

Medi 4 Ambulance Services Ltd

Medi 4 Southern Regional Headquarters

Inspection report

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Date of inspection visit: 15 December 2020
Date of publication: 23/03/2021

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 well-led?

Good



Summary of findings

Overall summary

Medi 4 Southern Regional Headquarters is operated by Medi 4 Ambulance Services Ltd. The service provides emergency and urgent care and a patient transport service.

We inspected this service using our focused inspection methodology. After the Care Quality Commission received information of concern about the provider we carried out an unannounced inspection on 15 December 2020.

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? During this focused inspection we looked at the domains of Safe 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.

- 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. Staff kept good care records. The service managed safety incidents well and learned lessons from them.
- 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.

However,

- The provider was unable to provide assurance the wastewater was entering the correct drainage system and the appropriate agencies aware.
- A few staff were unaware of the correct procedures for soiled linen disposal and sharps disposals in the ambulances we viewed.
- The service did not have a formal policy for the inclusion or exclusion patient acceptance criterion when accepting patient transport journeys.
- The provider was unable to provide assurance that service level agreements in place with other organisations was enough to meet the needs of the service, with a focus on risk assessments and an acceptance criterion.
- The provider was unable to provide assurance their patient group directions met legal requirements.
- The equipment storage room was disorganised, and it was not always possible to differentiate between equipment that was in use and equipment that was awaiting repair or service.

Following this inspection, we told the provider that it *should* make other improvements, even though a regulation had not been breached, to help the service improve.

Nigel Acheson

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	

Summary of findings

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Summary of this inspection

Background to Medi 4 Southern Regional Headquarters

Medi 4 Southern Regional Headquarters is operated by Medi 4 Ambulance Services Ltd. The service opened in 2016. It is an independent ambulance service in Crawley, Sussex. The service primarily serves the communities of Sussex and the Isle of Wight.

The service has had a registered manager in post since 2016.

The team that inspected the service comprised of a CQC inspection manager, three CQC inspectors, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the service headquarters. We spoke with eight staff including; emergency ambulance technicians, patient transport drivers, administrators, support staff and management.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice, and the most recent inspection took place in October 2019. The last inspection rated Medi 4 Ambulance Services Ltd as good overall.

Activity (January 2020 to November 2020)

- In the reporting period January 2020 to November 2020 there were 3751 emergency and urgent care patient journeys undertaken.
- In the reporting period January 2020 to November 2020 there were 28773 patient transport journeys undertaken.

The service employed 114 ambulance care assistants and 43 emergency ambulance technicians; the service also had a bank of temporary staff that it could use. The accountable officer for controlled drugs (CDs) was the registered manager, who was a registered paramedic.

Track record on safety

- Zero Never events
- Clinical incidents 25, 11 risk not assessed, 10 low harm, 4 moderate harm, zero severe harm, zero deaths
- 1 serious injury (staff member - independent investigation concluded no fault with the provider)
- 10 complaints

The main service provided was patient transport although the provider also did emergency ambulance shifts for two NHS ambulance trusts.

Summary of this inspection

How we carried out this inspection

We found the following areas of good practice:

- All staff we interacted with were welcoming, open and spoke freely with inspectors
- Staff told us the senior leadership team visibility was very good
- Staff also told us they felt valued and supported by their team leaders and the senior leadership team
- The IT systems at Medi 4 were of very good quality and facilitated home working
- The mock CQC inspection demonstrated the providers desire to monitor compliance and quality standards.

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

- The service should develop an inclusion or exclusion patient acceptance criterion policy to be followed by staff when accepting patient transport journeys.
- The provider was unable to provide assurance the wastewater is entering the appropriate drainage system and the appropriate agencies aware.
- Some staff were unaware of the correct procedures for soiled linen disposal and sharps disposals in the ambulances we viewed.
- The service did not have a patient acceptance criterion in place.
- The provider was unable to provide assurance that service level agreements in place with other organisations were enough to meet the needs of the service, with a focus on risk assessments and an acceptance criterion.
- The provider was unable to provide assurance their patient group directions met legal requirements.
- The equipment storage room was disorganised and it was not always possible to differentiate between equipment that was in use and equipment that was awaiting repair or service.

Areas for improvement

- The service should develop an inclusion or exclusion patient acceptance criterion policy for staff to use when accepting patient transport journeys.
- The provider should seek assurance the wastewater is entering the appropriate drainage system and where appropriate check the appropriate agencies are aware.
- The provider should seek assurance the staff were aware of the correct procedures for soiled linen disposal and sharps disposal
- The service should develop and implement a patient acceptance criterion.
- The provider should seek assurance the service level agreements in place with other organisations are enough to meet the needs of the service, with a focus on risk assessments and an acceptance criterion.
- The provider should seek assurance their patient group directions were enough to meet legal requirements.
- The provider should organise the equipment storage room to improve stock rotation and separation of items quarantined for service or repair.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

Patient transport services

Safe	Good 
Well-led	Good 

Are Patient transport services safe?

Good 

waandsua Our rating of safe stayed the same. We rated it as **good**.

Mandatory training

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

All clinical staff had completed Covid-19, Health safety and welfare, Fire safety, Moving and handling, Information governance, Information and cyber security, Infection prevention and control Level 2, General data protection – Core training, General data protection refresher, Equality, diversity and human rights – general awareness, Control of substances hazardous to health, Communication, Prevent, Conflict resolution, Mental health awareness, Learning disability awareness, Dementia awareness, Consent, Deprivation of liberty safeguards, Safeguarding adults Level 1, Safeguarding adults Level 2, Safeguarding children Level 1, Safeguarding children Level 2, Resuscitation Level 1, Resuscitation Level 2 adults, Resuscitation Level 2 paediatrics, Patient moving and handling and Medical gases.

In addition, staff on frontline ambulances had completed modules in Equality, diversity and human rights, Mental capacity act, Safeguarding adults Level 3, Safeguarding children Level 3 and NEWS2 ambulance care.

Mandatory training was delivered online. It could be completed from home or staff could use computers at the ambulance station to complete the training. Staff told us that if their mandatory training expired, they would be taken off duties until it was completed.

Staff told us they found the training easy to access and were pro-active in ensuring their own training was up to date.

The provider made sure staff had mental capacity training. Staff advised that if they had any concerns about a patient's vulnerability, they would contact the local NHS ambulance service that they were aligned to.

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.

The providers safeguarding policy was aligned to national intercollegiate guidance. The policy had recently been reviewed. Staff could access an electronic referral flowchart to support them whilst making referrals.

Patient transport services

The provider trained patient-facing staff in level two in adult and children safeguarding. Records showed 100% of eligible staff had completed this training. Staff we spoke to confirmed they had received the training. Training was currently accessed online and staff folders we reviewed confirmed this. This was in line with national guidance.

The provider had a safeguarding lead who was trained to level four in safeguarding adults and children. Records showed the safeguarding lead met quarterly with the commissioning trust to discuss any safeguarding issues.

The service had access to additional safeguarding support through the local commissioning NHS trust and staff knew how to contact these advisors. Records showed that the provider submitted monthly data on their staff compliance with safeguarding training to their commissioning trust.

To report a safeguarding concern, staff alerted the trust dispatcher using the vehicles mobile data terminal as well as the Medi 4 duty supervisor by phone. A form was completed and placed in a secure drop box in the ambulance station at the end of the shift. These were reviewed by the safeguarding lead and shared with commissioning trust and a statutory notification was submitted to the CQC.

Staff we spoke with knew how to identify abuse or neglect and what actions to take if they had concerns.

Cleanliness, infection control and hygiene

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

Within the main building was the office, where two administrators worked. The design of the building followed the current social distancing rules. All doors were clearly labelled with room capacity to help ensure distancing and reduce the chances of cross infection. The building had a staff training room, which also was clearly labelled with capacity limits.

The operations manager was on the same level, as the equipment room, first aid room and staff accommodation which was used for staff who were on-call. Staff had easy access to toilet facilities. This area was Covid compliant.

Staff had been trained to deep clean ambulances by an external company. This competency was reassessed on an annual basis. Records showed 100% of eligible staff were compliant with this training. Vehicles were rotated through deep cleaning every six weeks and following any contamination incident. The provider was unaware if the wastewater was entering the appropriate drainage system and if the appropriate agencies were aware. Following the inspection the provider is working with appropriate agencies to assure themselves the process was safe. Records showed the vehicles were cleaned according to the schedules planned. Vehicles we saw on the day of inspection appeared visibly clean.

Staff records confirmed that staff had completed infection prevention and control training and FIT testing for personal protective equipment.

Staff told us that any soiled linen would be bagged in a red bag and disposed of at the base. None of the ambulances we checked had a soiled linen red bag in the ambulance. We informed the provider who assured us this would be rectified. Following the inspection the provider ensured soiled linen bags were available in the crew room and the company stores

Patient transport services

Vehicles were checked daily using a prompt sheet via a smart pad assigned to each vehicle. The provider carried out spot check audits that gave the provider assurance that the vehicle checks had been carried out.

All cleaning equipment was colour coded to help prevent bacteria being passed from one area to another during cleaning. The items were stored in purpose-built colour coded racks and we saw that each cleaning station had posters displaying the correct use of equipment.

We saw antibacterial hand gel dispensers fitted to each ambulance and these were full and functional. This meant staff could decontaminate their hands in between each patient contact. Disposable gloves in a variety of sizes were available for staff to use.

Personal protective equipment (PPE) was available for all staff. The provider kept stock in the external containers, and staff would decant stock daily onto their vehicles. Vehicle PPE stock was aligned to the approximate amount of daily patient journeys. This would be replenished at the end of each shift. Staff told us that PPE was changed after each patient journey.

Staff had uniform lockers and shower facilities available at the ambulance station. Each member of staff had a uniform that was short sleeved which ensured they were bare below the elbow in clinical situations.

Sharps bins were available on all vehicles. The provider kept a stock of new sharps bins within the equipment container. However, we were told that smaller full sharps bins returned to the depot were then decanted into a larger sharps bin within the sluice container. We informed the provider that this was unsafe. We were told that this practice would not continue.

All consumables were stored in a separated container. These were divided up in an airway breathing circulation order for ease of access. Vehicles were replenished by allocated staff. We noted a few items out of date. However, most consumable stock was in date. This was brought to the attention of the staff on duty during the inspection who removed the out of date consumable stock. Following the inspection the provider had installed a large container unit in which to store out of date consumables and prevent their accidental use.

Consumables included single use tourniquets, cannulas, syringes, eyewashes, delivery packs, blood sugar monitors and strips. The store was large, and it was unclear if out of date consumables were kept separately to prevent the staff using them. This was brought to the attention of the staff on duty during the inspection who agreed to resolve this as a matter of urgency. Following the inspection the provider has purchased a separate portacabin to store defective equipment awaiting repair to prevent staff using it by mistake.

Substances hazardous to health were stored in a lock cupboard in a locked container in accordance to Control of Substances Hazardous to Health Regulations (COSHH). All active solutions were clearly labelled, and the provider used a colour coded system for decanting these products. There was clear signage above the products which followed health and safety legislation.

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.

Patient transport services

The location consisted of offices and external containers where stock was stored, and vehicle and equipment maintenance were carried out. At the entrance, a noticeboard clearly displayed the names of managers and key staff with photographs to help find them. Hand gel was available at the entrance and placed outside the offices contained within.

Premises were secure, and this was supported by closed circuit television systems and coded entry locks. Ambulance keys were stored in locked cupboards. The master key to the cupboard was kept in a digitally locked safe.

Each ambulance had an allocated folder containing information about the insurance, servicing and ministry of transport test (MOT) if needed. This was supported by an electronic fleet management system which was linked to satellite navigation devices fitted to each vehicle. The vehicles we viewed on the day of inspection showed the insurance, servicing and MOT certificates were up to date.

Service contracts were in place for annual fire equipment testing. All fire extinguishers had a sticker in place which confirmed they had been tested by the contractor in the 12 months before the inspection.

The location had clearly marked fire exit routes to be used in the event of a fire. There was a break glass fire alarm system. Records showed the fire alarm system was tested annually and had been tested in the 12 months before inspection. The provider had a current fire risk assessment.

Emergency eye wash stations were in place in the workshop area and next to the control of substances hazardous to health storage cupboard. Posters of actions to be taken were next to the eyewash station.

The provider kept a stock of vehicle appliances that could be changed at the base. For example, extra wing and rear-view mirrors and bulbs for vehicle lights and spare seatbelts. Equipment was available and suitable for the role and stored in a large container. This included specific patient groups like children and bariatric patients. We noted a stock of child and adult seatbelts and child seats during our inspection.

Equipment we noted included, wheelchairs, spinal boards, vacuum splints, hip splints and paediatric spinal boards. Most equipment had been labelled with the right equipment checks. However, on the day of the inspection we saw a whole shelf of recently acquired equipment that had not been checked or segregated from checked equipment. This was brought to the attention of the staff on duty during the inspection who agreed to resolve this as a matter of urgency. Following the inspection the provider has purchased a separate portacabin to store defective equipment awaiting repair to prevent staff using it by mistake. The provider did have an asset register of all equipment owned by the provider.

The provider had a large fleet of various vehicles. On the day of the inspection we looked at four different vehicles. All vehicle documentation was available for review. The provider was transferring all vehicle paperwork to a digital system. All vehicles had access to a satellite navigation system and had an onboard closed-circuit television camera (CCTV) and signage that ensured patients and staff were aware that they were being recorded.

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 commissioning trust completed an assessment on each patient before allocating them to the provider for transportation. Staff were sent their patient journey information via a personal digital assistant device (PDA).

Patient transport services

The NHS service that commissioned the provider for conveying patients, uploaded patient details via the NHS trust requesting the journey. The information supplied included demographic information, mobility, medication and cognitive information and a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) if applicable. When staff picked a patient up to convey, they did a visual risk assessment and reviewed the information on the PDA device.

Staff told us that there were occasions when they arrived to collect patients and discovered that not all the information had been provided. If they are concerned about the safety of taking the patient, they will inform the NHS trust and seek advice from the duty manager.

If they arrived at a patient's home and it was not fit for the patient to be left in, for example no electricity, no food or no heating, they informed the NHS ambulance provider and returned the patient to the NHS hospital as a failed discharge and completed an incident report.

Staff completed training to support people with learning disabilities and had received dementia awareness training. Staff knew how to recognise and respond to deteriorating patients and the provider had a skill mix of technicians and advanced technicians who were trained to manage emergency equipment. All ambulance vehicles had emergency equipment and PTS vehicles had emergency grab bags containing oxygen.

Staff could give examples of what a deteriorating patient looked like and the actions they would take in that situation. In case of a life-threatening incident staff would call 999.

We were shown the incident reporting standard operating procedure which had a flowchart to aid staff when completing a report. These were updated via their electronic device. During our inspection we were shown the mental ability act policy, the equality policy, the safeguarding policy, the medicines management policy, the GDPR policy and the freedom to speak up policy. All policies were in date and available to all staff via their digital smart pad. Staff had skills and training in dealing with violent or disturbed patients. Crews received training in conflict resolution and mental health as part of their mandatory training.

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. Managers regularly reviewed and adjusted staffing levels and skills as needed.

Staff records confirmed that the service employed 114 staff across three geographically different bases. We reviewed five sets of staff records which were accessed online via individual protected passwords. These were detailed and thorough. Proof of identity was verified and scanned into the staff record.

Staff records had evidence of staff demographics, recruitment reference, health declaration and disclosure and barring service (DBS) checks. References were gathered via email. There was clear evidence of GCSE qualifications in mathematics and English and driving tests, these were also contained within staff files.

Staff completed an induction program over one week. Induction included mandatory training and driver awareness and blue light driving as needed. We saw evidence of completed inductions and a clear training record. Staff received an email to inform them when mandatory training was due to be completed.

Patient transport services

The provider operated a seven day a week around the clock service for emergency ambulance staff. The patient transport service was active between 5 am and 11 pm seven days a week. Staff rosters were available for Crawley, Worthing and Winchester.

Staff levels and skill mix were planned a month in advance. The rota could be flexed if the needs of the service required it. Each geographical hub had a responsible officer for staff rosters. Staff could access their rotas via their smart pad. When new rosters were approved, staff had to confirm receipt of their rota. This made sure staff were aware of their shift patterns.

The service was flexible, and staff worked between six and 12 hours per shift. We were advised that the longest shifts were 12 hours with a half hour break. The onus was on staff to take their break. Managers told us that this was important from an operational perspective as well as to support staff work life balance. Staff told us they were able to take their breaks as planned.

The provider had access to a pool of bank staff, these were staff that currently had contracts with the service. Ad hoc shifts were aligned to demand, the provider did not use agency staff.

The provider had systems in place to support lone working. Staff were not expected to work alone late at night. The PDA device had an alert button, which was checked via a central station, in case of staff feeling compromised or vulnerable. Staff we spoke to on the day of inspection had not had to use this alert button but were aware they could if needed.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Staff completed clear and thorough records of patients care and treatment. The service stored records securely to protect confidentiality.

Notes were kept safely in line with the provider's information governance policy. Sealed notes were kept with the patient during the journey and handed to staff as part of the handover. There were no completed patient records left on the ambulances we looked at during the inspection.

Records were scanned and stored on a secure server and the paper copy stored in a locked cupboard at the ambulance station. The cupboard was locked during inspection and the code only known to authorised staff.

Staff told us there were aware of 'do not attempt cardiopulmonary resuscitation' forms the patients might have with them. The PDA had a section for special notes/alerts. Records we viewed on the day of inspection confirmed this section was used.

Staff accessed the information at the beginning of their shift or when the journey was allocated to them via the PDA. Information was provided on a need to know basis. The NHS ambulance service stored patient details and the provider kept a 'run' sheet of all patients' journeys completed by each driver per day. It included the patients name, demographics, time of pick up and drop off and any important info e.g., diabetes or dementia.

Patient transport services

Confidential waste was usually shredded and then bagged. However, during our inspection the shredder was out of action awaiting repair. Staff bagged and tagged confidential waste, which was then collected by a third-party organisation, who was licensed to dispose of confidential waste.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

The service stored medical gases safely. We saw 'in date' cylinders of oxygen stored securely on vehicles and in purpose built secure cages at the ambulance station. Cylinders on vehicles were positioned so the fill gauges could be seen.

Cylinders and regulators appeared to be dust and oil free and ready to use. The medical gases storage cages were compliant with The Department of Health Technical Memorandum 02-0.

We saw clear, marked segregation of empty and full oxygen cylinders to prevent crews accidentally taking an empty cylinder on the vehicle.

Staff checked that oxygen cylinders were full at the start of each shift.

The provider used an online pharmacy to provide medicine to stock the frontline ambulances. The provider had a Medicines Standard Operating Procedure which covered general to sale medicines to prescription only medicines. The one document covered all medicines used in both regulated and non-regulated activities. The emergency ambulances carried the standard medicines listed in the Joint Royal Colleges Ambulance Liaison Committee guidelines.

We reviewed the current patient group direction (PGD) which covered the drugs that might need to be used during an emergency shift. A Patient Group Direction is a written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

The PGD was signed by the medical director and clinical lead, who was a paramedic but not by a pharmacist which we would expect to see. This was brought to the attention of the medicines lead, who was a registered paramedic, on the day of inspection who agreed to confirm if this was legally acceptable. Eligible staff signed the physical copy of the PGD, and this was stored virtually and could be accessed by staff via their PDA. Records showed only trained staff administered medicines under the PGD.

Medicines were stored in the main building in a room which was accessed using an electronic door code. The code was changed every six months and only known to eligible staff. We reviewed a running stock list and found it was completed correctly. Medicines that needed to be temperature controlled were kept in a fridge designed for the purpose. The fridge temperature was monitored weekly to ensure it was within required limits. Medicines that required return to the pharmacy were stored in a separate cupboard which ensured staff only used medicines within the use by date.

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 wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Patient transport services

Staff told us they had received training on how to report incidents, the type of incidents that needed reporting and who the incidents needed to be reported to. Every staff member we spoke to knew how to contact the NHS dispatcher and the Medi 4 duty supervisor to report an incident.

Staff confirmed that incidents that related to business continuity such as staffing, or vehicle problems were reported to the duty supervisor by mobile phone. At the end of the shift a vehicle incident report form was submitted by the transport crew to the supervisor in charge if an incident had occurred.

Any incident related to the patient journey was reported initially to the dispatcher at the commissioning trust using a mobile data unit fitted in each vehicle. In addition to informing the trust, crews contacted the Medi 4 duty supervisor by mobile phone and then completed an adverse incident report form. We saw each vehicle had a supply of adverse incident reporting forms. At the end of the shift the form was placed in a secure drop box at the ambulance station for analysis and investigation by the clinical or operational management team.

The company had fitted closed circuit television to each vehicle in addition to a global positioning satellite system which was linked to fleet management software. This meant senior managers had secure access the images recorded on the interior and exterior of the vehicle, as well as data on the driver behaviour such as journey and rest times, braking and acceleration which could be used to inform any investigation.

Learning from incidents was shared verbally with the reporter and then confirmed electronically by email. Staff confirmed they had received feedback about incidents from their line manager.

Monthly performance reports detailed the number of complaints and incidents reported. Senior managers had access to current information that enabled them to rapidly identify any trends or patterns of concern.

Messages about lessons learned from incidents were distributed through the electronic roster. Staff accessed the roster frequently because this was the way they were booked in for shifts or overtime. The system required users to read any messages or alerts before allowing them to proceed to the roster. This meant the management team had assurance that all essential messages were passed to staff and read.

The senior management team demonstrated their understanding of duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

We reviewed the duty of candour standard operating policy, which was available to all staff and in date. It clearly outlined the responsibilities of all staff to be clear and transparent about any compromise to patient's health or safety. However, when we asked staff about duty of candour, they were unsure of what this was.

Are Patient transport services well-led?

Good 

Our rating of well-led stayed the same. We rated it as **good**.

Leadership

Patient transport services

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 staff. They supported staff to develop their skills and take on more senior roles.

The leadership at Medi 4 consisted of a managing director, financial director and clinical director. There was a Medical Director who headed the governance team. An operations manager and operations lead were in post and each geographical hub had a shift supervisor.

The board members had completed training in General data protection for HR professionals and general data protection for board training.

All staff spoke highly of the leaders within the organisation. Staff told us they felt comfortable to raise any concerns they had with the management team.

Senior managers and board members showed an understanding of the risks to the service. The board meeting minutes demonstrated an ongoing oversight of quality and governance issues such as policies, risk management and human resources.

Staff told us senior managers and directors were very visible and were frequently seen at the ambulance stations.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The board held monthly meetings which were used to develop vision and strategy. The service followed the provider's corporate values and principles that underpinned them. The values were named to mirror the company's name: eMpathetic, depEndable, Diverse, professional, 4 patients and clients.

The vision of the service was to provide a safe quality service centred on the needs of patients. The mission statement described the aims of the service as valuing its effectiveness and values such as diversity and dignity.

Staff we spoke to knew the providers values and tried to incorporate them in everything they did.

The company was actively looking for opportunities to expand into other geographical areas and diversifying the range of commissioning bodies to improve sustainability. For example, the provider was starting to cover emergency ambulance shifts for an NHS Ambulance Trust.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Staff described an open and supportive culture where learning and progression was encouraged. Managers anticipated stressful situations and provided support for staff.

Patient transport services

Informal debriefing was available to staff following stressful shifts. Members of the senior leadership team met with staff to discuss their concerns and provide emotional support.

Staff and managers described how they were proud to work for the provider. They told us since the change of management everyone had a voice within the team.

The provider had a freedom to speak, challenge culture and whistleblowing policy. Staff told us they were able to refer to this policy when raising concerns.

Managers provided clear communications to staff about the expected standards of work by displaying posters about the standards of care and work performance expected.

Staff turnover was monitored monthly. Records showed that in the last six months staff turnover had reduced.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

The governance meetings had a standing agenda covering clinical policy, risk log and assessment updates, serious untoward incidents, central alert system, safeguarding, risks and issues, audits, logistics, driving standards, education and clinical updates. Records we viewed on the day of inspection confirmed the meetings had occurred.

The governance committee were expected to provide leadership and oversight of current clinical challenges. A member of the board also attended these meetings.

Management of risks, 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service used data for identifying risks and planning how to control or minimise them. The governance committee led by the medical director and included a paramedic and education lead reported directly to the board.

The company used an electronic reporting system to help managers identify, classify and manage risk. We reviewed the current risk register which contained strategic, organisational and corporate risks. The risk register contained a record of the actions taken which mitigated the risk and a rating indicating the severity and likelihood of reoccurrence.

According to the risk register the top three risks for the service were supplier management, reputation and resource management. The risk of not completing regular audits to monitor compliance with policies was not identified as a risk despite acknowledging the lack of internal auditing.

Information management

Patient transport services

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.

Information about the service including performance and patient information was controlled and monitored by the contracting NHS Ambulance Trust. Staff had access to training about information governance and protection.

The contracting NHS Ambulance Trust monitored the key performance indicator (KPI) data for the targets it set. The service met with the ambulance organisation quarterly where they could discuss any perceived issues with the quality of the data. However, we did not see any minutes from these meetings as there were none recorded. The registered manager did not report any issues with the reported performance data.

We saw that information governance training formed part of the mandatory training programme and that 100% of staff had received this training.

Staff showed us how they accessed information on the electronic tablet. Each member of staff had a unique pass code to use the system ensuring information was kept secure

Public and staff engagement

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

People could give feedback via their website. The service also received feedback through the contracting NHS ambulance provider and through feedback forms that were given to patients on journeys. Feedback was collated and discussed at all levels throughout the organisation.

The service had regular staff meetings and utilised technology such as closed messaging groups and mobile phone applications to keep in touch with their colleagues. The directors and team leaders told us they had an open-door policy and that staff could approach them at any time. There was a 24 hour on call system that staff could use if they had concerns or issues that needed urgent resolution.

There was a staff notice board in the staff room. This had various forms and information on it including the contracting NHS ambulance contact numbers, blank incident forms, and information regarding safeguarding and duty of candour.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services.

The service and its staff demonstrated a willingness to develop and improve the service provided. For example, the provider was starting to cover emergency ambulance shifts for an NHS Ambulance Trust.

Patient transport services

The service had invested in a suite of professional electronic management systems that would improve their human resources, billing and incident reporting capabilities. The service had achieved ISO9001 accreditation. The accreditation demonstrates a company's ability to consistently provide products and services that meet customer and regulatory requirements and to demonstrate continuous improvement.

The service had recently undertaken a mock CQC inspection. They used the results of this to make changes and improvements to the organisation.