

F.A.S.T. Ambulance Service Limited

# F.A.S.T. Ambulance Services

## Quality Report

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

## Ratings

Overall rating for this  
ambulance location

Good



Patient transport services (PTS)

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

F.A.S.T. Ambulance Services is operated by F.A.S.T. Ambulance Service Limited. The service provides a patient transport service, commissioned by and on behalf of NHS and independent ambulance services, NHS trusts and primary care providers.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 16 and 17 April 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.

We rated the service as **Good** overall. We had not previously rated this service using our new methodology.

We found the following areas of good practice:

- The service had improved systems to provide assurance of safety. There were improved and effective monitoring systems to provide assurance that premises, vehicles and equipment were well maintained and clean and that medicines were safely stored and their use recorded.
- Staff received comprehensive training in safety systems on employment and this was regularly refreshed. All staff were up to date with mandatory training and there were effective systems to monitor this.
- Staff undertook dynamic risk assessments and took sensible precautions to protect patients and themselves from harm.
- The service investigated incidents, including complaints, and took appropriate remedial action.
- Managers were visible, approachable and respected by staff. Staff felt valued and well supported.
- Feedback from patients and commissioners was unanimously very positive. We observed friendly and attentive staff.
- Staff and managers demonstrated allegiance to the service's mission statement: "Treat as you wish to be treated...." and their vision "to put compassionate care, safety and quality at the heart of everything we do".
- People could access the service when they needed it.
- The service took steps to support patients with complex needs and those in vulnerable circumstances.
- Staff completed accurate records of patients' care and treatment and kept them securely.
- Staff had been trained and understood their responsibilities to report safeguarding concerns.
- Staff respected their managers and felt supported and valued by the organisation.

However, we also found the following areas where the provider needed to improve:

- There was not an effective governance framework which provided a holistic understanding and assurance of safety, quality and patient experience.

# Summary of findings

- There was a range of policies but these were often merely statements of good practice. Some policies had been plagiarised from other services and had not been adapted to meet the needs of the service. This meant they were not always fit for purpose and did not clearly set out local standards and how those standards would be met and monitored.
- The service did not measure its performance against standards agreed with commissioners.
- There were not effective arrangements to manage risk. The risk register did not identify operational risks or describe safeguards in place to manage those risks, and it was not regularly discussed and updated. The service did not analyse incident and complaints data to identify themes and learning.
- The service did not audit patient records to provide assurance that care and treatment provided were appropriate and in accordance with national guidance and best practice.
- Recruitment procedures were not operated consistently or in accordance with the Recruitment and Retention Policy, so that the service could be assured of the competence and suitability of applicants for employment.
- Performance appraisal had recently been introduced without a guiding policy or training for senior staff. As a result, records were poorly completed and did not provide evidence of a meaningful process to ensure staff's ongoing training learning and development needs were identified and supported. There was no provision for health care professionals (paramedics) to access clinical or professional supervision.
- There remained some lack of understanding of regulations and legislation surrounding the supply and administration of medicines, which meant emergency medical technicians had been able to administer some medicines without the legal authority to do so. The registered manager took immediate action during our inspection to suspend some medicines.
- Senior staff (those in supervisory and managerial roles) had not received suitable training to ensure they were suitably skilled to undertake those roles.
- There was a lack of clarity about onward reporting of safeguarding concerns and there was no mechanism in place to feed back to staff.

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

## **Nigel Acheson**

Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating

Good



### Why have we given this rating?

- The service had improved systems to provide assurance of safety.
- Premises, vehicles and equipment were well maintained and clean. There were improved and effective monitoring systems to provide assurance of this.
- Staff received comprehensive training in safety systems on employment and this was regularly refreshed. All staff were up to date with mandatory training at the time of our inspection and there were effective systems to monitor this.
- Systems to ensure the safe storage and recording of medicines had improved.
- Staff undertook dynamic risk assessments and took sensible precautions to protect patients and themselves from harm.
- The service investigated incidents, including complaints, and took appropriate remedial action in response to these.
- Managers were visible, approachable and respected by staff. Staff felt valued and well supported.
- Feedback from patients and commissioners was unanimously very positive. We observed friendly and attentive staff.
- Staff and managers demonstrated to the service's mission statement: "Treat as you wish to be treated...." and their vision "to put compassionate care, safety and quality at the heart of everything we do".
- People could access the service when they needed it.
- The service took steps to support patients with complex needs and those in vulnerable circumstances.
- Staff completed accurate records of patients' care and treatment and kept them securely.

# Summary of findings

- Staff had been trained and understood their responsibilities to report safeguarding concerns.
  - Staff respected their managers and felt supported and valued by the organisation.
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# F.A.S.T. Ambulance Services

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

## Contents

### Detailed findings from this inspection

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## Background to F.A.S.T. Ambulance Services

F.A.S.T. Ambulance Services is operated by F.A.S.T. Ambulance Service Limited. This is an independent ambulance service, which operates from its headquarters in Trowbridge, with ambulance depots in Frome and Brighton. The service provides non-emergency patient transfers across a large geographical area in the south of England, commissioned by, and on behalf of NHS and independent ambulance providers, NHS hospital trusts and a county council. The service operates seven days a week, including Bank Holidays.

The service employs approximately 60 staff, of which the majority (43) are ambulance care assistants. There are eight emergency medical technicians and one paramedic

employed; these staff undertake high-dependency transfers of stable cardiac patients between hospitals and some urgent GP-referred admissions. They also support event work undertaken by the service, which is not regulated by CQC.

The service was registered with CQC in 2011 and the registered manager, Tony Morrison, has been in post since registration.

The service was last inspected in January 2014, when one regulation was not met relating to a lack of systems to regularly assess and monitor the quality of the service that people received.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspection manager, a CQC

pharmacist inspector, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

## Facts and data about F.A.S.T. Ambulance Services

F.A.S.T. Ambulance Services is an independent ambulance service providing planned and short notice patient transfers, commissioned by and on behalf of several NHS and non-NHS providers, and including a dedicated discharge service to support patient flow at a district general hospital and a high-dependency transfer service for patients requiring angiogram at specialist centres.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

During our inspection, we visited the service headquarters in Trowbridge and the Frome ambulance depot. We spoke with 10 staff, including an emergency

# Detailed findings

medical technician, ambulance care assistants, a hospital liaison officer and managers. We did not have the opportunity to speak with patients or relatives, although we observed one patient transfer. During our inspection we reviewed patient feedback received by the service and from NHS providers who commissioned the service.

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

## Activity

In 2018 there were 6072 patient transport journeys undertaken and 26 journeys with an emergency medical technician.

## Track record on safety

- No never events or serious incidents were reported in 2018.

## Our ratings for this service


Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Not rated	Good	Good	Requires improvement	Good
Overall	Good	Not rated	Good	Good	Requires improvement	Good

## Notes



# Patient transport services (PTS)

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Good	
Well-led	Requires improvement	
Overall	Good	

## Information about the service

The service provides planned patient transfers on behalf of NHS and independent ambulance services and other NHS providers. This includes a dedicated short-notice discharge service for a local district general hospital, an inter-hospital transfer service for cardiac patients and low risk hospital admissions from primary care. The service has 26 vehicles and employs approximately 60 staff. In 2018 the service undertook 6072 patient transport service journeys.

## Summary of findings

We found the following areas of good practice:

- The service had improved systems to provide assurance of safety.
- Premises, vehicles and equipment were well maintained and clean. There were improved and effective monitoring systems to provide assurance of this.
- Staff received comprehensive training in safety systems on employment and this was regularly refreshed. All staff were up to date with mandatory training at the time of our inspection and there were effective systems to monitor this.
- Systems to ensure the safe storage and recording of medicines had improved.
- Staff undertook dynamic risk assessments and took sensible precautions to protect patients and themselves from harm.
- The service investigated incidents, including complaints, and took appropriate remedial action in response to these.
- Managers were visible, approachable and respected by staff. Staff felt valued and well supported.
- Feedback from patients and commissioners was unanimously very positive. We observed friendly and attentive staff.

# Patient transport services (PTS)

- Staff and managers demonstrated to the service's mission statement: "Treat as you wish to be treated..." and their vision "to put compassionate care, safety and quality at the heart of everything we do".
- People could access the service when they needed it.
- The service took steps to support patients with complex needs and those in vulnerable circumstances.
- Staff completed accurate records of patients' care and treatment and kept them securely.
- Staff had been trained and understood their responsibilities to report safeguarding concerns.
- Staff respected their managers and felt supported and valued by the organisation.

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

- There was not an effective governance framework which provided a holistic understanding and assurance of safety, quality and patient experience.
- Some policies had been copied from other services and had not been adapted to meet the needs of the service. This meant they were not always fit for purpose and did not clearly set out local standards and how those standards would be met and monitored.
- There were not effective arrangements to manage risk. The risk register did not identify operational risks or describe safeguards in place to manage those risks, and it was not regularly discussed and updated. The service did not analyse incident and complaints data to identify themes and learning.
- The service did not audit patient records to provide assurance that care and treatment provided were appropriate and in accordance with national guidance and best practice.
- There was a lack of clarity about onward reporting of safeguarding concerns and there was no mechanism in place to feed back to staff.

- The service did not measure its performance against standards agreed with commissioners.
- Recruitment procedures were not operated consistently or in accordance with the Recruitment, Selection and Retention Policy, so the service could be assured of the competence and suitability of applicants for employment.
- Performance appraisal had recently been introduced without a guiding policy or training for senior staff. As a result, records were poorly completed and did not provide evidence of a meaningful process to ensure staff's ongoing training learning and development needs were identified and supported.
- There remained some lack of understanding of regulations and legislation surrounding the supply and administration of medicines, which meant emergency medical technicians had been able to administer some medicines without the legal authority to do so, although this was immediately stopped during our inspection.
- Senior staff (those in supervisory and managerial roles) had not received suitable training to ensure they were suitably skilled to undertake those roles..

# Patient transport services (PTS)

## Are patient transport services safe?

Good



We rated safe as **good**. Safe means the services protect you from abuse and avoidable harm.

### Incidents

#### The service managed patient safety incidents well.

Staff recognised incidents and reported them appropriately. Managers investigated incidents and took appropriate remedial action where appropriate. However, there was no evidence of any analysis of incidents to identify themes and to share learning with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

There was an Incident Reporting Policy (last reviewed in November 2018), which set out briefly staff's responsibility to report incidents and how to do this. It stated that all incidents would be investigated by the operations manager and signed off by the director of operations. We reviewed a sample of incidents which were reported from 1 January 2018 to the date of our inspection. In most cases, incidents were investigated and closed by the operations manager. In more serious cases, they had been escalated to the operations director, who had investigated them and signed them off. Whilst this seemed entirely appropriate, this was not in accordance with the Incident Reporting Policy. Incident forms were filed by month and kept by the operations manager. We asked them if they were aware of any themes which had emerged, which had led to changes and shared learning. They were not able to provide any examples and data had not been collated in a way which allowed for easy analysis. The Incident Reporting Policy did not outline how or if the service graded the severity of incidents or how the service intended to use incident data to improve safety and quality.

There was a Duty of Candour Policy (December 2018), which set out the organisation's responsibilities to be open and transparent with patients when mistakes occurred. There was a checklist to prompt managers to take appropriate steps to comply with the regulation. The

service had not reported any incidents where duty of candour applied. However, they demonstrated an understanding of the principles of openness and honesty when mistakes occurred.

### Mandatory training

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

All staff received comprehensive induction training on employment. This was a week-long programme, which included both electronic learning and practical training, including basic life support and oxygen therapy and demonstration of equipment. Staff also had the opportunity to ride out with an experienced crew. New staff completed a short test once the training was complete and were assessed on an ambulance by a supervisor, to confirm their understanding and competence. The contents of the induction week's training were set out in a written procedure (undated). This did not form part of the Training Policy (last reviewed in November 2018).

Induction training, including a driving assessment, was recorded on a training matrix and a date for a re-assessment of driving was recorded. However, the frequency with which driving assessments should be repeated was unclear and varied between two and four years. This was not clarified in the Training Policy. Some staff had completed emergency driving training, and this was recorded on the training matrix. However, it was not clear how often this should be undertaken or by whom.

The Training Policy did not set out the training required for each job role and the frequency with which it should be refreshed. However, the provider told us there were eleven mandatory subjects covered during induction, and these were refreshed annually. These were:

- Safeguarding children (level 2)
- Safeguarding adults (level 2)
- Manual handling
- Equality and diversity,
- Infection prevention and control
- Fire Safety
- Health and safety
- First aid essentials,

# Patient transport services (PTS)

- Mental health, dementia and learning difficulties,
- Information governance and data protection
- Conflict resolution

A training matrix was maintained by the compliance manager and identified when staff were due to refresh their training. All staff were up to date with mandatory training. The registered manager told us staff were released for one day to complete refresher training. This was not referenced in the Training Policy.

We looked at a random selection of staff files and saw evidence that staff completed the necessary induction and assessment. There was also evidence that their driving licence had been checked on employment and six-monthly thereafter. A separate spreadsheet was maintained to monitor this.

## 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; however, there was a lack of clarity around onward reporting of safeguarding concerns and there was not a process to feed back to staff.**

The service undertook pre-employment checks to ensure that unsuitable individuals were prevented from working with vulnerable groups, including children. In accordance with the Recruitment, Selection and Retention Policy, the service completed a Disclosure and Barring Service (DBS) check on all potential new recruits and checks were repeated every three years. The service maintained a spreadsheet to monitor compliance and this showed that all staff checks were up to date.

The service provided safeguarding training to all staff. Staff were trained to level two for both safeguarding adults and children, and records showed all staff were up to date with this training. In addition, the service had one member of staff trained to level four. The provider's Safeguarding Policy required staff to complete "appropriate" training on a yearly basis but did not state what would constitute appropriate training.

Safeguarding processes were unclear. The process for reporting safeguarding concerns described to us by the registered manager and staff did not reflect the process in

the provider's Safeguarding Policy. We were told any safeguarding concerns would be escalated verbally by the crew to a supervisor or manager and an incident form would be completed. The supervisor or manager would then raise the concerns with the referring organisation, for example the NHS hospital, so they could report them through their processes. However, the policy required the supervisor or manager to fax the local authority 'social services team' with the concerns. The Safeguarding Policy was in-date, having been reviewed in December 2018, but the registered manager told us the flowchart was older than current arrangements.

There did not appear to be any mechanism for staff to receive feedback when they raised safeguarding concerns, which meant we could not be assured the safeguarding process was suitably robust. We were given one example of a patient being discharged and the crew having some concerns about the behaviours of some family members. The crew reported their concerns to a supervisor and completed an incident report form.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff observed good hand hygiene practice and kept vehicles, equipment and premises clean. They used control measures to prevent the spread of infection.**

Staff received training in infection prevention and control as part of their induction and this was refreshed annually. All staff were up to date with this training.

Staff were responsible for cleaning their vehicles during their shift and they were deep cleaned every three months by an external company. Supervisors undertook daily checks of vehicles and took photographs of the inside and outside of ambulances. They also reported on staff appearance. We inspected three ambulances during our inspection. The interior of each vehicle was visibly clean and tidy. Re-usable equipment, such as blood pressure cuffs, was clean and surfaces, such as seat and stretcher covers, were intact and could be wiped clean. There was clean linen available.

There was guidance on hand hygiene contained in the Infection Prevention and Control Policy and during our inspection we saw staff follow this. Staff were bare below the elbow during patient care and we saw staff decontaminate their hands before and following patient

# Patient transport services (PTS)

contact. There was personal protective equipment available, including gloves and aprons, and there were hand cleansing gel and decontamination wipes for cleaning internal surfaces and equipment.

There was a clinical waste disposal policy which described the procedure for waste disposal. There were sharps bins and clinical waste bags on the vehicles we inspected and these were closed. We saw clinical waste was disposed of at the depot in a secure marked bin and collected monthly by a waste contractor.

Staff laundered their own uniforms. If they became heavily soiled, they were disposed of and replaced.

During our inspection we saw staff cleaning equipment after use and correctly disposing of used linen.

## Environment and equipment

### **The service had suitable premises and vehicles and looked after them well.**

The Frome ambulance depot was in a small unit on an agricultural/industrial park. The environment was secure and suitable for the storage of ambulances and equipment. There was a small kitchen and a toilet for staff, with hand washing facilities. Store rooms were secure and were well organised so equipment and consumables could be easily accessed. We inspected the store room and found most stored items had expiry dates clearly displayed, and all of these were in-date. However, some items did not have visible expiry dates, either because they had been removed from the main packaging or because they had worn off. Therefore, there was a risk some out of date consumables, for example oropharyngeal airways, bag valve masks and bandages, could be used.

Staff told us they had access to enough equipment to undertake their roles safely. If equipment became damaged or defective, there were processes to report this to supervisors and to obtain replacements. If a replacement item was not available, the crew would only be tasked to jobs which they were equipped to deal with. For example, if a carry chair was defective, the crew would not be tasked to any jobs requiring a carry chair.

Most spare equipment was clearly marked with service and portable appliance testing stickers to confirm they were in-date with these checks. However, there were two suction units displaying out of date service stickers (next tests were due in February 2016 and October 2017). We raised this

during our inspection and were told the units were damaged and out of service but had been plugged in to see if the batteries were charging. There was a risk staff could take this equipment from the store room without realising it was faulty. However, after we raised our concerns the items were clearly identified with 'faulty' labels.

Supervisors carried out monthly checks of equipment and consumables and we saw records of these checks. Medical devices were checked, maintained and replaced every three months, or as required, by a third party, and electronic and paper records were kept.

Staff told us they felt ambulances were generally well maintained and reliable. If they identified issues, these were quickly resolved by a local garage.

Staff carried out daily vehicle and equipment checks, using a portable device. This was audited monthly. The service had systems in place to ensure all vehicles were serviced, maintained and had a current MOT. There was a system to track vehicle defects. Records were checked weekly by the compliance officer.

We inspected three ambulances during our inspection. They appeared to be in good working order. There was no visible body work damage and doors and lights were working properly. All essential equipment was available and there was evidence this had been safety-tested. There were suitable harnesses and belts to safely transport passengers, including children. Medical gases were safely secured and were in date. Sterile supplies, such as dressings, were appropriately stored, packaging was intact, and they were in date.

## Assessing and responding to patient risk

### **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**

Staff told us they were provided with information at the time of booking regarding any risks associated with a patient transfer. All bookings were risk assessed by managers to ensure a suitably trained and experienced crew were dispatched. Staff told us they undertook their own dynamic risk assessment and could seek specialist operational or clinical advice via an on-call manager 24 hours a day. In the event of a deteriorating patient, staff



# Patient transport services (PTS)

told us they would call for emergency support (via 999), record patients' observations and commence treatment in accordance with their level of training. All staff were trained in basic life support.

Staff told us they sometimes transferred patients who had mental health issues or people who demonstrated challenging behaviour. Again, they carried out a risk assessment and sought advice from the source of the booking and from operational managers. There was a brief policy which described this. All staff had received conflict resolution training.

## Staffing

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

The provider had processes for assessing and planning staffing levels to ensure there were enough staff on duty.

In total, the service employed 52 ambulance staff. The majority (43) were ambulance care assistants (31 in Brighton and 12 in Frome). There were eight emergency medical technicians and one paramedic employed at Frome.

Because the service provided a fixed number of resources to the NHS ambulance service in Brighton, planning was straightforward. In Frome, the number of resources could vary depending on the contracted work, but as a minimum, six resources were deployed daily. Again, staffing was usually simple to plan and any additional work over the six resources was usually known in advance. Where any unplanned work was requested, this could usually be accommodated within the planned resource, or by contacting staff to volunteer for additional hours.

In the event of unexpected absence, station supervisors filled any gaps if possible. If necessary, staff would be asked if they could swap shifts or cover on overtime. As a last resort, the service would consider reducing the number of wheelchair vehicles to ensure double-crewed ambulance cover was maintained as the priority.

We reviewed the rotas for March and April 2019 and found they were fully staffed.

Staff were able to opt-out of the European Working Time Directive by completing a form and submitting this to the registered manager. Otherwise, rotas were planned to ensure staff did not work excessive hours.

## Records

**Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and stored securely.

Staff provided a clear explanation of the expectations regarding the recording of patient care, which were consistent with the PCF [patient care form] Guidance Policy (last reviewed in November 2018.) This stated a PCF should be completed for every patient contact, whether they were treated or not. This applied to patients who were admitted to hospital, inter-hospital transfers and GP transfers. Staff were expected to carry out and record at least one set of observations of patients' vital signs. During routine discharge journeys, only patients' names, addresses and journey timings were recorded.

The PCF Guidance Policy outlined expectations in terms of record keeping; however, there was no guidance in respect of information security or destruction of records. Staff told us patient care forms were kept securely in a folder in the driver's cab. Records were returned to the base depot where they were securely stored. There was no retention policy to identify how long records should be kept before being disposed of, and how records should be safely destroyed. The registered manager told us they kept records for four years before being securely shredded by a contractor.

We reviewed 59 patient care forms (34 from April 2019 and 15 from December 2018). All records were complete, legible, signed and dated. Where observations were required to be completed, these were recorded clearly and more than one set was documented where needed.

The administration of oxygen was recorded correctly and clearly. Details included the time at which it was started, the rate at which it was being administered, the route of administration (nasal, face mask), and a signature of the administering crew member.

There was a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) Policy and staff we spoke with could clearly explain what was required in terms of obtaining valid authorisation.

# Patient transport services (PTS)

## Medicines

**The service had improved systems to ensure the safe and proper use of medicines; however, further improvements were still required.**

The security of medicines had improved. Medicines were stored in tagged bags in a locked room, with access restricted to authorised staff. Sealed bags were signed for when taken out. An audit was completed monthly to ensure the bags had appropriate stock and medicines were in date. However, we saw that not all bags contained all the medicines on the stocklist, and they were still being used. The temperature of the store room was monitored to ensure medicines were stored at the appropriate temperature. Controlled drugs were not used by the service. Medical gases were managed appropriately.

Guidance for medicines had been produced by the service's medical advisor to allow staff to administer medicines. These were called Medicines Operational Directions (MODs) but were effectively Patient Group Directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. They are only applicable to healthcare professionals and should be signed by the relevant healthcare professionals to show they have read and understood them. They had not been signed. Ambulance technicians are not able to administer medicines using a PGD, but the service had allowed them to do so. This meant technicians did not have the legal authority to administer all the medicines available at the service.

The service's Medicines Management Policy had been updated in March 2019; however, the list of medicines available for staff to administer was not consistent with the medicines in stock and the medicines outlined in the additional protocols. The policy did not reflect that ambulance technicians are not able to administer medicines using a PGD.

We discussed our concerns with the registered manager, who immediately suspended the MODs, pending a review of the list of medicines to be supplied by the service.

## Are patient transport services effective?

Not sufficient evidence to rate



We did not have sufficient evidence to rate effective.

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

## Evidence-based care and treatment

**The service did not monitor care and treatment to make sure staff followed best practice guidelines.**

Staff had access to policies and clinical guidance, which was kept at the vehicle depots; however, there was no evidence patient care forms were reviewed to assure the service that staff provided care and treatment in accordance with national guidelines and good practice.

## Response times / Patient outcomes

**Information about response times was not routinely collected in a meaningful way.** Although the service recorded the time a booking was received and the time the ambulance crew arrived at the collection, the data was not captured in a way that demonstrated whether key performance indicators (KPIs) were being met.

The service had several KPIs, which depended on the type of work and the contract. However, it was not possible to identify how the service was performing against these KPIs.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided informal supervision to provide support and monitor the effectiveness of the service. However, there was no guidance for managers to undertake performance appraisal and records showed inconsistent practice.**

New staff received five days' induction, which included demonstration of equipment, basic life support, manual handling training and 'shadowing' a crew. They were also introduced to policies and procedures and the online

# Patient transport services (PTS)

training system. Staff we spoke with felt supported by the induction programme and told us they were 'signed off' by a supervisor as being competent following an assessment shift.

The Training Policy described an annual training needs analysis and a range of methods available for managers to identify training needs, including workplace assessments and performance appraisal. We saw evidence of some ad hoc workplace observations undertaken recently by the registered manager and the operations manager. However, there was not a structured programme of assessments.

Staff told us they felt well supported with training for their roles. Some staff had been supported to undertake further qualifications to progress in their careers. Supervisors frequently worked alongside staff and provided advice and support where needed. The service had introduced a system which monitored staff and station performance and awarded an individual employee and station of the month. This was based on their attendance and any positive feedback received from patients, commissioners or managers. There was no guiding policy to support this or any other form of supervision.

Performance appraisals had been introduced in February 2019. These were undertaken by the registered manager, the operations manager and supervisors. There was no guiding policy and managers had not received any training or guidance in this process. A spreadsheet was maintained to show how many staff had received a performance appraisal. This showed that approximately 75% of staff had been appraised. We looked at five appraisal records, selected randomly. Two different pro-formas had been used. Three of the five records were incomplete and there was little evidence of any meaningful discussion with the employee. Staff completed a self-assessment and this formed the basis of a discussion with the appraiser, who was expected to corroborate and comment on the self-assessment. Two records had been signed by an appraiser but there were no comments recorded or evidence of a discussion taking place. One recorded a discussion with an appraiser but the date and venue of the appraisal interview were not recorded and it had not been signed or dated by the appraiser. It was not clear from any of the records that the completed record had been shared with the employee. Two staff had raised concerns about aspects of their employment but there was no written evidence to show whether their concerns had been

discussed or resolved. We brought these cases to the attention of the registered manager, who was aware of the concerns and assured us they were being dealt with, although he acknowledged that records did not reflect this.

## **Multi-disciplinary working**

### **Staff of different kinds worked together as a team to benefit patients.**

We saw ambulance staff interact courteously and professionally during handovers with discharging or receiving healthcare professionals.

There was a contract with a district general hospital to provide a dedicated discharge service in to speed up discharges and improve patient flow within the hospital. An ambulance liaison officer was located at the hospital to facilitate this.

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

### **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**

Staff had received training, which covered the fundamentals of consent and capacity. Staff told us that where a patient lacked capacity, this had been assessed by the clinicians making the transport booking. All decisions in relation to transport and care while being transported were discussed with hospital staff before a patient was conveyed.

## **Access to information**

### **Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.**

Staff had access to the information they required to ensure they could provide safe transportation, care and treatment. Information was provided by third parties so there was no direct contact with patients at the booking stage. Further information was shared by NHS providers when patients were handed into the care of ambulance staff.



# Patient transport services (PTS)

## Are patient transport services caring?

Good



We rated caring as **good**.

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

### Compassionate care

**Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.

We were not able to speak directly with patients; however, we accompanied a crew on an ambulance transfer and observed the crew were attentive and friendly towards the patient. The patient was elderly and confused and the crew recognised their anxiety and sought to reassure them throughout the journey.

We reviewed recent feedback forms completed by patients or commissioners.

Comments included:

“They have moved mountains to take very often complex end of life patients home, for which I am always grateful” (from an NHS healthcare professional).

“The service from director down to front line crew provided sensitive, responsive and caring support to my elderly, severely disabled relative. I was very impressed.”

“The crew were so good. The hospital was just closing, they came back and collected the patient and their partner. They were so kind and went beyond the call of duty”. (from hospital patient experience manager).

“The patient said the ambulance crew were wonderful and gave her no need to worry about her transport.” (from a patient, via NHS ambulance provider)

The service had also recently begun to capture feedback from staff. Staff were invited to share examples where they or their colleagues had ‘gone the extra mile’ to support patients and/or their relatives. One staff member wrote:

“The one person who has stood out is K. He’s been amazing with the patients, takes the job seriously. All the patients

love him because he’s got a cracking sense of humour but at the same time he’s very empathetic. S is a lovely caring lady. She always makes sure everything is ok, always asks if she can help in any way.”

Other comments from staff included:

“S has a lovely bedside manner. They keep patients calm by talking them through their journey and listening to their stories.”

“On many occasions we have taken patients home and if we know they are on their own until their carer arrives, we always make sure they have their panic button, we offer to make them a cup of tea, we place their phone near them and if it’s cold, we switch the heating on.”

### Emotional support

**Staff provided emotional support to patients to minimise their distress.**

One staff member wrote:

“I feel [K] & I went an extra mile, we had to take a self-referred mental health patient to [X] from [Y], where the patient was with her 2 [relatives] who were very upset, and concerned about their [relative]. K and I took their mobile numbers and messaged them from my personal phone to assure them [the patient] was fine when we got there. They were very, very grateful.”

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

**Staff involved patients and those close to them in decisions about their care and treatment.**

We observed a patient transfer from hospital to a nursing home. The patient was elderly, confused and had limited ability to communicate but both crew members made efforts to keep the patient informed and to involve them in the process as much as possible. During the journey they continued to reassure the patient, who was confused, that they were going to the correct location.

# Patient transport services (PTS)

## Are patient transport services responsive to people's needs?

Good



We rated responsive as **good**.

Responsive services are organised so that they meet your needs.

### Service delivery to meet the needs of local people

#### The trust planned and provided services in a way that met the needs of local people.

Services were planned and delivered to meet the needs identified by NHS providers, and these were agreed and reviewed with commissioners of the service at contract review meetings. The service planned its resources (staff and vehicles), according to the contracts in place at the time.

### Meeting people's individual needs

#### The service took account of patients' individual needs.

The service took some steps to support people with complex needs or those in vulnerable circumstances.

Patients' individual needs were established at the time of booking, and details were recorded on the booking form. Further assessment of needs took place during handover from healthcare professionals. Senior staff told us patients living with dementia or those with learning disabilities would always be conveyed with a two-person crew. All staff had received awareness training to help them support people with dementia, learning disabilities or mental illness.

There were 'flash cards' available to staff to support communication with people with communication difficulties and those whose first language was not English. These contained images, commands and commonly asked questions. Staff could also use a mobile phone translation application to aid understanding.

### Access and flow

#### People could access the service when they needed it.

The service had contracts with various NHS and non-NHS providers for the provision of patient transfers. They met

with these commissioners on a regular basis but did not formally report on their performance in terms of their responsiveness. We contacted two commissioners, who reported they were satisfied with the responsiveness of the service.

The Frome depot provided a dedicated discharge service to a local district general hospital. There was a hospital liaison officer (HLO) based at the hospital who managed patient transport bookings, which they received either electronically or by telephone. These were recorded on a hospital booking form and sent to ambulance crews via a mobile phone application. The HLO was responsible for allocating the most suitable crew, depending on the specified needs of the patients. Any delays were reported to the HLO and the hospital site management team.

In March 2019 the service was nominated for a 'team of the month' award by the district general hospital for whom they provided a dedicated discharge service. The nomination read:

"They do a fantastic job every day but I am nominating them specifically for the support they provided during the snow we experienced at the end of January 2019. [The operations manager] and his team worked tirelessly to ensure patients could get to their appointments or home, following a hospital stay but also ensured our staff could get to work so we could keep services running."

### Learning from complaints and concerns

#### The service treated complaints and concerns seriously, investigated them and responded to complainants in a timely fashion. However, there was no evidence to show that the service monitored themes and learning arising from complaints, and shared these with staff.

There was a Complaints Policy (last reviewed by in December 2018) which set out the organisation's commitment to take complaints seriously and use them as opportunities to learn and improve the service. The operations manager had overall responsibility for the management of complaints, although they had received no training to undertake this role, as recommended in the Complaints Policy.

Complaints, whatever their source, were recorded as incidents and investigated in the same way (see Incidents above). As with incidents, the service did not collate

# Patient transport services (PTS)

complaints in order to identify themes or learning to be shared. The operations manager was unable to tell us how many complaints had been received in the last year, how effectively they had been handled or identify any trends or learning.

The policy had clearly been plagiarised from another organisation and was out of date. For example, it made numerous references to “the Trust” and the Healthcare Commission (a regulatory body which previously had some responsibilities in relation to complaints about health care and was replaced by the CQC in 2009). The service did not produce reports on complaints as set out in the policy (monthly, quarterly and annually).

The Complaints Policy did not describe how patients were made aware of how to complain. The operations manager told us there were feedback forms held on ambulances which were routinely given to patients. There was also contact information available on the service’s website.

We reviewed three recent complaints. Two complaints had been received from members of the public (not receiving healthcare or transport, complaining about staff attitude and unprofessional behaviour). Both complaints had been investigated and responded to with an appropriate apology and the staff concerned had been spoken with regarding their behaviour. The third complaint was from a relative who raised serious concerns about the quality of service provided to their relative, including what was perceived to be an insensitive discussion relating to payment for a private ambulance journey. We saw the compliance officer had responded promptly to the complainant and apologised for any offence caused. There was no evidence that an investigation had taken place, the staff interviewed or a full explanation and response provided to the relative. We raised this with the operations manager, who explained that the complaint had been emailed to the service before the ambulance crew had arrived to collect the patient and did not therefore relate to the actions of the crew. We were concerned that this explanation was not documented and the service had not explored with the complainant what their concerns were. We shared our concerns with the registered manager during our inspection.

## Are patient transport services well-led?

Requires improvement



We rated well led as **requires improvement**.

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

### Leadership of service

**Managers were highly respected but did not all have training and experience to undertake managerial roles.**

The service was managed by the operations director (the registered manager), with day to day operational management delegated to the operations manager, supported by area and station supervisors.

The operations manager was responsible for liaising with clients, taking bookings, scheduling and planning. They also investigated complaints and incidents and were responsible for staff recruitment, supervision and appraisal. They were the named safeguarding lead for adults and children. The breadth of this role was not reflected in the job description (undated) shared with us and we were concerned this role had grown without addressing associated training needs. The operations manager told us they had not received formal training for the many aspects of their role.

There was a recently appointed compliance officer, who was responsible for monitoring safety and quality standards. This included pre-employment checks for staff, compliance with mandatory training, vehicle and equipment maintenance and cleaning. They were also responsible for monitoring patient and client feedback. The job description for this role (undated) did not fully reflect the role described to us by the registered manager and there was a blurring of this role with that of the operations manager. For example, they took ambulance bookings, liaised with clients and investigated incidents and complaints.

Following our inspection, the registered manager informed us there had been a review of these roles and a reallocation of responsibilities.

# Patient transport services (PTS)

Supervisors were in day to day charge of stations; however, the operations manager told us they undertook performance appraisals, for which they had received no training.

We spoke with two staff, who told us they felt well supported by approachable managers.

One staff member had provided feedback about their supervisor, saying:

“[Supervisor] is a sweet, caring, devoted individual”. Another commented [supervisor], [supervisor] and [operations manager] have been so patient and are excellent bosses.

## Vision and strategy for this service

**The service had a vision for what it wanted to achieve, although this did not translate into a strategy or business plan.**

The service had a motto, which was used as a ‘strap line’ in all their communications. This was “Treat as you wish to be treated...” and a vision “to put compassionate care, safety and quality at the heart of everything we do”. The staff we spoke with demonstrated allegiance to these values and expressed with passion their desire to deliver patient-centred care.

The service did not provide us with a strategy or a business plan. The service operated in a competitive and volatile market and its future was dependant on maintaining existing contracts. The operations director was ambitious and keen to expand the service by securing further contracts and worked hard to maintain good working relationships with commissioners and build a good reputation for providing safe and responsive services.

## Culture within the service

**Managers across the trust promoted a positive culture, creating a sense of common purpose based on shared values, that supported and valued staff.**

Staff we spoke with told us they felt supported and valued by the organisation. They told us communication with a remote and transient workforce had previously been challenging but this had improved recently, particularly since the appointment of the compliance officer who had

been proactive in engaging with staff. The service had recently introduced a weekly bulletin to update staff on matters such as staff changes and feedback from commissioners.

The service had experienced a busy winter and a number of messages of thanks to staff for their hard work had been conveyed by managers and supervisors. The weekly bulletins and invitations to provide feedback had been well received by staff. The compliance officer maintained a spreadsheet which monitored individual staff and station performance. This included staff attendance and positive feedback, either from a patient, client or the service. Service feedback included occasions, where, for example, a staff member had worked flexibly, swapped shifts or worked extra hours. Each month a staff member and a station was awarded ‘employee of the month’ or ‘station of the month’ and rewarded with a prize.

There were cooperative, supportive and appreciative relationships among staff. Staff told us they enjoyed working for the service. One staff member described the service as a “big family”. We saw from staff feedback forms that staff supported each other and worked well as a team. One staff member wrote to show their appreciation of the support offered to them by a supervisor, following a difficult and emotional experience with a patient who was nearing the end of their life. Another staff member wrote to show their appreciation of their colleagues, who had covered their shifts to allow them to deal with some personal issues.

We spoke with the registered manager about the challenges associated with managing a remote and transient workforce. There was a not a formal policy about lone working but he was able to demonstrate that staff safety and welfare was a priority. He told us the hospital liaison officer or on call manager made regular welfare calls and/or sent text messages to lone workers. All the mobile phones were tracked so managers could see where staff were in the event of a concern, and staff signed on and off at the start and end of a shift. In the event that a lone worker did not sign off, they would be telephoned to check their welfare. If no response was received, the manager would drive to the last known location and retrace the expected route they would have taken. If necessary, the manager would call 999 and request police assistance,

# Patient transport services (PTS)

although this had never happened. It was unclear how a crew would raise an immediate safety concern discretely and know this had been received and acted on, or how the manager receiving such information would act.

## Governance

### **The service had systems in place to provide assurance of quality and safety but these were not always effective.**

There was a range of policies, but these were often statements of good practice and were not supported by clear processes and measurable standards so that performance could be monitored. In some cases, standards set out in policies were not clear and in some cases, standards did not apply or reflect current practice. This was because some policies had been plagiarised from other services and had not been adapted to meet the needs of this service.

We reviewed the Recruitment, Selection and Retention Policy (last reviewed by the operations manager in March 2019). This set out the service's commitment to promote equality in employment and avoid discriminatory practices. It also set out a list of pre-employment checks, but did not describe the recruitment procedure in full or explain how compliance with the policy would be monitored. There was no reference to the requirement for a job description, a job application, a selection interview, completion of a health questionnaire or a driving assessment. There was reference to an induction process, which was different to the process described in the Induction Week Procedure. There was reference to a Training Development Manager who was responsible for arranging annual professional skills tests; however, this role did not exist and we found no evidence of an annual professional skills test.

We reviewed a random selection of six staff files. Files were well organised, with an index and dividers to aid easy review of the records. There was a checklist at the front of each file to prompt managers to complete recruitment tasks, including pre-employment checks. This was, in theory, an effective way of ensuring processes were carried out consistently but these tasks and the process as a whole were not described in the Recruitment, Selection and Retention Policy and we found it was not consistently completed.

Only two of the six employee files we reviewed had references provided by a previous employer. This was not in accordance with the Recruitment, Selection and Retention Policy and meant the provider could not be assured of the applicant's conduct in their previous employment. Only one of the records we reviewed had a record of a selection interview. We looked at the employment record for one staff member, who had declared a health problem in their pre-employment questionnaire. There was no documentary evidence that this had been adequately followed up to ensure they were fit for employment, including driving. There was also no evidence an interview or a discussion about their previous employment had taken place. We concluded there was insufficient clarity surrounding the process and insufficient assurance that good employment practice was always followed.

Other policies we reviewed included the Complaints Policy, the Incident Reporting Policy and the Training Policy. The Complaints Policy was a lengthy policy, which did not reflect the complaints management process in operation. It included numerous references to "the trust" and out of date references to the Healthcare Commission. The fact that it had recently been reviewed by the operations manager showed a lack of understanding and knowledge of the subject.

The Incident Reporting Policy did not set out what constituted an incident, how incidents were graded and how they were used for learning and improvement. It did not set out whether staff members who reported an incident received feedback.

The Training Policy did not clearly set out the mandatory training requirements for each job role, or how frequently training should be refreshed. There was a lack of clarity regarding the requirement and frequency for a driving assessment. The policy referred to an annual training needs analysis and training plan, which did not exist.

## **Management of risk, issues and performance**

### **The service did not have formal systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected.**



# Patient transport services (PTS)

There was a risk register. However, this had last been reviewed in November 2018 and was not due for further review until November 2019. There were no operational risks described and we saw no evidence it was used to identify and manage risks to safety and quality.

There was a daily management conference call with station supervisors to discuss logistics, staffing and operational issues, such as vehicles.

## Information Management

**The service did not collect, analyse, manage and use information well to support all its activities. Secure electronic systems with security safeguards were used.**

The service did not use information to actively monitor performance in a holistic way. While response times were recorded, these were not monitored or used to review performance. We were told the service was planning to move to a paperless system, which would include improved performance reporting, although a date for this was not yet confirmed. In the meantime, the registered manager told us the existing data reports would be updated to give the service better oversight of its performance against key performance indicators.

The provider kept electronic information secure. Mobile applications were password-protected so they could only be accessed by authorised persons, as were the mobile phones themselves. Electronic data was stored on an encrypted server. A Communications Policy outlined staff's responsibility to keep information secure and described the safeguards in place.

## Public and staff engagement

**The service was taking steps to improve engagement with patients, staff, the public and local organisations to plan and manage appropriate services. The service collaborated with partner organisations effectively.**

The service continued to find it challenging to capture patient feedback, given the transient nature of the service. There were feedback forms held on ambulances and staff were encouraged to share these with patients. At the time of our inspection the compliance officer had offered an Easter egg as a prize to the staff member who produced the highest number of feedback forms. Feedback forms were collated in a file and shared with staff.

In the weeks leading up to our inspection the service had encouraged staff to share positive and negative experiences. This provided them with an opportunity to highlight occasions where they or their colleagues had 'gone the extra mile' to support patients or their colleagues. We saw feedback had been posted on the noticeboard at the ambulance depot. Patient feedback was monitored by the compliance officer, who told us they also had plans to produce business cards, with service contact details, which patients could take away.

Staff engagement was also challenging but the service had taken steps to improve this. Weekly bulletins had recently been introduced and the registered manager, operations manager and compliance officer had begun to conduct station visits and observation of the staff operationally. Station noticeboards were used to share news, highlight achievements and communicate messages from the management team.

The service engaged well with NHS providers and commissioners, and feedback from them indicated there were good working relationships.

## Innovation, improvement and sustainability

The provider needed to do more to strengthen governance systems and the appointment of a compliance officer was key in taking this forward.

# Outstanding practice and areas for improvement

## Outstanding practice

In March 2019 the service was nominated for a 'team of the month' award by the district general hospital for whom they provided a dedicated discharge service. The nomination read:

"They do a fantastic job every day but I am nominating them specifically for the support they provided during the

snow we experienced at the end of January 2019. [The operations manager] and his team worked tirelessly to ensure patients could get to their appointments or home, following a hospital stay but also ensured our staff could get to work so we could keep services running."

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must strengthen governance systems to provide a holistic understanding of performance and risk. This must include:
  - analysing incident and complaints data to identify themes and learning
  - reviewing policies to ensure they are relevant and applicable to the organisation and set out clear standards of performance which can be monitored and measured.
  - ensuring that recruitment processes, as set out in the Recruitment, Selection and Retention Policy, are consistently followed.
- The provider must ensure senior staff (those in supervisory and managerial roles) are supported to undertake training, learning and development to ensure they are suitably skilled to undertake those roles.
- The provider must ensure all staff receive appropriate and ongoing supervision and performance appraisal to ensure their competence and skills are maintained. This should be carried out by an appropriately skilled and experienced person and include access to clinical or professional supervision for healthcare professionals employed.

- The provider must ensure the registered manager is familiar with regulatory and legislative requirements. This includes legislative requirements in relation to the prescription and administration of medicines.
- The provider must review their medicines operations directives to ensure that staff only administer medicines where they have the legal authority and relevant training to do so.

### Action the hospital **SHOULD** take to improve

- The provider should measure its performance against standards agreed with commissioners.
- The provider should clarify the process for onward reporting of safeguarding concerns and ensure staff who report safeguarding concerns receive feedback.
- The provider should clarify the requirements, including frequency, for driver training including blue light driver training.
- The provider should clarify in a policy or procedure, the arrangements for retention and destruction of records.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

##### **How the regulation was not being met**

Senior staff employed to carry out staff performance appraisals were not suitably trained or skilled to undertake this task and there was no guiding policy to ensure it was carried out consistently. There was no provision for health care professionals (paramedics) to access clinical or professional supervision.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

##### **How the regulation was not being met**

There was not an effective governance framework which provided a holistic understanding and assurance of safety, quality and patient experience.

Policies were not always relevant and applicable to the organisation and did not set out clear standards which could be monitored and measured.

Recruitment processes as set out in the Recruitment, Selection and Retention Policy, were not consistently followed.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### **How the regulation was not being met**



This section is primarily information for the provider

## Requirement notices

The registered manager was not familiar with regulatory and legislative requirements in relation to the prescription and administration of medicines.

There were written instructions for the supply and administration of medicines, which had not been signed by staff to confirm their understanding of the instructions. The instructions included directions, which allowed ambulance technicians to administer some medicines, for which they did not have the legal authority to do so.