risk. For example, high risk patients were transported in secure high-risk vehicles.

The service had strong links with local NHS and independent organisations and had developed good working relationships with service providers.

### Meeting people's individual needs

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

The service was inclusive and took account of patients' individual needs and preferences. Staff treated patients as individuals, with their needs, preferences and their ethnicity, language, religious and cultural backgrounds respected. The referring organisation were required to provide a clear outline of the patients' needs prior to the journey. The service then catered the transfer based on the assessment provided.

Staff made sure patients living with mental health problems, learning disabilities, autism and dementia, received the necessary care to meet all their needs. Staff received training in the awareness of those who required additional support, such as those living with dementia or those with a learning disability. We were told that staff considered individuals needs for each transfer, and ensured that they kept patients informed.

The service provided breaks and stops as able, according to the risk assessments and the level of transfer being provided. Stops were only permitted if it was deemed safe and the patient was very low risk.

# Patient transport services

## Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

Managers monitored timeliness and made sure patients could access services when needed. The service operated 24 hours a day, 7 days a week all year around and was able to dispatch a team to assist with a transfer at any time. Referrals were initially by telephone call and details taken with regards to the type of transfer required, whether high or low risk, and the transfer location. Risk assessments were completed both by the service and the referring organisation. Crews were allocated according to risk level, type of vehicle required, and journey time.

All vehicles were tracked by a navigation system that allowed staff at base to see where a vehicle and crew were. Journey times were monitored and the service maintained a dashboard which was presented and reviewed at regular senior leadership team meetings.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

Patients, relatives and carers knew how to complain or raise concerns. The service had an up-to-date complaints policy, which outlined procedures for accepting, investigating, recording and responding to informal and formal complaints about the service. The policy confirmed that all complaints should be acknowledged and resolved within 25 working days.

There was a process to monitor complaints and responses during the weekly senior management meetings. Managers shared feedback from complaints with staff and learning was used to improve the service. The service had not received any complaints in the 12 months prior to the inspection. However, we were told action would be taken in response to complaints received to help improve customers' experience and service provision.

## Are Patient transport services well-led?

Good 

This is the first time we have rated this service. We rated it as good.

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

There was a clear management structure with defined lines of responsibility and accountability. The leadership team consisted of the two company directors, operations manager, human resources manager and finance officers. They were supported by mental health nurses, transport coordinators and crew members.

The leadership provided clear priorities for ensuring that the service provided was compassionate, inclusive and effective. Leaders were based in the head office which meant that they were active in the daily management of the service. They ensured that staffing was appropriate for each transfer and checked risk assessments in advance to ensure that the service could meet the needs of the patient. Staff were clear on their roles and responsibilities and how to report to leaders.

# Patient transport services

Staff told us that there was good leadership within the service and the organisation and that leaders were well respected, visible, and approachable. Staff felt confident to discuss any concerns with managers. There was a passion and sense of pride in how people spoke of VKL Transport Services and their roles within it.

Managers were passionate about the service they led and worked well with the team of staff in their organisation. They demonstrated an awareness of the service's performance, limitations and the challenges it faced. They were also aware of the actions needed to address those challenges.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a clear vision and values which were focused on integrity; working together; compassion and kindness; dignity and respect; honesty and transparency.

Their strategic objectives were to respect people's individuality, privacy and dignity; taking the time to involve, listen and hear what people say to continually improve services provided; taking ownership of delivering the help that is required; being a leading provider of specialist patient transport services, proactively seeking opportunities to develop services to meet patient need; to attract and retain a well-trained, diverse, flexible, empowered and valued workforce; to look and behave professionally at all times; and to use resources effectively, innovatively and in a sustainable manner.

During our inspection we saw that staff worked in line with the services values and objectives. Staff we spoke with were committed to providing a high-quality service to all patients who used it.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff we met with were welcoming, friendly and passionate. They spoke positively about their roles and demonstrated pride and passion. The culture was centred around the needs and experience of people who used the service.

The service had a caring culture. Staff told us that they enjoyed working for the service and felt supported by their managers. Senior managers told us that they had an open-door policy and they were proud of their staff.

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour.

Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that their managers were very approachable and felt they could raise any concerns.

## Governance

**Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

# Patient transport services

There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

The service had established processes in place to monitor safety, quality and performance, through service audits, incident reporting and performance measures. Leaders met weekly to discuss performance and governance. Meetings followed a set agenda which included incidents, training, audits and review of risks.

Policies and procedures were in place based upon relevant legislation and best practice guidance relevant to the needs of the service. The service carried out a range of audits and provided staff with feedback to improve performance.

Managers were clear about the competencies which staff required to fulfil their role and responded to this by providing a robust training programme for all staff. Staff recruitment systems and processes ensured staff had suitable safety checks. Leaders used an online enhanced Disclosure and Barring Service checks system which meant they could access up to date detail relating to staff suitability.

Staff were familiar with the Mental Health Act and were able to demonstrate their role in managing patients with mental health conditions in partnership with the referring organisations.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service had a system to identify, record and manage risks and issues. The service had an investigation and incident reporting policy, which described the risk assessment matrix and how to score risks.

The service maintained a risk register which included a description of the risk, the impact and likelihood scores. Control measures were in place and identified an owner for each risk. The service kept regular updates of the actions taken and the dates of the completed actions. The risk register was reviewed during the governance meetings.

The directors demonstrated knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements, and performance.

An effective audit programme was in place to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly; data was collected and reported at quarterly governance meetings. Where issues were identified, these were addressed promptly. We reviewed the last three meeting minutes and saw that clinical and internal audits were reviewed and monitored by the leaders of the service.

The service had a business continuity plan in place to identify actions to be taken in the event of an incident that would impact the service, such as facilities or equipment failure, fuel disruption, and vehicle breakdowns.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

# Patient transport services

Managers had systems in place to collect and analyse data. We saw information could be easily retrieved and was in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance and audit data was frequently collated and reviewed to improve service delivery.

Staff understood information governance and the importance of securely storing patient information. Patient transfer forms were stored securely and only assessible to those with permission to do so.

## Engagement

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

Managers worked collaboratively with staff regarding the service. Managers openly engaged with staff through a variety of communications. Staff told us the leaders engaged with them about developments within the service.

The service worked with local organisations to plan and improve the healthcare of the local people. Staff told us how they had strong links with the local NHS services, as well as independent health providers.

The service collected feedback from the referring and receiving organisations, as well as feedback from patients using the service. There was a feedback template which asked for a score determining how satisfied they were with the professionalism, timeliness and attitude of the staff in addition to free text areas for other comments. We saw that feedback was overwhelmingly positive.

The service worked closely with the referring organisation to ensure the patients' needs could be addressed during the planned transfer.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

There was a focus on continuous improvement and quality. Managers were responsive to any concerns raised and performance issues and sought to learn from them and improve services. Staff took time together in team meetings to review the service's performance and objectives. We found there was a strong focus on continuous development and training opportunities for staff.

Leaders had systems in place to support continuous improvement. Staff used feedback from people who used the service, learning from incidents and complaints to help with improvements.