MARS Secure Transport & Recruitment Service Ltd

Mars SecureTransport & Recruitment Service Ltd

Quality Report

Britannic House
Stirling Way
Borehamwood
WD6 2BT
Tel: 07446420634
Website: www.marssecuretransport.com

Date of inspection visit: 25 October and 1 November 2018
Date of publication: 08/01/2019

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.

Summary of findings

Letter from the Chief Inspector of Hospitals

Mars Secure Transport & Recruitment Service Ltd is operated by MARS Secure Transport and Recruitment Services Ltd. The service provides a patient transport service.

We inspected this service using our focused inspection methodology. We carried out the unannounced part of the inspection on 25 October 2018 along with a second visit to the service on 1 November 2018.

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.

The main service provided by this service was a patient transport service.

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 Health Act (1983) and the Mental Capacity Act 2005.

Services we rate

We regulate independent ambulance services and we do have a legal duty to rate them. As this was a focused inspection, we have not inspected all areas and therefore have not rated the service. We have highlighted good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had enough skilled staff to safely carry out the booked patient transfers. The service ensured sufficient staff were allocated to each patient transfer depending on risk and need.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had an effective understanding of the Mental Health Act (1983) and were aware of their restrictions under this legal framework.
- Recruitment procedures were in place to ensure that all staff were appointed following a check of the suitability and experience for the role, together with pre-employment checks having been carried out.
- Vehicles and equipment were fit for purpose.
- We saw that staff were caring and respectful of patients using the service. Staff treated patients with confidentiality and dignity and sought to gain feedback from patients regarding their journey using a patient experience form.
- The service demonstrated the effort made to meet individual needs of patients using the service; such as considering the gender mix of transport staff and requesting staff that spoke a specific second language to provide translation services if needed.
- Staff told us, and we saw, that the leadership of the service was open, approachable and inclusive.
- The leaders promoted a positive staff culture and encouraged staff development to deliver the best possible care and treatment for all patients.
- Effective systems were in place to ensure patients received safe and high-quality care and treatment.

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

- On the first day of the inspection, we found that there were not effective systems in place regarding the organisation of documentation or oversight of potential risks in the service. The managers took immediate action to rectify these and when we returned on the second day of the inspection, we found significant improvements had been made.

Summary of findings

- There was not always a systematic approach to oversight and maintenance of effective policies and procedures in the service. Whilst the provider took urgent actions to address this, further ongoing work is required to embed new processes in the service.
- Annual appraisals for staff were being introduced. Staff meetings were not always minuted.

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

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		The main service was patient transport services. Staff provided a safe, effective and responsive service to patients, which was well led. Staff were caring and respectful towards patients and demonstrated a good awareness of the needs of patients detained under the Mental Health Act (1983). The leaders promoted a positive staff culture and encouraged staff development to deliver the best possible care and treatment for all patients. Effective systems were generally in place to ensure patients received safe and high-quality care and treatment.

Mars SecureTransport & Recruitment Service Ltd

Detailed findings

Services we looked at
Patient transport services (PTS)

Detailed findings

Contents

Detailed findings from this inspection	Page
Background to Mars SecureTransport & Recruitment Service Ltd	6
Our inspection team	6
Facts and data about Mars SecureTransport & Recruitment Service Ltd	6
Action we have told the provider to take	20

Background to Mars SecureTransport & Recruitment Service Ltd

MARS Secure Transport and Recruitment Service is operated by MARS Secure Transport and Recruitment Services Ltd. The service has been registered to provide a regulated service since July 2016.

The provider is an independent ambulance service that is based in Borehamwood in Hertfordshire. The service works mainly throughout London but does offer a nationwide service for transfers.

The service provides mostly adult, but some children (less than 1% of journeys), secure patient transport for patients with mental health needs. There is the ability to transfer patients in secure cages as most vehicles are adapted for this purpose.

The main types of transport are from institutions to either residential, acute settings for medical care or courts. Although registered as a patient transport service, patients carried by the service are physically well which means that vehicles were not equipped in the same way that conventional ambulances might be. The vehicles are not adapted for patients with physical conditions and therefore did not have emergency equipment or drugs on board.

The service had a nominated individual and a registered manager in place since registration in July 2016. This was the first inspection since registration.

Our inspection team

The team that inspected the service comprised two CQC inspectors, a CQC inspection manager and a CQC mental health inspector. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection and Phil Terry, Inspection Manager.

We inspected this service on 25 October and 1 November 2018.

Facts and data about Mars SecureTransport & Recruitment Service Ltd

The service is registered to provide the following regulated activity:

-Transport services, triage and medical advice provided remotely.

During the inspection, we visited the provider's headquarters, which is where the service was provided from. There were no other registered locations. During the inspection, we visited the office based at Borehamwood and travelled on two of the vehicles.

We spoke with five members of staff including the nominated individual, registered manager, transport

Detailed findings

manager, and office manager. We observed one patient being transferred from an acute hospital setting to a secure mental health unit. During our inspection, we reviewed five sets of care records. We did not speak to patients or relatives on the day of the inspection

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

In the period 1 November 2017 to 1 November 2018, there were approximately 350 patient transport journeys undertaken. Seven journeys were for younger adults.

The service employed 16 staff of which two were full time: the rest were employed on a zero-hours contract basis whereby the staff members provided their shift availability and were then allocated shifts to be 'on-call' throughout the week. Should a transfer be requested, those on-call staff would be contacted and asked to attend work. The staff were either ambulance drivers or as escorts.

The service had a fleet of 10 vehicles including unmarked cars, ambulances and celled ambulances. As of the date of inspection, all 10 vehicles had been MOT and serviced within the previous 12 months.

Track record on safety:

· No never events.

· One clinical incident.

· No serious injuries.

· Three complaints.

There were three enquiries made to the CQC preceding the inspection of 25 October 2018. This included two complaints regarding staff attitude and restraint, and one complaint regarding the inappropriate use of blue lights.

This was the first inspection of this service since it was registered, and the provider had given limited information to the CQC in the lead up to the inspection. There was no track record or detailed provider return.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

MARS Secure Transport and Recruitment Service is operated by MARS Secure Transport and Recruitment Services Ltd. The service has been registered to provide a regulated service since July 2016.

The provider is an independent ambulance service that is based in Borehamwood in Hertfordshire. The service works mainly throughout London but does offer a nationwide service for transfers.

The service provides mostly adult, but some children (less than 1% of journeys), secure patient transport for patients with mental health needs. There is the ability to transfer patients in secure cages as most vehicles are adapted for this purpose.

The main types of transport are from institutions to either residential, acute settings for medical care or courts. Although registered as a patient transport service, patients carried by the service are physically well which means that vehicles were not equipped in the same way that conventional ambulances might be. The vehicles are not adapted for patients with physical conditions and therefore did not have emergency equipment or drugs on board.

The service had a nominated individual and a registered manager in place since registration in July 2016. This was the first inspection since registration.

Summary of findings

As this was a focused inspection, we have not rated the service.

- The service had enough skilled staff to safely carry out the booked patient transfers. The service ensured sufficient staff were allocated to each patient transfer depending on risk and need.
- The service employed competent staff and ensured all staff were trained appropriately to undertake their roles. Staff had an effective understanding of the Mental Health Act (1983) and were aware of their restrictions under this legal framework.
- Recruitment procedures were in place to ensure that all staff were appointed following a robust check of the suitability and experience for the role, together with robust pre-employment checks having been carried out.
- Vehicles and equipment were fit for purpose.
- We saw that staff were caring and respectful of patients using the service. Staff treated patients with confidentiality and dignity and sought to gain feedback from patients regarding their journey using a patient experience form.
- Staff demonstrated the effort made to meet individual needs of patients using the service; such as considering the gender mix of transport staff and requesting staff that spoke a specific second language to provide translation services if needed.
- Staff told us, and we saw, that the leadership of the service was open, approachable and inclusive.
- The leaders promoted a positive staff culture and encouraged staff development to deliver the best possible care and treatment for all patients.

Patient transport services (PTS)

- Effective systems were in place to ensure patients received safe and high-quality care and treatment.

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

- On the first day of the inspection, we found that there were not effective systems in place regarding the organisation of documentation or oversight of potential risks in the service. The managers took immediate action to rectify these and when we returned on the second day of the inspection, we found significant improvements had been made.
- There was not always a systematic approach to oversight and maintenance of effective policies and procedures in the service. Whilst the provider took urgent actions to address this, further ongoing work is required to embed new processes in the service.
- Annual appraisals for staff were being introduced.

Are patient transport services safe?

As this was a focused inspection, we have not rated this key question.

Incidents

- Staff managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- There was an effective system in place for reporting incidents, which staff understood. Learning was shared via team meetings and via email updates.
- Staff were aware of their roles and responsibilities regarding the reporting of incidents.
- There was a single process for reporting of incidents. Initially, staff were required to report incidents directly on to an incident reporting form which were readily accessible on ambulances.
- The registered manager described the process of how all incidents were referred to them for investigation and root cause analysis where applicable. Changes to practice resulting from identified lessons learnt were communicated to staff. An example was the purchase of hand scanning devices to check patients for any inappropriate objects.
- The service reported no never events or serious incidents. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014 is a regulation introduced in November 2014. This Duty of Candour regulation requires the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- There was a process in place for ensuring that where relevant incidents may potentially occur, the regulatory requirement to ensure regulation 20 was discharged. Because no such incidents had occurred in the

preceding twelve months that met the threshold for the duty of candour to be applied, we were not able to fully assess the provider's compliance with this regulation in its entirety. However, staff were able to describe the requirements of the regulation and of their roles and responsibilities.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had processes in place to monitor staff compliance with mandatory training. Mandatory training was an annual cycle for all staff, who were expected to complete this. There was a structured induction programme in place for all new staff. All staff were expected to complete mandatory training modules annually.
- Data we received from the service showed that there was 100% compliance with mandatory training. We checked five staff files and found clear evidence of current compliance with mandatory training.
- Training was delivered by an accredited trainer, as well as via a nationally recognised online training package.
- Managers arranged and ensure that all staff were up to date and receiving appropriate training, using a database that detailed skills and training. The completion date was included and when it was up for renewal.
- Staff received training in safe systems, practices and processes. Topics included on mandatory training were:
  - Driving assessment.
  - Prevention and management of violence and aggression.
  - Basic life support and use of automated external defibrillators.
  - Safeguarding children and safeguarding adults.
  - Mental Health Awareness and the role of the care worker.
  - Mental Capacity Act and Deprivation of Liberty Safeguards.
  - Infection prevention and control.
  - Equality, diversity and inclusion
  - Handcuff officer training
  - Moving and handling training was done in house on staff induction with annual refresher training thereafter.

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.
- There were effective systems and processes in place reflecting relevant safeguarding legislation to safeguard adults and children from abuse. Staff we spoke with understood their roles and responsibilities for safeguarding vulnerable people.
- There was a safeguarding policy for adults and children at risk in place. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. It also contained a comprehensive list of local authority safeguarding contact numbers for use in an emergency.
- All staff received safeguarding children training at level two, and safeguarding adults at level two and staff training records seen evidenced this. No new member of staff was permitted to work directly in contact with patients until this training had been provided. Two office staff, who manned the on-call rota, were trained to safeguarding children level three. Where younger adults were transported, a nurse from the requesting organisation would be provided.
- Staff were able to explain safeguarding arrangements, and when they were required to report issues to protect the safety of vulnerable patients.
- Arrangements for checking all staff's fitness to work with vulnerable adults and children were effective and essential checks had always been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded in accordance with the service's policy. Risk assessments had been carried out where necessary.
- Female Genital Mutilation (FGM) was included in safeguarding training, which all clinical staff attended. Staff were aware that they have a mandatory reporting duty to report any cases of FGM in females under the age of 18 years of age, including those females who have given birth to a female infant.
- Child Sex Exploitation (CSE) was included in safeguarding training. CSE is a form of child abuse and reportable to children's social services in line with safeguarding procedures. Staff were aware of the potential indicators of abuse, the forms to use and how to complete an interagency referral. The policy for safeguarding children included FGM and CSE.

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

Cleanliness, infection control and hygiene

- The service generally controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff did not carry out any clinical interventions on board the vehicles, apart from emergency first aid.
- We inspected five vehicles and found all were visibly clean and fit for purpose. All equipment inside was visibly clean and storage was well organised. Ambulance interior surfaces and equipment were visibly clean, and records of daily checks had been completed. There were arrangements for managing general and clinical waste. In the vehicles there was a selection of waste bags, including for clinical waste and spillage kits.
- The vehicles inside appeared visibly clean and tidy. Staff were expected to leave the vehicle clean and tidy at the end of each transfer, and each vehicle was cleaned weekly.
- Pre-transfer checks and daily ambulance checks required staff to check upon the cleanliness of each vehicle at least daily. We saw records that confirmed this.
- Equipment carried on board ambulances included clinical wipes and clinical waste bags to aid staff to maintain a hygienic environment when necessary.
- In the event of a bodily fluid spill in a vehicle, staff had access to a biohazard spill cleaning contractor 24 hour a day, seven days a week.
- Staff used hand gel provided before and after contact with patients in all settings. We saw within the staff handbook provided to all staff during induction, that the service provided basic training to staff in infection prevention and control. There were guidelines available to staff about working with infectious or communicable diseases.
- Personal protective equipment was readily available. Staff could describe the process of how they could decontaminate their hands before and following patient contact.
- Staff were responsible for ensuring that they complied with the service's dress code and that clothes were laundered appropriately.
- There had been no reported healthcare acquired infections reported during the preceding twelve months.
- There were not clear protocols in place for appropriate cleaning and decontamination of ambulances. Deep cleans were conducted on an ad hoc basis with some evidence of these being recorded. The introduction of a new cleaning protocol had demonstrated greater compliance and more effective cleaning of ambulances. Routine swabs of ambulance equipment, fixtures, and fittings was not yet embedded in the service.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- Premises and equipment were appropriate and well maintained. The premises were safe and secure and had out of hours' security arrangements.
- The service had effective systems in place to ensure the safety and maintenance of equipment. The maintenance and use of equipment meant that there was always safe, ready to use, equipment for the vehicles. The service operated a fleet of ten unmarked 'people carrier' style vehicles, which included 'celled' ambulances. These were specially designed ambulances that had a secure section in the rear.
- There were eight secure cell vehicles for transporting patients who were sectioned under the Mental Health Act 1983 (MHA). Two of these vehicles had a secure (non-cell) cabin that could be used to transport informal patients or patients sectioned under MHA.
- In each ambulance, a partition separated the driver from the other passengers. This protected the driver from being distracted and meant the vehicle could be driven safely regardless of any incident taking place in the passenger compartment.
- The ambulances were kept outside of the provider office or on staffs' own driveways. Staff attended the office to collect the designated vehicle keys. Office staff maintained a record of location of each vehicle and had spare sets of keys securely stored.
- Patients were asked to wear their seatbelt always whilst in the ambulance. Patients' luggage was carried in a compartment of the ambulance.
- Staff carried out an inspection of each ambulance each week, including equipment carried and roadworthiness checks. Before taking an ambulance out on a transfer, each driver also carried out a roadworthiness and cleanliness check. We saw completed checklists

evidencing comprehensive weekly checks on vehicles, and pre-transfer checklists attached to payroll timesheets. The service used a qualified maintenance person to carry out checks on all vehicles.

- A local garage carried out vehicle servicing. We saw appropriate MOT and insurance documentation for the vehicles. Records seen showed that all vehicles were fit for use and had had the required checks and maintenance carried out.
- Each vehicle carried details of a 24 hours a day, seven days a week breakdown recovery service. Guidelines for staff to follow in the event of a breakdown were contained within each ambulance.
- Equipment on board the ambulances included vomit bowls, a basic first aid kit, hospital standard pillow and blankets, water, cut down knife (to cut ligatures), fire extinguisher, hammer for emergency exit, handcuffs (soft and hard), and a phone. Staff securely stored items such as handcuffs and the cut down knife in the front cab of the ambulance. We saw daily ambulance checklists were completed confirming the correct amount of equipment was on board each vehicle.
- We inspected five vehicles and found all were fit for purpose. Essential emergency equipment was available on the vehicles and a standard vehicle checklist was completed by staff at the start of each shift.
- Electrical equipment was checked for safety annually and equipment had maintenance checks. The service had a comprehensive record of equipment servicing and electrical safety testing. All equipment was secured within the vehicles.

Assessing and responding to patient risk

- Appropriate procedures were in place to assess and respond to patient risk, including appropriate response to vehicle breakdown.
- The service had a transfer of patients' policy, a resuscitation policy and the management of deteriorating patients' policy which clearly outlined the roles and responsibilities of staff. This included communication between the service and the planned destination, information to be given to patients and documentation. The policy highlighted links to the consent policy, reminding staff to ensure consent in place, prior to transfer.
- Before booking a transfer, managers clarified the status of a patient's mental health with the booking establishment, including whether the patient was detained under the Mental Health Act, or subject to a Deprivation of Liberty Safeguards authorisation, to plan the staff and vehicles used appropriately.
- The service would gather as much information about the patients from the requesting service, then risk assess each patient individually. Protocols operated for patient transfer request, bookings for which were taken by the control room staff. All journeys were requested by the patients' registered mental health nurse or approved mental health practitioner. The manager and staff told us any form of restraint they used was the minimum amount necessary for the shortest possible time, and as a last resort. This complied with the Department of Health guidance entitled Positive and Safe (2013) and National Institute of Clinical Excellence (NICE) Guideline 25. Staff told us they were more likely to ask for mechanical restraint to be removed when collecting patients from NHS trusts or police stations than to use it. They told us healthcare assistants were not permitted to make the decision to use mechanical restraint without authority from a registered mental health nurse.
- Staff told us that if a patient was non-compliant, soft handcuffs would be used first to use the least restrictive method of mechanical restraint, where the patient had an assessment in place that identified the need for restraint. Risk assessments were completed by the sending location to identify whether handcuffs would be required for patient transfers.
- There was a formal on call rota in place. On call managers of the service were available 24 hours a day, seven days a week, for advice for staff if required.
- Two members of staff had received 'blue light' training with other organisations. The service had a clear policy in place for any use of 'blue lights' which complied with national recommendations.
- A policy was in place for the treatment and transport of children, which gave sufficient guidance for staff in care and treatment of children and young adults. The service occasionally transported younger adults (seven occasions in the past year). Each journey was fully risk assessed.

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.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care and treatment always. Staffing levels met the needs of patients during the inspection. Staffing requirements for each journey were set by the requesting organisation. If a registered mental health nurse was required, then they would be provided by the requesting organisation.
- The service had a control room which monitored the whereabouts of all vehicles and was in constant communication with the staff on the vehicles regarding patient journeys and new requests for work.
- The service employed a mix of staff including:
  - drivers.
  - escorts.
  - control room staff.
  - service managers.
- The service employed 16 staff of which two were full time; the rest were employed on a zero-hours contract basis whereby the staff members provided their shift availability and were then allocated shifts to be 'on-call' throughout the week. Should a transfer be requested, those on-call staff would be contacted and asked to attend work.
- We checked five random employment records. All employment records looked at contained up to date information, including disclosure and barring checks (DBS) and stored copies of training certificates and driving licence details. All staff records were securely stored.

Records

- Patients' individual care records were well managed and stored appropriately. Records seen were accurate, complete, legible and up to date in all cases.
- Staff completed a patient transfer record for each job they completed. We looked at five completed transfer records, which included staff details, times, collection and transfer addresses, details of the patient's condition during the journey, details of whether any form of restraint was used and whether an incident form was completed for the job. All the forms were legible and included all the information required by the company.
- On their return to their base, staff put the completed transfer form in a secure letterbox in the company's office.
- Staff told us, and we saw that they transferred patient hospital records where appropriate with the patient. This included any forms relating to sections under the Mental Health Act 1983. We saw staff check patient records as part of a handover process at the sending hospital or establishment.

Medicines

- Due to the nature of this service, staff did not carry or have access to on-board medications. However, we saw a medicines management policy that covered the transporting of patient medication. The policy also reflected current practices in medicine, such as, ordering, storage and disposal. The policy gave guidance on the safe handling, storage and disposal of medicines and medical gases.

Are patient transport services effective?

As this was a focused inspection, we have not rated this key question.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- There was an effective system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice. The service's policies were based on evidence-based guidance, standards, best practice, and legislation.
- We reviewed 10 policies in place for the service, including those for recruitment, staff induction and training, risk assessment, incidents, medicines management, fleet management, resuscitation, infection control and criteria for transport. The policies had a date when first produced and a version number and a date of next review.
- Senior staff were aware of current evidence-based guidance, standards and best practice were used to develop how services, care and treatment delivered.
- Staff told us any form of restraint they used was the minimum amount necessary for the shortest possible

time, as a last resort. This complied with the Department of Health guidance entitled Positive and Safe (2013) and National Institute of Health and Care Excellence (NICE) guideline 25.
- We saw that the service had policies that staff followed during their work. These were all dated and included version control, owner of the policy and the date on which it was due for review. The service used a nationally recognised health and care policy system which all staff had access to via mobile telephones.

Nutrition and hydration

- Patient nutrition and hydration needs were considered when transporting patients. There was no facility for water for the patients on the vehicles that generally refreshments were not provided on journeys. Staff could purchase a bottle of water and a sandwich if required for patients on longer journeys.

Response times / Patient outcomes

- Managers monitored some aspects of the effectiveness of care and treatment and used the findings to improve them.
- Between 1 November 2017 and 1 November 2018, the service carried out approximately 350 patient transfers.
- The company operated 24-hours a day, seven days a week. For patient transfer requests out of office hours, calls were transferred to on-call transport co-ordinators, and managers were available out of hours to assist them when required
- The service monitored the number of patient transfers completed.
- The service did not participate in national audits or accreditation processes.
- The service did not have any formal service level agreements in place at the time of the inspection.
- The service was implementing a new monitoring system for its response times for each individual journey on a specifically designed data system. These times were to be monitored on a case-by-case basis by the transport manager and the registered manager.
- The service recorded time of requested booking, time the crew left base, time of crew arrival at the pickup location, time the crew left the pickup point, time the crew arrived at the destination, time the crew left the destination, and the time the crew arrived back at base. The information was paper based, for example, a booking log and paper transport dockets. The manager advised that monitoring performance was therefore a manual process.

Competent staff

- The service made sure staff were competent for their roles.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment, including for younger adults. The service had systems in place to manage the effective staff recruitment process.
- Effective staff recruitment processes were in place. All necessary checks on new staff had been carried out. The service had effective systems in place to manage effective staff recruitment processes. From five current staff files reviewed, we saw that staff had an employment contract issued. All staff files showed evidence of at least two satisfactory references being requested and reviewed. All staff applications showed a clearly defined work history. We saw staff employment contracts, Disclose and Barring Service (DBS) checks, references, and work histories were all in place. The recruitment and selection process had been carried out to consider their competency for the role. This was in line with the recruitment policy. Interviews notes were held on staff files seen.
- We saw that all staff had received an induction and that the induction and staff recruitment policy had been reviewed. The manager had also arranged for a supervision and appraisal system to be implemented. We saw a detailed policy regarding this was in place, identifying staff's learning and development needs, linked to their continuous professional development and registration with their professional body (if applicable). They were required to undertaken training and provide certificates for the service.
- Staff received ad-hoc one to one meetings. The service was implementing an annual appraisal process.

Multi-disciplinary working

- Staff worked together as a team to benefit patients.
- Staff told us members of staff from the NHS trust or other providers who were caring for the patient being transferred were able to travel with the patient if they wanted to, and if it improved the experience for the patient.

- We saw that handovers at the sending and receiving establishments were held. The handover was requested by the registered mental health nurse and was seen to be thorough and informative. All paperwork was checked prior to leaving to ensure this was full and correctly completed.

Health promotion

- We did not gather evidence for this element.

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. They followed the service policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Training records showed that all staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as part of induction and mandatory training days. A Mental Capacity Act (2005) policy was in place that provided clear guidance for staff on assessing patient's ability to make informed decisions.
- Staff showed awareness of consent protocols for younger adults.
- Staff told us about their understanding of lawful and unlawful restraint practices and had a good understanding of how to manage patients that were resistant to being transferred.
- Staff liaised with other professionals at the sending establishment to ensure they understood how best to support the patient prior to engaging with them.
- The service had a consent policy, which detailed the expectations of staff to consider consent with all patients and to detail that consent was to be sought before any treatment. The policy also gave guidance on the consent process for children and highlighted the guidelines in the safeguarding policy relating to treating patients less than 18 years.
- The service had a do not attempt cardiopulmonary resuscitation policy (DNACPR). This policy gave clear guidance for staff on managing any potential bookings.
- We saw from samples of patient treatment records that consent had been recorded to the course of treatment outlined by staff.

Are patient transport services caring?

As this was a focused inspection, we have not rated this key question.

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Care was provided in a sensitive and dignified way, wherever possible. We observed staff treat patients with kindness, respect and dignity during a patient transfer.
- We saw a sample of comments and feedback messages received by the service, which were complimentary about the care and respect shown by staff to patients. They referred to their kindness and professionalism of the staff.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- We accompanied staff on a patient journey. We saw staff explain to a patient why and where they were being transferred to. This was done in simple terms and a friendly respectful manner, which helped the patient understand.
- Staff were able to describe how they met the needs of patients. There were arrangements for ensuring and maintaining the privacy and dignity of patients.

Understanding and involvement of patients and those close to them

- Patients were encouraged to be involved in the planning and delivery of their care as much was practicable given the nature of the service provided.

Are patient transport services responsive to people's needs?

As this was a focused inspection, we have not rated this key question.

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- The service offered a UK wide service to accommodate the needs of those patients who required transfers to mental health units in any area. The service operated on an ad-hoc basis and did not have service level agreements in place with mental health trusts or with individual mental health units to provide patient transfer.
- Information about the needs of the local population was used to inform how services were planned and delivered. The service used information available from other organisations to help shape the design and delivery of its service.
- The service provided specific vehicles for the transport of patients with mental health illnesses or needing anonymity. Those vehicles had Home Office approved Category B cells, and processes were in place for patients to be risk assessed first before use.

Meeting people's individual needs

- The service took account of patients' individual needs.
- The service was generally tailored to each patient's individual needs and risk levels.
- Patients were able to carry personal belongings with them; these were secured stored in the boot of the ambulance. When accepting a booking, coordinators considered the gender mix of staff required for a transfer.
- Staff told us about how they worked with patients whose first language was not English. Staff reported that there were several staff who spoke a variety of languages; therefore, it was usually possible to book a staff member who spoke the same language. Should this not be the case, staff told us that the transport manager would request the sending and receiving establishments have interpreters who could communicate the purpose of the transfer in the patients' own language. This included sign language and Makaton interpreters. The registered manager informed us that the service had effective access to interpreting and translation. In the first instance, the service aimed to provide staff that spoke the same language as the patient or it requested that the hospital supplied a translator.
- Staff told us that the service had access to nurses with specialist knowledge in working with patients with learning disabilities. Therefore, if a patient was identified as having a profound learning difficulty or disability, appropriate staff would be provided by the requesting organisation.
- Two of the vehicles had been adapted to allow them to convey patients who needed to travel in a wheelchair. The service did not have facilities to transport bariatric patients.
- The service also had specific vehicles for the transport of patients with mental health illnesses or needing anonymity. There were eight secure cell vehicles for transporting patients who are sectioned under the Mental Health Act 1983 (MHA).
- The service had in place a policy giving staff guidance for supporting patients with a vulnerability and this included patients living with a dementia or with a learning disability. Staff confirmed they had received dementia awareness training.

Access and flow

- Patients had access to timely care and treatment.
- The service took bookings for patient transport journeys from the local NHS hospitals. The booking system was managed by control room with a 24 hour on call telephone service. An electronic system was being introduced to record of all patient bookings with details of booking calls made.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Effective procedures were in place to respond and learn from complaints. People who used the service were aware of how to make a complaint or raise a concern. The service advised patients of how to make a complaint through feedback leaflets. Patients could also complain to the NHS hospital or mental health unit and the service could receive complaint via this route.
- A complaints' policy was in place. This outlined the time frame for complaints to be acknowledged to which was three days, then there was a time frame of 25 working days for the service to carry out the investigation and provide a formal response. The service had received three complaints in 2017. We examined one received by the service and noted there had been a detailed investigation and response to the complainant within the required period.

- Staff were aware of the complaints' process and had read the complaints policy. They told us they would receive feedback when a complaint was made and said that all complaints were investigated thoroughly. Learning opportunities were discussed at team meetings.

Are patient transport services well-led?

As this was a focused inspection, we have not rated this key question.

Leadership of service

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Leaders had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.
- The service was led by the directors of the business who had significant experience of working in the independent ambulance industry.
- The registered manager was a director of the company. The leadership team were in the process of developing enhanced organisational and accountability structures throughout the service. The service manager had systems in place for managing the vehicles and equipment.
- Senior staff were experienced and knowledgeable about their areas of responsibility. They were clear about the standards they expected from staff.
- Staff spoken with were clear on their role and how to report to and said leaders were very visible in the service.

Vision and strategy for this service

- The service had a vision for what it wanted to achieve and plans to turn it into action.
- The vision was underpinned by strong patient-centred values. The company's vision and core values were to deliver the best possible care service for all patients.
- The core values were outlined in the staff handbook provided to each new starter. We saw staff displaying these values consistently during the inspection.
- A business strategy for 2018/2019 had been developed. The registered manager had a vision for the service to develop the service to provide high, quality care for all the people who used the service.

Culture within the service

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had an open and learning culture, focused on patient care. staff worked with a mutual respect, candour and honesty.
- Staff shared learning through team meetings and via email updates.
- The organisational culture promoted staff wellbeing.
- There was a clear whistleblowing policy to support staff in raising concerns.

Governance

- On the first day of the inspection, we found that there were not effective systems in place regarding the organisation of documentation or oversight of potential risks in the service. The managers took immediate action to rectify these and when we returned on the second day of the inspection, we found significant improvements had been made. Not all meetings had been minuted, and the managers stated this was to be actioned.

Management of risk, issues and performance

- The service provided us with their risk register. This was comprehensive, up to date and had been reviewed regularly. It included risks such as vehicle breakdown and staff shortages. Quality measurement of infection control procedures and translation needs of patients on long journeys had not been identified as a formal risk.
- There was a range of policies and standard operating procedures which underpinned the governance structure. Policies were reviewed regularly and covered key issues such as raising and responding to concerns, adverse incident investigation, complaints, driving policy, consent, medicines management and infection prevention and control. This ensured patient safety as much as possible and promoted a consistency of approach in day to day working.

Information Management

Patient transport services (PTS)

- Staff were able to access information about a patient easily on the booking and task form Duty managers would obtain further information and feed this back to the staff if required.
- Policies were available in hard copies in the office, or on the service's electronic health and care system.

Public and staff engagement

- Staff said that they felt listened to and the managers were approachable.
- We saw that patient feedback, when received, was generally positive, complimenting staff on their helpfulness, punctuality and all recommending the service for future use.
- There were some formal systems to capture patient feedback via surveys. Feedback forms were available on every transport and were offered to patients (where appropriate). Feedback forms were also distributed to patients in hospital wards and offered to any patient escorts that accompanied them. The manager spoke of the service's plans to introduce staff surveys and use the feedback to further develop the service.

Innovation, improvement and sustainability

- The service monitored performance through examining paper-based records, for example, booking logs and paper transport dockets. The manager advised that the service was implementing suitable software to monitor response times by the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- There was not always a systematic approach to oversight and maintenance of effective policies and procedures in the service. Whilst the provider took urgent actions to address this, further ongoing work is required to embed new processes in the service.
- To ensure full oversight of implementation of staff appraisals.

Action the hospital SHOULD take to improve

- To implement annual appraisals for staff.
- Staff meetings should be minuted.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance • There was not always a systematic approach to oversight and maintenance of effective policies and procedures in the service. Whilst the provider took urgent actions to address this, further ongoing work is required to embed new processes in the service. • Oversight of implementation of staff appraisals was not effective.