Patient Transport (UK) Limited

Patient Transport (UK) Ltd - Potters Bar Ambulance Station

Inspection report

Unit 3
Summit Centre, Summit Road
Potters Bar
EN6 3QW
Tel: 02084418122
www.patient-transport.co.uk

Date of inspection visit: 08/04/2021
Date of publication: 25/05/2021

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?	Requires Improvement
Are services effective?	Good
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good	We rated it as **good** because: • The service provided mandatory training in key skills to all staff and made sure everyone completed it. 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 service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. 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. • 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 skill mix and gave staff a full induction. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. • The service provided care based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty. • It was easy for people to access the service, and people received the right care in a timely way. • Leaders had the skills and abilities to run the service. They understood and managed the

priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- 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 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.

However:

- Staff could be authorised to use audible and visual warnings, however the provider's policy did not accurately reflect their current procedures for the management of a deteriorating patient, and the provider did not monitor the use of these warnings effectively.
- The provider was not registered for the regulated activity of treatment of disease, disorder or injury and did not employ registered healthcare professionals; however, staff could administer patients new oxygen therapy.
- Staff did not have access to communication cards to enable people with a disability to communicate with staff.
- Staff were not aware and had not been involved in developing the company's values, vision and strategy.

Summary of findings

Contents

Summary of this inspection

Page

Background to Patient Transport (UK) Ltd - Potters Bar Ambulance Station 6

Information about Patient Transport (UK) Ltd - Potters Bar Ambulance Station 6

Our findings from this inspection

Overview of ratings 8

Our findings by main service 9

Summary of this inspection

Background to Patient Transport (UK) Ltd - Potters Bar Ambulance Station

Patient Transport (UK) Ltd - Potters Bar Ambulance Station is operated by Patient Transport (UK) Limited and provides a secure mental health transport service and a non-emergency patient transport service, mainly to patients located within London and the south of England.

This location was first registered with CQC on 15 September 2020 following the relocation of the service from North London. The service has had a registered manager in post since their registration. This inspection was the first time CQC inspected this location. The provider is registered to undertake the following regulated activity:

- Transport services, triage and medical advice provided remotely.

From 15 September 2020 to 31 March 2021, the provider completed 8,167 patient journeys, of which 77% were secure mental health transfers and 23% were non-emergency patient transfers.

During this period, the provider recorded zero never events, two serious incidents and 11 complaints.

How we carried out this inspection

We undertook an announced inspection of this location on 8 April 2021, following our comprehensive inspection methodology. During our inspection, we spoke with eight members of staff, including the CQC registered manager, managing director, training manager, dispatcher, and four ambulance care assistants. Due to the ongoing coronavirus pandemic at the time of our inspection, we were not able to directly observe any patient journeys or transfers.

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

Outstanding practice

We found the following outstanding practice:

- The service had developed a comprehensive in-house mandatory training programme, which was tailored to the specific duties and requirements of each staff role.
- The service operated a modern fleet of specialised vehicles, which staff maintained to a high standard. Managers were focused and committed on improving the sustainability and efficiency of their fleet.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

We told the service that it must take action to bring services into line with legal requirements. This action related to patient transport services.

- The service must ensure its policies regarding the use of audible and visual emergency vehicle warnings accurately reflect the provider's current procedures for managing a deteriorating patient, and must ensure use of these warnings is monitored effectively (Regulation 12).
- The service must ensure staff are competent and appropriately qualified to administer new oxygen therapy to patients or to adjust existing flow rates and must ensure this is administered in line with the provider's CQC registration (Regulation 12).

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure it provides training in restrictive practices to staff that is certified as complying with the Restraint Reduction Network Standards (Regulation 12).
- The service should ensure staff have access to communication cards to enable people with a disability to communicate with staff (Regulation 13).
- The service should ensure staff are aware and involved in developing the company's values, vision and strategy (Regulation 17).
- The service should ensure any learnings are identified and shared with staff following the reporting and investigation of any incident (Regulation 17).
- The service should ensure it records the dates of when each risk was first entered onto the company's risk assessment (Regulation 17).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Requires Improvement	Good	Insufficient evidence to rate	Good	Good	Good

Good

Patient transport services

Safe	Requires Improvement
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Good

Are Patient transport services safe?

Requires Improvement

We rated it as **requires improvement** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, staff did not always receive appropriate emergency driver training prior to driving with audible and visual warnings. The service had a full-time training manager in post, who oversaw and delivered all staff training. The provider had established a dedicated training centre within the ambulance station, which contained specialist training equipment and facilities. This included a training stretcher with mattress, a hoist, a wheelchair, a soft padded area for the practising of restraint, and a classroom area for around 10 people. The provider had designed the training centre to host training courses to external providers, however this had been placed on hold as a result of the coronavirus pandemic. The training offered was comprehensive and tailored to the requirements of each staff role. For example, staff who undertook secure mental health transfers were additionally trained in mechanical and physical restraint, breakaway training, de-escalation techniques and the prevention and management of violence and aggression (PMVA). This training was delivered by the provider's training manager, who had completed several trainer courses and held several professional qualifications. Although we saw the training was comprehensive and saw their physical intervention and breakaway training courses had been mapped to comply with the Restraint Reduction Network's standard, we did not see evidence the course had been certified as complying with this standard as required by April 2021. Although several staff came from an ambulance, patient transport or security background, the service undertook full training with all staff to ensure staff followed the same techniques and processes. During the inspection, we reviewed staff training records and saw all staff had completed all required mandatory training. The provider did not undertake emergency transfers, and although all vehicles were equipped with audible and visual warnings, managers explained staff would only use such warnings in the event of an emergency and under authorisation from their control staff. We reviewed the provider's Driving and Care of Patient Transport UK Vehicles policy and saw the policy was separated into 'non-emergency staff driving procedures' and 'emergency staff driving procedures'. We reviewed the section for non-emergency staff driving procedures; however, we did not see mention to the use of audible and visual warnings. We reviewed the section for emergency staff driving procedures and saw this stated "audible warning[s] should be used at the driver's discretion" and that if "audible and visual warnings are used, the crew must inform/ advise control" which could "be done retrospectively having arrived at hospital if required". Furthermore, we saw the policy referred to responding to emergency calls, with details on when staff could exceed legal speed limits. We saw a table that detailed the UK's statutory speed limits against the provider's advisory speed limits for emergency calls. For example, we saw for a 70mph statutory speed limit, the provider had an advisory maximum speed limit of 105mph.

Good

Patient transport services

Prior to our inspection, we requested details of the number of times blue lights had been activated since the service's registration in September 2020, however the provider advised their system did not provide a record for each use. We were therefore concerned the provider's policy did not reflect their current activities and did not provide staff with a robust procedure to follow in the event of a patient deteriorating. We were concerned staff could potentially drive using audible and visual warnings and exceed statutory speed limits without appropriate authorisation from their control room, and were concerned the provider did not take all reasonable steps to ensure the use of audible and visual warnings was monitored effectively.

- 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. All staff completed safeguarding training to level 2 standard for adults and children. The provider's training manager was the organisation's safeguarding lead, who was trained to level 3 standard and was in the process of achieving level 4. In the event of staff having a safeguarding concern, staff explained how they would raise their concerns to their control room or would contact the relevant local authority, hospital or police service using the NHS Safeguarding smartphone application. During the inspection, we reviewed staff training records and saw all staff had completed safeguarding training to a minimum of level 2 standard. The provider had a Safeguarding Vulnerable Adults Policy in place, which we reviewed following our inspection. We saw the provider reviewed the policy every two years, with the policy last reviewed in 2020. We saw reference to legislation and external guidance, including the Mental Capacity Act, the Mental Health Act and Deprivation of Liberty Safeguards. We saw the policy included individual responsibilities and included a flowchart that detailed how and when to report a safeguarding concern. At the time of our inspection, the provider did not have a separate safeguarding policy for children. However, the registered manager advised they were already in the process of creating a separate child protection policy and expected this to be finalised shortly.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. The provider employed a make ready operative who completed interior and exterior cleans of each vehicle prior to each shift, with ambulance crews cleaning the vehicle between each patient journey. Staff used a combination of pre-mixed chemical cleaning agents and alcohol wipes to clean vehicles and equipment, with single-use mops used within the ambulance station. If a vehicle became contaminated, such as following the conveyance of a known infectious patient, crews returned to the ambulance station for the vehicle to undergo a deep clean, with the crew changing onto a spare ambulance in the interim. All vehicles received a scheduled deep clean at least once per month. During our inspection, we witnessed staff cleaning vehicles whilst wearing appropriate personal protective equipment. The service employed an external cleaning contractor to undertake regular cleans of the ambulance station building. Due to the ongoing coronavirus pandemic at the time of our inspection, all staff wore surgical face masks when on board a vehicle or within the ambulance station. All staff, managers and visitors entering the ambulance station had their temperature monitored, with all ambulance staff undertaking a rapid COVID-19 test once a week. Hand sanitiser was available throughout the ambulance station and within vehicles, both for staff and patient use. The provider undertook infection prevention and control audits, and following our inspection, we reviewed the latest audit from December 2020. We saw the provider had undertaken an unannounced spot check of the premises, with swabs taken from all internal areas, vehicles and external structures. We noted the outcome of the analysis of these swabs was reported that "all areas met acceptable levels of cleanliness and that staff were practicing correct methods of infection control in line with their training". During our inspection, we saw fabric hand towels were present in the ambulance station toilets, which we were concerned could pose an infection risk. We raised this to managers during our visit, who immediately replaced the fabric towels with paper towels, and following our inspection, we were provided with further evidence that paper towel dispensers had now been installed.
- 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. The ambulance station was a modified industrial unit, which comprised of a training centre, control room, offices, crew kitchenette and toilets, vehicle washing and maintenance bay and secure vehicle car park. Within the ambulance station, staff could access running water, household bins, clinical waste bins, stocks of new consumables and new equipment. Staff signed all stock in and out of storerooms to

allow managers to maintain an oversight of the quantities of equipment held. The provider maintained a modern fleet of 34 vehicles, which included eight stretcher ambulances, 24 secure ambulances and two manager's response cars. During our inspection, we reviewed one stretcher ambulance and one secure ambulance and saw vehicles were maintained to a high standard. All vehicles were visibly clean, free of any household or clinical waste, roadworthy and in good condition. Staff explained they undertook a detailed daily inspection of each vehicle prior to use, during which they reviewed the interior and exterior of the vehicle for any defects, such as a flat tyre or vehicle bodywork damage. The service provided all equipment for staff, which included company-branded uniform, personal protective equipment and restraints.

- 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. Managers explained most journeys were booked directly by the requestor through a dedicated secure portal that linked into their booking and dispatch system. As part of this booking process, risks would automatically be highlighted or would not allow for a booking to be placed if certain criteria were not met. For example, if a booking was placed for a patient under 16, the system would only accept the booking if an escort or chaperone was present. Dispatch staff reviewed all booking requests and assigned these to appropriate crews, based on their skills and vehicle. For example, if a journey was identified to require use of restraint, the journey would only be assigned to one of the provider's secure mental health transfer crews. All staff were trained to undertake dynamic risk assessments prior and during each patient journey.
- 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 skill mix and gave staff a full induction. The service employed 60 staff, which included ambulance care assistants, make ready operatives, dispatchers, managers, human resources and support staff. The service reported stable staffing levels with staff retention rates over 90%. All staff were employed on full-time permanent contracts, with most staff employed to undertake secure mental health transfers. Upon joining the company, all staff were required to complete an induction programme, which included the completion of the company's mandatory training programme. This comprised of manual handling, health and safety, first aid at work, safeguarding of vulnerable adults and children, information governance, duty of candour, incident reporting, infection control and fire safety. Staff were also required to review the company's policies and procedures, undertake and pass a driver competency assessment and pass the company's pre-employment checks. Staff who undertook secure mental health transfers were required to additionally complete training on restraint, conflict resolution, de-escalation techniques, and the Mental Health Act 1983. The service operated 24 hours a day, seven days a week, with the most staff working 10-12 hour shifts on a fixed rota pattern. As most booking requests were placed in advance, managers adjusted staffing levels based on demand, and in the event of short-notice absence or staff sickness, would either try to arrange cover from staff on rest days or liaise with the requestor whether an alternative time or date would be appropriate. Staff were allocated a one hour protected lunch break during each shift and were limited to a maximum of six hours driving time per shift. In the event of a long-distance transfer, appropriate overnight accommodation for staff would be arranged.
- Staff kept records of each patient journey, which were detailed, stored securely and available to staff providing care. All patient journey information was stored on a secure electronic booking and dispatch system, operated by an external third party. When a crew was allocated to complete a patient journey, ambulance staff explained all journey details were automatically sent to their vehicle's personal digital assistant (PDA), which included the patient's details, the pick-up and drop-off addresses, and any other important information. Throughout the journey, control staff tracked each crew's progress, which included when the crew had arrived, when the patient was on board and when the journey was complete. This information was recorded within the system to allow managers to review live and historic performance and journey data. Ambulance staff could submit additional reports using their PDA, such as if restraint was used, and once a journey had been completed, all journey details were automatically removed from the PDA so staff could not review previous journey details. We saw the provider undertook audits of patient records and records storage, and following our inspection, we reviewed the latest audit from November 2020. We noted the audit had assessed the security of the provider's dispatch and booking system, and that following the adoption of the software, this had resulted in "records being securely and efficiently stored within the system".

Good

Patient transport services

- Due to the nature of the service, the provider did not administer, prescribe or store medicines, however all the provider's stretcher vehicles had a supply of bottled oxygen in the event of a deteriorating patient. During our inspection, we reviewed the storage of these and saw all oxygen cylinders were securely stored on vehicles, were all in date and in good condition. In the ambulance station, we saw oxygen cylinders were stored in a dedicated metal cage, with empty and full cylinders stored separately and clearly marked. The provider confirmed the service did not carry out transfers where a patient required oxygen during the transfer, unless a trained nurse accompanied the patient. However, we noted the provider was not registered to undertake the regulated activity of treatment of disease, disorder or injury and did not employ registered healthcare professionals, such as paramedics. We were therefore concerned the provider did not have appropriate measures in place to ensure the administration of new oxygen therapy to patients or the adjustment to existing flow rates was completed by appropriately competent and qualified staff. As some patients may have been administered a chemical restraint by the hospital or care provider before the crew's arrival, ambulance staff checked as part of their handover and before accepting the patient that the patient was medically fit to travel.
- The service managed patient safety incidents. Staff recognised incidents and near misses and reported them appropriately to managers who investigated them. However, learning opportunities were not always identified or shared with staff. The service had an accident book within the ambulance station, which staff were aware of. All vehicles were equipped with an electronic personal digital assistant (PDA), which staff primarily used to obtain details of each journey. During our inspection, staff demonstrated how they used the PDA to report incidents, such as vehicle collisions, use of restraint, patient or staff injury, accidents and complaints. If staff could not access their PDA, they could also raise concerns directly to their control room, manager or their staff representative. Managers explained how all reported incidents were reviewed and investigated in line with their incident reporting policy. Following our inspection, we reviewed the provider's incident reporting policy and copies of the three latest incidents to be reported, which included a minor road traffic collision, a deteriorating patient and a complaint. We saw evidence incidents were investigated by managers, with statements taken from staff as required and supporting information, such as vehicle layout designs and insurance notification forms, included with the incident. However, we did not see evidence in the reported incidents for the identification or sharing of any learnings following the investigation of each incident and did not see reference to this in the provider's incident reporting policy.

Are Patient transport services effective?

Good

We rated it as **good** because:

- The service provided care based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983. The provider had created a series of policies, including policies for the use of handcuffs, the Mental Capacity Act and Deprivation of Liberty Safeguards and for meeting the needs, comfort and safety of patients. Following our inspection, we reviewed these policies and saw all policies had been reviewed regularly. We saw policies referred to individual roles and responsibilities, and referenced external guidance and legislation, such as the Mental Heath Act and Mental Capacity Act 2005. The provider undertook a series of local audits, including both clinical and non-clinical audits. Recent audits at the time of our inspection included staff information, purchasing, vehicle efficiency and store stock levels. The registered manager explained it had not been possible to maintain their usual audit schedule during the coronavirus pandemic, as staff had been working from home. However, as staff returned to offices, they aimed at increasing the number of audits undertaken. All staff completed mandatory training on the mental health and mental capacity, with staff who undertook secure mental health transfers required to complete and pass a comprehensive in-house restraint training programme before commencing any secure mental health work. The three-to-four day course, run by the

provider's training manager, covered several areas, which included appropriate use of physical and mechanical restraint such as handcuffs and leg restraints, de-escalation techniques, conflict management, dangers of restraint, importance of adopting the least restrictive practice, dynamic risk assessments, dangerous restraint positions, application of reasonable force, maintenance of restraint equipment and the Human Rights Act. As part of this course, all staff were required to complete and pass a physical fitness questionnaire. All training, including training updates and refreshers, followed national guidance, with each training certificate issued detailing the areas and legislations covered. During our inspection, we spoke with ambulance care assistants who were aware of their roles and responsibilities under the Mental Health Act 1983. Staff explained how they always used the least restrictive practice and would try de-escalation techniques and conflict resolution practices before using any form of restraint.

- Due to the nature of the service, food and drink were not routinely supplied by the service; although, staff could access bottled water for patients if they required it. Staff explained that consumption of food was not generally permitted on board vehicles, as the vehicle interior was a clinical environment. If a long-distance journey was to be undertaken, staff explained the hospital ward would usually provide food for the patient for the length of the journey, or staff would plan appropriate rest and refreshment stops. If staff were transporting a patient who was sectioned under the Mental Health Act 1983 or detained in a secure setting, staff explained rest stops could only occur at authorised settings, such as a police station or A&E department, and therefore staff would plan rest stops accordingly.
- The service monitored arrival and journey times so that they could facilitate good care for patients. Managers explained all journey data was recorded on their booking and dispatch system. This included records of the time and date when a booking was made, when the crew arrived, how long the patient was on board the vehicle for, and when the patient arrived at the destination. As part of their contract with a local clinical commissioning group, the service shared journey time information with commissioners for all journeys completed under this contract, as well as a monthly performance report. This report showed the service's performance against several agreed key metrics, such as percentage of journeys aborted and percentage of calls where the patient was on board for less than 60 minutes.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development. All staff received an annual appraisal of their work performance by either the CQC registered manager or the managing director. During our inspection, we reviewed staff training and appraisal files and saw all staff had received an appraisal within the last 12 months. As part of the provider's mandatory training programme, certain courses and modules, such as safeguarding training, required annual refreshers.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. During our inspection, we spoke with ambulance care assistants, dispatch staff and managers. All staff spoke highly of the support they received from colleagues and managers. We saw good working relationships existed between control room staff and ambulance staff. Staff explained they worked well with local hospitals and care providers, as they regularly visited the same wards and departments. Managers explained some of their secure mental health transfers were undertaken through subcontracting arrangements with another provider and reported how they worked well together to support patient care.
- Due to the nature of the service, staff did not provide patients with health promotion advice.
- Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty. Most journeys undertaken by the provider were secure mental health transfers, which were completed using specialist vehicles that contained a secure cell. Staff explained that if restraint was required, this would be highlighted as part of the booking process with details specified of what form of restraint was needed and why it was necessary. Staff explained use of restraint was rarely unplanned, and in the event staff used any form of restraint during a journey, this would be reported using their personal digital assistant (PDA).

Are Patient transport services caring?

Good

Patient transport services

Insufficient evidence to rate

We did not have sufficient evidence to rate caring. However, we found:

- Staff understood the importance of treating patients with compassion and kindness. Staff explained how they respected each patients' privacy and dignity and took account of their individual needs. Managers and control staff explained how they aimed to ensure the most appropriate crew was assigned to each transfer based on the patient's individual needs, such as by ensuring a female member of staff was present for any transfer involving a female patient. All staff completed mandatory training on information governance and patient confidentiality to ensure all patient information was handled and stored appropriately. Managers explained all dispatch staff completed clinical training and spent time working with a crew to help them understand each patient's needs.
- Staff spoke of providing emotional support to patients to minimise their distress and understood patients' personal, cultural and religious needs. Although staff were trained and authorised to use restraint, staff explained how they always tried to manage the situation through non-physical means where possible, such as through talking with and reassuring each patient before, during and after each journey. Staff assessed each patient on an individual basis and for each journey. Even if staff regularly transported the same patient and used restraint previously, staff completed a new assessment of each patient to determine if their condition had improved or deteriorated.
- Staff helped patients to understand their care. Staff did not provide any direct patient treatment, as the service provided a pre-booked transport-only service. However, staff explained they involved others in patient care where appropriate, such as involving a patient's family or carers in a patient's treatment, particularly if a patient was aged under 16. Managers explained as part of their induction programme, all staff undertook customer service training that included duty of candour, and that their training programme focussed on patient care and their commitment to service quality and improvement. As part of the provider's contracts, managers attended regular meetings with each contracting provider to discuss their service, which included a review of performance, patient experience and a review of patients' needs.

Are Patient transport services responsive?

Good

We rated it as **good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Most of the provider's activity was pre-booked secure mental health transport, however the provider also completed a small number of routine patient transport journeys. The provider held one contract with a local clinical commissioning group for secure mental health transfers and were in the final stages of securing a second contract. The provider also had arrangements with several other transport providers to undertake secure mental health transfers on their behalf under sub-contracting arrangements.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services. Managers explained the service had a diverse workforce, with several staff speaking multiple languages. Staff could also access translation services via a smartphone application and had signs present in patient-facing areas to promote this. The service was in the process of upgrading each

Good

Patient transport services

vehicle's personal digital assistant (PDA) to include this application by default. Although staff explained they would support patients with learning disabilities, we saw staff did not have access to communication cards to support patients with communication difficulties. However, we raised this concern to managers during our inspection, and following our visit, we were provided with evidence these had been installed on all vehicles and all PDAs.

- It was easy for people to access the service, and people received the right care in a timely way. The service operated 24 hours a day, seven days a week, 365 days a year. Most transfers were booked in advance directly by the service's clients, which included local NHS hospitals and other healthcare providers. Managers explained they also worked to accommodate any requests for same day or urgent transfers when required. The service kept their clients updated with the status and arrival of each vehicle and would update them in the event of any delay or disruption occurring. As part of their contracts, managers met with representatives from each contract on a monthly basis to discuss key performance information and provided monthly reports that detailed their performance against pre-agreed metrics, such as arrival times, journey times and abort percentages. The service operated a strict booking process that automatically checked the suitability of each transfer request before it was accepted. For example, requestors could not book a transfer with the provider for a patient aged under 16 without confirming they would provide an appropriate escort.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. Although staff and managers actively welcomed all patient feedback, including both positive and negative feedback, managers explained it was difficult to obtain detailed patient feedback due to their type of service and because of restrictions within some of their contracts. Patients could give feedback or raise complaints using a dedicated page on the provider's website, which was clearly visible from their home page. They could also raise a complaint by telephone, email or in writing. Where positive feedback was received, managers explained they would ensure the crews who provided care would be personally recognised, with any negative feedback or complaints reviewed and acted upon accordingly. Where the feedback related to a journey undertaken under one of the provider's contracts, managers shared information including any investigation report with their partner organisation. Following our inspection, we reviewed the provider's complaints policy and saw this had been reviewed regularly. We saw the policy detailed each individual person's responsibilities in reporting and investigating complaints and included details of set timescales for responding to the complainant.

Are Patient transport services well-led?

Good

We rated it as **good** because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The service was led by the CQC registered manager, the managing director who was also the CQC nominated individual, and the training manager. Managers had significant experience within the ambulance and patient transport sector. For example, the CQC registered manager had worked within the ambulance sector for 15 years, and the training manager had worked in both security and ambulance sectors. We saw the training manager was a member of a professional trainers' training provider. Staff reported managers were visible and approachable within the service, including the training manager who accompanied crews on journeys to observe their practice and to update training. Throughout our inspection, we observed a good working relationship between staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. However, not all staff were aware of the company's vision or strategy. We saw the provider had developed vision and strategy statements, which

were based around their aim to "maintain, adapt and improve quality and patient experience". Managers displayed these statements in staff areas, such as on staff noticeboards within the ambulance station. However, ambulance staff we spoke with during our inspection were unaware of these and had not been involved in their development. Following our inspection, managers advised all staff had since been reminded of the company's strategy and vision.

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff we spoke with during our inspection reported a positive working culture. Managers told us they operated an 'open door' policy where staff could speak with them about any topic. Ambulance staff spoke of how managers were open and approachable, and how they could raise any concerns to them without fear of retribution. All staff spoke positively of working for the company, with most staff working for the company for several years. One member of staff told us this was "the best company [they] have worked for", with another explaining how they felt like a "name rather than a number".
- 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 provider held quarterly management review meetings, which were attended by the CQC registered manager, managing director and training manager. During these meetings, points affecting the service were discussed, which included complaints, incidents and risks. The provider had arrangements in place to undertake secure mental health journeys on behalf of other patient transport providers through subcontracting arrangements. Under these contracts, the provider would 'loan' a crew and vehicle to the subcontracting provider in order to complete one or more journeys. Day-to-day management of the crew, including dispatch and allocation, would pass to the subcontracting provider during this time. However, crews would still contact their usual control room in the event of any concern or incident occurring, such as a safeguarding concern or complaint. Managers explained they had worked to formalise these agreements and now had formal service level agreements in place with each contracting provider. The provider did not subcontract out any of their work to other providers. The service has several formal policies in place, which were reviewed and updated regularly. Where appropriate, we saw policies made referenced national guidance or relevant legislations. Staff could access all company policies via a secure section of the provider's website. However, managers explained they were in the process of updating the vehicle personal digital assistants (PDAs) so staff could access all policies through the device.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. The service operated and maintained a company risk assessment, which recorded all risks that affected the service. Managers met quarterly to review the risks as part of their quarterly management review. We reviewed this assessment and saw each risk had been assigned a risk using a red, amber, green rating scale and the register was last reviewed within the previous three months. We saw risks included infection prevention and control, lone working, vehicles and out of hours work. However, we noted no date was recorded on the risk assessment when a risk first emerged and was entered onto the assessment. Managers maintained a staff matrix system, which provided an overview of each staff member's file. We reviewed this matrix and the accompanying staff files for three members of staff and saw this provided a comprehensive overview of each staff member. For example, we saw evidence of several pre-employment checks, including review of the application form, verification of two professional references, enhanced Disclosure and Barring Service (DBS) check, review of qualifications, occupational health review, driving licence record review and drugs and alcohol test. We saw managers reviewed this information regularly, including a three-yearly review of all DBS checks. Managers explained they operated strict recruitment criteria to ensure only candidates with the right attitude and behaviours were employed.
- 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. The service had recently invested in several IT improvements, including an updated booking and dispatch system and electronic personal digital assistants (PDAs) for each vehicle. Managers demonstrated how they could now use this software to track the

progress and status of each vehicle and explained how the software automatically recorded several metrics for each journey and crew, such as journey time information, vehicle mileages, and delay data. Managers could create custom reports using this software, such as to review performance information or to share with their commissioners and contracting organisations. Managers were aware of the potential risks associated with cybercrime and explained how all information was stored only on systems that could protect against this form of threat, and where this could not be guaranteed, alternative steps were taken to ensure staff and patient data remained secure.

- Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. Managers sought feedback and suggestions from staff to improve the service, particularly as most staff had several years' experience or had worked in a variety of other sectors, such as security and police environments. Managers explained when they moved to their current premises, they sought staff input into the design of the building and equipment to ensure it met staff needs. This had resulted in specific chairs being obtained for their training centre that had integrated desks, . The service operated a staff forum, which met monthly and could be attended by all staff. During these meetings, staff could raise queries, discuss any concerns or seek support from colleagues. Ambulance staff we spoke to during our inspection told us they found these useful, particularly during the early stages of the pandemic. The service has two nominated staff representatives, one for day shifts and one for night shifts, that any member of staff could contact to raise any issues or concerns to if they do not wish to go directly to their line manager or senior managers. Managers explained they supported and engaged with staff where possible, such as through undertaking in-depth annual appraisals that focussed on each individual's needs, having a critical feedback session at the end of any training session, and having staff representation at their quarterly management review meetings.
- All staff were committed to continually learning and improving services, and leaders encouraged innovation. The provider focused heavily on staff training and development and operated a comprehensive training programme that was specifically tailored to the service. The service had obtained ISO 9001 and ISO 14001 certification, which was an external standard that related to an organisation's quality management system and their environmental responsibilities. The service had focused on improving their vehicle fleet's efficiency and now operated a vehicle fleet where all vehicles were under three years of age and were compliant with the London Ultra-Low Emission Zone (ULEZ) standard. Furthermore, the provider had helped design each vehicle to ensure it met the needs of the service, staff and patients. Managers explained they were currently in the process of procuring their first electric ambulance and had committed to having a fully electric fleet in place by 2030.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure its policies regarding the use of audible and visual emergency vehicle warnings accurately reflect the provider's current procedures for managing a deteriorating patient, and must ensure use of these warnings is monitored effectively (Regulation 12). • The service must ensure staff are competent and appropriately qualified to administer new oxygen therapy to patients or to adjust existing flow rates and must ensure this is administered in line with the provider's CQC registration (Regulation 12).