Oak Tree Reliance Head Office

Quality Report

Beldham House
Parr Road
Stanmore
HA7 1NP
Tel:
Website: www.oaktreereliance.co.uk

Date of inspection visit: 10 and 23 March 2020
Date of publication: 05/06/2020

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

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Not sufficient evidence to rate
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

Overall summary

Oak Tree Reliance Head Office is operated by Oak Tree Reliance Ltd. The service provides a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the short noticed announced part of the inspection on 10 March 2020 and telephone calls to staff on 23 to 25 March 2020. We were not able to return to the service and speak to staff and patients due to Covid-19 restrictions.

Summary of findings

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 only service provided by this service was a patient transport service.

This was the first inspection of this provider. We rated it as **Inadequate** overall.

- Staff had training on how to recognise and report abuse, but training was not an accredited level mapped to the Adult Safeguarding: Roles and Competencies for Health Care Staff intercollegiate document and not all staff knew how to apply the learning in practice.
- Staff did not keep detailed records of patients' care and treatment provided while being transported by the service.
- The service did not manage patient safety incidents well. Managers investigated incidents but did not share lessons learned with the whole team and partner organisations.
- The service did not provide care based on national guidance or evidence-based practice and did not check to make sure staff followed guidance.
- The service monitored and met agreed response times with the contractor. However, they did not use the findings to make improvements to the service.
- The service did not obtain references for staff from previous employers. Managers did not hold supervision meetings with staff to provide support and development.
- The service did not have a policy on consent, the Mental Capacity Act or Deprivation of Liberty Safeguards.
- The service did not always take into account patients' individual needs and preferences. The service did not always make reasonable adjustments to help patients access services.
- We were not assured the service investigated complaints fully or that they shared lessons learned with all staff, including those in partner organisations.
- Leaders did not demonstrate they understood and managed the priorities and issues the service faced.
- Leaders did not operate effective governance processes throughout the service. There were limited opportunities for staff to meet, discuss and learn from the performance of the service.
- Leaders did not use systems to manage performance effectively. They did not have a process in place to identify risks and issues or identify actions to reduce their impact.
- The service collected data but did not analyse it. Data was accessible to office staff but was not used to understand performance or make decision and improvements.
- There was no formal process for quality improvement to the service or sharing learning.

However;

- The service provided mandatory training in key skills to all staff and made sure everyone completed this.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- 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.
- People could access the service when they needed it and received the right care in a timely way.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

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

Summary of findings

though a regulation had not been breached, to help the service improve. We also issued the provider with four requirement notice(s) that affected patient transport services. Details are at the end of the report.

I am placing the service into special measures.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Nigel Acheson

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inadequate 	The only service was patient transport services, which included the transfer of patients between health care providers for patients who were unable to use public or other transport due to their medical condition. In the period 1 March 2019 to 29 February 2020, the service carried out 33,658 patient transport journeys. We have rated this service as inadequate overall. The provider did not ensure that all governance and risk management processes and procedures were in place to meet the needs of patients.

Summary of findings

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Summary of this inspection

Background to Oak Tree Reliance Head Office

Oak Tree Reliance Head Office is operated by Oak Tree Reliance Ltd. The provider was registered in 2018. It is an independent ambulance service in Stanmore, north west London. The service primarily serves the communities of the north London. The provider is sub-contracted to provide services to the NHS primarily for outpatient appointments for adults. The service does not transport patients under the age of 18 or those detained under the Mental Health Act 1983.

The service has had a registered manager in post since 19 February 2020, who was also the nominated individual for the provider since 20 April 2018.

This is the first time we have inspected this provider since it was registered to provide a regulated activity.

Our inspection team

The team that inspected the service comprised of two inspectors. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Not sufficient evidence to rate**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Inadequate

Patient transport services

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

Information about the service

The only service provided by this ambulance provider was a patient transport service. The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

During the inspection, we visited the Head Office. We spoke with five staff including; registered manager, patient transport drivers and administration staff. We talked with three members of staff by telephone and we did not speak to patients or their relatives as we did not visit areas where regulated activity took place in line with national guidance around the global outbreak of Covid-19. The provider had 28 employees, 22 were employed as patient transport drivers.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity (March 2020 to February 2020)

- There were 33,658 patient transport journeys undertaken.

Track record on safety

- 0 Never events
- 4 incidents
- 0 serious injuries
- 3 complaints

Are patient transport services safe?

Inadequate

We rated it as **inadequate.**

Mandatory training

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

- All staff were required to complete mandatory training which included, infection prevention control, emergency first aid at work, moving and handling of patients and duty on candour.
- At the time of the inspection online mandatory training compliance was at 90.54% for all staff. The registered manager told us staff who were not compliant had time set aside to complete their training within the next three months or were currently not at work.
- The service had commissioned an external training provider to deliver online training for staff. Staff accessed training online via a portal. The registered manager could allocate training to staff who had three months to complete it. A refresher course was allocated 12 months after completion. The provider could access a dashboard to show overall staff compliance, but the dashboard did not show which member of staff had completed which course. To do so the registered manager had to access individual staff training records on the portal.
- We reviewed the training matrix which was updated manually. It listed the training all staff were required to

complete online and in person and the dates training was completed. Using a colour code, it clearly identified training staff members had not completed and training due to expire.

- Staff told us they had completed their mandatory training and were given time to do so and told us that the training prepared them for the role they held.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, but not all training was an accredited level as described in the Adult Safeguarding: Roles and Competencies for Health Care Staff intercollegiate document and not all staff knew how to apply the learning in practice.

- The provider had a safeguarding children and vulnerable adults' policy which was dated and had version control. It documented the different types of abuse, however, it did not reference national guidance or the level of training staff would receive. At the time of the inspection this policy was being reviewed by the lead for governance.
- The provider had a safeguarding standard operating procedure (SOP). This stated staff should consult with the safeguarding lead if they had concerns and listed the contact details for the safeguarding teams at the local authorities where the company operates.
- All staff received training in safeguarding children and vulnerable adults, however not all training was an accredited level mapped to the Adult Safeguarding: Roles and Competencies for Health Care Staff intercollegiate document, which provides a framework for safeguarding. At the time of our inspection the registered manager was the designated safeguarding lead and was trained to level three in safeguarding children and young people but not adults. This was not in line with the intercollegiate document and we would expect a named lead for safeguarding to be trained to level four. All other staff received safeguarding awareness training. Therefore, the provider was not assured staff received the correct level of training for the roles they were employed to undertake. Following the inspection, the provider submitted evidence to show the registered manager had completed Safeguarding vulnerable adults training level three, therefore was not trained to the required safeguarding level four.
- Staff we spoke with understood what constituted abuse but not all staff understood the term safeguarding. They told us they would report concerns to the safeguarding lead and knew who this was. Staff knew there was a referral form to complete but did not know this should be sent to the local authority. Following the inspection, the provider told us that non-emergency referrals would be assessed by the safeguarding lead who would submit the referral. We were not assured all staff would refer patients to the local authority in an emergency.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.

- Staff completed infection prevention and control as part of their mandatory training. Data provided in the provider information request showed the compliance rate was 75% for infection prevention and control training. Following the inspection, the provider told us 27 of 28 members of staff had completed the training, however they did not provide evidence to support this.
- The provider had an infection control policy which gave guidance to staff about how to reduce the risk of cross infection and outlined the frequency of cleaning required for each vehicle.
- The registered manager told us there was a contract with a local car wash and valet service and staff could take their vehicles to be cleaned when needed. Staff we spoke with told us they had access to the service and used it frequently. However, there was no records of how often cars were taken to be cleaned, and this information was not audited.
- The provider had vehicles deep cleaned every six-weeks or as necessary. This was carried out by staff at the head office. The date was logged on a spreadsheet and meant the provider had oversight of when vehicles needed to be cleaned.
- We did not look at vehicles as part of this inspection as all onsite inspection activity had been cancelled, in line with national guidance, due to the global pandemic of

Covid-19. Staff we talked to explained how they would keep the interior of vehicles clean using anti-bacterial wipes between patients and use hand sanitiser after patient contact. They had access personal protective equipment (PPE) such as gloves.

Environment and equipment

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

- The provider had 20 ambulances for patient transport, 15 of which were leased on contract. Vehicles on lease had annual services undertaken by a lease company, those owned were the responsibility of the provider.
- The provider had systems in place to monitor the servicing, insurance and Ministry of Transport (MOT) testing for each vehicle. Dates were recorded on a spreadsheet and gave the provider clear oversight of the renewal dates.
- Each vehicle carried equipment to keep patients safe, including a first aid kit, a fire extinguisher, wheelchair and PPE. Expiry dates for perishable products were listed for each vehicle and assured the provider that each vehicle carried in date equipment.
- All drivers were required to complete a vehicle checklist before it was used. Checks included checks of tyres and windscreen wipers to make sure the vehicle was safe to use. Any defects were reported to the control room. Checklists were returned to the office however, as drivers did not attend the office daily these were often taken once a week. The provider did not audit these checklists, and the provider was not assured checklists were completed each day a vehicle was used.
- Vehicles were subject to spot checks by senior management. The registered manager told us they attended clinics at the hospital and would spot check vehicles to make sure drivers had completed the daily checklist and vehicles were clean and safe to use. Staff told us they had been subject to a spot check. The spot checks helped identify themes, for example staff wearing the correct footwear. This was discussed at the monthly management meetings which we saw in the minutes. However, there was no formal record of an audit of the spot checks or learning shared with staff.
- Staff we spoke with knew how to dispose of clinical waste and had access to yellow waste bags. Staff used clinical waste bins at the hospital they transported patients to and from. However, the provider did not have a contract in place with the NHS for the removal of clinical waste and there were no facilities at the ambulance base to dispose of clinical waste.

Assessing and responding to patient risk

Staff did not complete and update risk assessments for each patient to minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.

- The provider did not carry out risk assessments for people who used the service. As a third-party supplier the provider was given information about the patient by the contractor. The registered manager told us they did not contact patients to verify the information they were given was correct or that the patient was suitable for transfer by the service. This meant the provider was not sure the vehicle sent was always suitable for the patient's needs. The registered manager told us there had been occasions when a patient required a two-man crew, but information provided at the time of booking was incorrect, and a 1-man crew was sent. This led to a delay in the patient being transported for their appointment.
- The provider did not have a set criteria for patients they would accept into the service and they did not have a formal agreement with the contractor. For instance, the registered manager told us they did not accept bariatric patients, but they did not have a set weight limit and relied on the contractor to allocate suitable patients.
- The provider did not have a policy in place or a procedure for staff to follow in the event a patient's health deteriorated.
- Staff we talked to told us they would talk to patients during their journey to assess if their patients condition deteriorated and would call 999 if urgent medical assistance was required. The registered manager was able to provide examples of when staff had escalated concerns this way, including when cardiopulmonary resuscitation was initiated on a deteriorating patient before an NHS emergency ambulance arrived.

Staffing

Inadequate

Patient transport services

The service had enough staff with the right training to keep patients safe from avoidable harm and to provide the right care.

- The service employed 28 staff, 22 were employed as drivers. Each vehicle was staffed with one driver. Some staff were cross trained and could work in the office or as a driver if required. This meant staff worked flexibly as the service required.
- The provider told us they did not take up references from previous employers and staff files did not include them. Therefore, the provider was not assured staff were reliable and had the right skills and experience.

Records

Staff did not keep detailed records of patients' care and treatment and records were stored securely.

- The provider kept electronic patient records, which were accessible at head office. The service did not use paper records. Drivers did not record patient care, and this was not added to the electronic records. This meant there was no record of the care patients received when they were transported.
- The service was a third-party contractor and received clinical details and patient requirements from the contractor. The provider could access this information on a shared booking system, but did not contact the patients directly and relied on the information from the contractor. We were not assured the provider had full and up to date requirements for the patient.
- Drivers accessed information about the patient on an application on their personal mobile telephone. This application was accessed with a password and details about a patient was automatically deleted once the driver logged the journey as complete.

Medicines

The service did not prescribe, administer or store medicines.

- The registered manager told us the service did not prescribe or administer medicines or medical gases to patients.
- The provider did not assess the risk of patients carrying their own medicines including oxygen and controlled drugs. There was no secure locker on the ambulance to store patient's own medicines and these remained the responsibility of the patient or carer.

Incidents

The service did not manage patient safety incidents well. Managers investigated incidents but did not share lessons learned with the whole team and partner organisations and staff did not always report incidents and when things went wrong.

- The service was updating their incident log at the time of the inspection. We reviewed this with the governance lead. Incidents were categorised as no harm, low harm, moderate harm, severe harm and death however, there was no guidance for staff to follow in how to categorise an incident. We noted an incident where a patient received cardiopulmonary resuscitation (CPR) was logged as low harm. We were not assured the incident log accurately reflected the severity of incidents.
- Staff were not trained to investigate incidents. At the time of our inspection no member of staff employed by the service had completed training in how to undertake a root cause analysis of an incident or other incident investigation training. The registered manager stated she was due to complete root cause analysis training, but this had not yet been booked. Therefore, we were not assured incidents would be investigated properly and lessons learnt. Following our inspection, the provider told us they employed a governance consultant on a part time basis who was trained in root cause analysis and was responsible for investigating incidents, however, they did not provide evidence of these qualifications.
- The provider did not have a process to share learning from incidents. The registered manager told us there were informal conversations with staff in the office but no formal communication to share learning. For example, we were told by the registered manager that the provider had purchased a CPR dummy to facilitate additional CPR training and practical training. This had been purchased following an incident where a staff

member initiated CPR on a patient. However, this additional training and resource had not been formally communicated, and we were not assured all staff knew they could access additional training or practice CPR.

- The service did not have a process in place to share learning from incidents with their contractor and they had not received information from the contractor to share learning following incidents involving their service. The service's contract stated that all incidents must be reported to the contractor within one hour, the provider told us they always met this target. However, the contract did not require the service to send their completed investigation reports of incidents to the contractor.
- Staff were not always sure what an incident was, and we were not assured the provider logged all incidents. For example, the registered manager told us staff called an ambulance when they found an unconscious patient they were due to convey, but this was not logged as an incident and an incident form was not completed.
- The service had an accident and incident reporting standard operating procedure which was dated, had version control and a review date. It did not include an incident matrix to help staff categorise incidents or outline who was responsible for investigating incidents and was there was no clear guidance to describe an incident. At the time of our inspection this was under review by the governance lead. The new standard operating procedure was due to be implemented 1 April 2020 once staff had received training.

Are patient transport services effective?
(for example, treatment is effective)

Requires improvement

We rated it as **requires improvement.**

Evidence-based care and treatment

The service did not provide care based on national guidance and evidence-based practice and did not check to make sure staff followed guidance.

- The provider could not provide copies of guidelines that the service followed when delivering care. There was no evidence that the provider used national guidelines to inform staff's practice. This meant the provider could not show care was delivered in line with best practice.
- Not all policies and standard operating procedures detailed current national guidance. For example, the safeguarding policy did not reference the adults or children's intercollegiate document. The provider did not refer to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) in any of the policies and we were not sure all policies were in line with best practice. However, the duty of candour policy referenced the Health and Social Care Act 2008 (Regulated Activities). This showed the provider had considered the regulations when writing this policy.
- The provider did not have a system to monitor staff application of policies and guidance when delivering the service. Therefore, the provider was not assured l staff were meeting the required standards.
- The provider had applied to join the Independent Ambulance Association. The provider stated they hoped that membership would help them work collaboratively with other providers to improve standards and improve services.

Nutrition and hydration

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

- The service primarily undertook short, local journeys which were under one hour and they did not provide food or drink in the ambulance. The registered manager told us staff would stop at a shop if requested to do so by the patient.

Pain relief

The service did not provide or administer pain relief to patients.

- The provider stated that they did not administer pain relief to patients and did not carry medication.

Response times

The service monitored, and met agreed response times with the contractor. However, they did not use the findings to make improvements to the service.

- Data was collected from the mobile telephone application drivers used to access patient information and as a satellite navigation system. Drivers would log arrival and departure times and the data was monitored live in the control room. If a driver was stuck in traffic the control room would plan another route for the driver. However, this data was not used to make improvements to the service. For example, data was not used to identify if staff were consistently late or made errors with their bookings.
- The service had agreed key performance indicators which they needed to meet in order to comply with the contract they held for the delivery of services. Data was gathered from the mobile telephone application and manually transcribed into a report provided to the contractor as evidence the key performance indicators were met. The data had not been audited by the contractor therefore, its accuracy and compliance with key performance indicators could not be validated.

Patient Outcomes

The service did not monitor the effectiveness of care and treatment.

- The service did not have a system or processes in place to routinely collect or monitor patient outcomes. Patient outcomes were not recorded, and patient records were not completed.

Competent staff

The service provided training to make sure staff were competent for their roles but did not obtain references from previous employers. Managers did not hold supervision meetings with staff to provide support and development.

- The registered manager told us that all staff completed an induction and they signed off all competencies before they undertook regulated activity. However, in the staff file we reviewed these competencies had not been signed by a manager.
- The provider told us they did not obtain references for their employees. Therefore, the provider was not assured staff had the experience and skills or were of good character. However, all staff members received disclosure and barring service checks.
- The registered manager told us they would carry out appraisals with staff every 12 months, but they currently did not have any staff who had been employed for over a year. The first appraisal was due in April 2020, therefore we could not evidence that staff participated in appraisals.
- All staff had a performance review within the first six months of their employment. However, this was not documented in the staff file and the provider did not carry out formal one to one conversation with staff to assess their performance and development needs after this.
- Driving competencies were checked when staff started with the provider. The registered manager told us staff were not subject to driving competency checks throughout their career but were observed during spot checks.
- Staff we spoke with told us the training they received was comprehensive and prepared them to carry out their role confidently.
- The registered manager had a qualification at level three in Education and Training and delivered training to all staff. The provider told us they had promoted an employee to area trainer who was currently completing the qualification and would be responsible for delivering training once qualified. This meant face to face training could be accessed by staff more frequently and when needed.

Multidisciplinary working

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

- The provider worked closely with their contractor and NHS staff to deliver effective care for patients. The registered manager told us they would liaise with clinics and make sure journey times booked meant patients did not have to wait longer than necessary to be collected.
- Staff told us there were effective handovers between themselves and hospital staff when they collected patients from and dropped them off at hospital locations.

Inadequate

Patient transport services

- We reviewed the adult do not attempt cardiopulmonary resuscitate (DNACPR) standard operating procedure. It gave clear instructions for staff to follow and outlined what staff needed if a booking was made with the DNACPR in place. The registered manager provided an example of when staff had followed this procedure and would not accept a patient into the service without the correct paperwork from the discharging service.

Health promotion

Staff did not give patients practical advice to lead healthier lives.

- Due to the nature of the service provided staff had limited opportunities to promote healthier lives advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and gained patients' consent. They knew how to support patients who lacked capacity to make their own decisions. However, the service did not have a policy on consent, the Mental Capacity act or Deprivation of Liberty Safeguards.

- The service did not have a policy that referenced the Mental Capacity Act (MCA) or the Deprivation of Liberty Safeguards (DoLS). We reviewed a document title, Mental Capacity guidance which outlined the five statutory principles of the MCA. However, it did not outline a process for staff to follow to ensure these principles were adhered to.
- The provider did not transport patients experiencing an acute mental health condition and the mental capacity guidance stated, staff did not receive training in mental capacity assessments or restraint. However, the service did transport patients suffering with dementia and all staff received dementia awareness training.
- Staff received online training on the MCA and DoLS. Drivers we spoke with had a good understanding of consent and described how they would speak with a patient to gain consent. They were able to describe what a best interest decision was, for instance, if a patient suffering with dementia did not want to wear a seatbelt. However, we were not assured that the level of training was appropriate as staff did not receive training in mental capacity assessments.

Are patient transport services caring?

Not sufficient evidence to rate

We did not rate caring because we did not observe patient journeys and did not talk to patients during the inspection as all onsite inspection activity was cancelled due to Covid-19. Therefore, we could not collect evidence of caring.

Compassionate care

- We did not speak to any patients or relatives or observe any care being delivered during this inspection as we were not able to visit clinical areas due to Covid-19. Therefore, compassionate care could not be assessed.

Emotional support

- We did not speak to any patients or relatives or observed any care being delivered during this inspection as we were not able to visit clinical areas due to Covid-19. Therefore, the provision of emotional support care could not be assessed.

Understanding and involvement of patients and those close to them

- We did not speak to any patients or relatives or observe any care being delivered during this inspection as we were not able to visit clinical areas due to Covid-19. Therefore, how patients and relatives were involved in their care could not be assessed.

Are patient transport services responsive to people's needs?

(for example, to feedback?)

Requires improvement

We rated it as **requires improvement.**

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

- The provider was a third-party supplier of commissioned services to the NHS in north London and provided patient transport for those unable to use other transport methods due to their medical condition. Most patient journeys were within five miles of the appointment.
- The service received pre-booked journeys up until 6pm the day before and the work was allocated to drivers by the control room. The registered manager told us they mapped bookings and would group them according to location to minimise journey times for patients.
- The service accepted adhoc bookings from their contractor to meet the needs of local NHS providers. The control room identified which crew had capacity and allocated adhoc bookings accordingly.

Meeting people's individual needs

The service did not always take into account patients' individual needs and preferences. The service did not always make reasonable adjustments to help patients access services.

- The service did not have access to communication aids to support people unable to communicate verbally or where English was not their first language. Vehicles did not carry pictogram books to assist with communication. The registered manager told us they did not have access to translations services, however, most patients where English was not their first language were accompanied by a carer. Staff told us when a carer was not available, they had contacted relatives by phone to help the patient communicate.
- The provider did not provide specialist transport services. They did not cater for bariatric patients, however, the registered manager was not aware of the weight limit of each vehicle and the service did not record patients' weight. Therefore, a patient might be accepted into the service that they could not support safely.
- The provider used the same driver for regular patients to provide them with continuity of care. This meant drivers got to know and understand their patients' needs and staff told us this helped with delivering the service.
- Staff received training in conflict management and challenging behaviour awareness. Staff we spoke with could provide examples of how they had dealt with challenging behaviour, for example, if a patient did not want to put on a seatbelt.

Access and flow

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

- The service operated Monday to Saturday from 5am to 1am and operated three shifts per day.
- The booking process identified patient's needs and requirements however, this information was not supplied directly from the patient. Staff told us there were occasions when they arrived to collect the patient, but it was not an appropriate allocation of work, for example a patient required a two-man crew. The provider was not assured they had the most up to date information about the patient.
- The provider did not log the number of journeys they were not able to complete due to incorrect information being provided at the time of booking. This meant themes were not identified and improvements made.
- All vehicles could be tracked using a navigation system. This allowed the control room to have oversight of all current journeys and identify any delays and routes for drivers to avoid. They communicated frequently with drivers throughout the shift and staff told us they worked flexibly, swapping booked journeys so patients were not delayed.

Learning from complaints and concerns

The service treated concerns and complaints seriously, but we were not assured they investigated them fully, and shared lessons learned with all staff, including those in partner organisations.

- The service had a complaint policy and procedure, it was dated and had a version control. We reviewed the policy and procedure and found it referenced national guidance including the Parliamentary and Health Service Ombudsman. It set out a clear time frame for staff to follow when responding to complaints.

Inadequate

Patient transport services

- The policy did not detail how it would work with other providers to investigate complaints raised. Therefore, it was not clear who had overall responsibility to investigate and respond to the patient.
- The service had received three complaints, one was made directly to the provider and two were made to the provider's commissioner. We reviewed the patient complaint and the response prepared by the provider and found the response was not dated and there was no evidence this had been shared with their partner organisations. Following the inspection, the provider told us the complaint response we reviewed was a computerised version and the response date was on a hard copy filed. They had amended the process to include the date on the computer log.
- The complaints received by the service via the contractor were investigated by the registered manager. While she interviewed the driver involved in the complaint, she did not speak to the complainant. The registered manager responded to the contractor providing the driver's statement. The registered manager did not take any further action and they were not contacted by the contractor for further information.
- The service did not have a process to share learning from complaints. Staff we talked with could not provide examples of shared learning and the registered manager told us they did not receive feedback from complaints made to the contractor they worked for.

Are patient transport services well-led?

Inadequate

We rated it as **inadequate.**

Leadership

Leaders did not demonstrate 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 different roles.

- Leaders had not identified challenges to the quality and sustainability of the service and did not have an action plan in place to address them. Therefore, we were not assured the leadership had oversight of where improvements needed to be made.
- The registered manager was the director of the organisation and oversaw the day to day running of the service. They did not have experience working in the industry, however the company secretary and operations manager had previously worked in a control room and had experience planning routes and deploying vehicles. The service did not employ a clinical lead or staff with a clinical background.
- The service had a management structure which identified who was responsible for different areas of the business. The company secretary was also the fleet manager and the registered manager was responsible for customer relations.
- Staff we talked to spoke highly of the leadership team and told us they were friendly, approachable and visible. Managers were contactable and staff told us they contacted senior staff regularly.
- Managers supported staff to develop their skills. The registered manager provided us with examples of staff who had been promoted and cross trained to work as a driver and in the office. This provided flexibility for staff and the service.

Vision and strategy

The service had a vision for what it wanted to achieve, and leaders were in the process of developing a strategy to support this.

- The service did not have a formally documented vision and strategy for the service. The registered manager told us about future plans but did not have an action plan to show how this would be achieved.
- The vision for the service was to continue working with their contractor to provide high quality care for patients and formalise current contract negotiations.
- The fleet of vehicles was regularly reviewed. The registered manager told us in the future they hoped to establish a fleet of electric vehicles however they were

not currently available to lease. They reviewed the number of ambulances in the fleet regularly and at the time of the inspection had ordered new vehicles to expand their fleet.

- The registered manager told us they wanted to move to larger premises and have training rooms set up for staff to use.

Culture

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

- Staff we spoke with told us there was a positive working culture and they felt respected and supported. They were passionate about delivering high quality care for patients and one staff member commented that the team was like a big family.
- All staff received training on duty of candour and demonstrated a good understanding of this. The service had a duty of candour and being open policy referenced the Health and Social Care Act 2008 and set out for staff they must be open and transparent when mistakes were made. However, the provider did not have a formal process to share learning from incidents and complaints. This meant staff might not be aware when mistakes had been made.
- Staff told us they were encouraged to report concerns and share ideas with leaders and were confident they would be taken seriously. Following our inspection, the provider submitted the employee hand book all staff were provided with when they joined the service. This included a whistle blowers' policy and procedure for staff to follow.

Governance

Leaders did not operate effective governance processes throughout the service. There were limited opportunities for staff to meet, discuss and learn from the performance of the service.

- The service did not have a governance structure in place. At the time of our inspection they were working with a governance consultant to establish a governance framework. Therefore, the provider was not assured and could not provide evidence they had a process in place to review and monitor the service.
- Some of the policies we reviewed did not contain up to date references or follow best practice guidance. This meant that the service could not be sure they were providing the most up to date service to their patients. For example, the safeguarding children policy did not reference the latest intercollegiate guidance. However, at the time of our inspection all policies were under review and the registered manager was working alongside the governance consultant to update them.
- The service had regular monthly management meetings. We reviewed five sets of minutes and found there was no set agenda, they were not comprehensive and there was no action log. The service performance was not discussed, and the summary of discussion was not a record of the conversation but a question for discussion. Actions were assigned to an individual however, there was no update on actions from the previous meeting.
- The service did not hold regular formal staff meetings. Informal conversations were held with staff when they visited the office, and these were not logged. Therefore, the provider was not assured all staff received regular updates about the service to carry out their duties safely.
- When staff left the service, they were required to return their uniforms and ID badge. However, it was not recorded in the staff file and therefore could not be checked at a later date.

Management of risks, issues and performance

Leaders did not use systems to manage performance effectively. They did not have a process in place to identify risks and issues or identify actions to reduce their impact. They did not have plans to cope with unexpected events.

- The service did not have a risk register, at the time of our inspection the registered manager told us this was under development. The registered manager could not articulate what risks would be placed on a risk register.

They had not identified what risks there were to the business. As a result, it was not clear how risks were identified, mitigated and what oversight there was of such matters.

- Additional cleaning of vehicles was introduced following our inspection in response to national guidance following the outbreak of a contagious virus. The leadership had identified the risk and introduced more frequent cleaning. Staff we talked with told us they cleaned vehicles with antibacterial wipes after every patient to help reduce the virus spreading.
- The registered manager was aware that suppliers of essential antibacterial cleaning products were under increased demand. They were confident they had enough to last for several months. However, they did not have a plan of action to follow if their suppliers were not able to fulfil new orders.
- Staff used personal mobile phones to access booking information and use as a satellite navigation system. The service did not have a policy or procedure in place for staff to follow, for instance how to report a device lost or stolen and what information to delete from the device. Therefore, we were not assured personal identifiable information entered into a personal device was deleted.
- The provider had a business continuity plan in place. Following the inspection, the provider submitted this for review. We found It was dated, had a date for review and version control. It included, assessment forms for staff to complete in the event an incident was declared and set out a list of priority incidents.

Information management

The service collected data but did not analyse it. Data was accessible to office staff but was not used to understand performance or make decision and improvements.

- The registered manager told us they had systems in place to collect and capture data about the service. However, this data was not analysed or used to understand the service and support improvement.
- Patient transport drivers used a telephone application to access booking details. A password was required to access the information and needed to be re-entered each time the application was opened. Drivers were required to log on and confirm when a journey had been completed, which then deleted the booking information from the application.
- The service submitted data regularly to their contractor as evidence they met the service level agreement. However, the service did not audit this data and we were not assured the data submitted was correct.

Public and staff engagement

The service had limited engagement with patients and no formal process for engaging with staff. They engaged with their contractors to help improve services for patients.

- There was no formal process for staff to provide feedback to management and the provider did not run a staff survey. Staff told us the management team encouraged them to give feedback and make suggestions on a regular basis. The registered manager showed us a board where staff were encouraged to provide their opinions on topics, however this was not formally captured and logged to show what progress had been made.
- The registered manager had regular engagement with the contractor and attended formal quarterly meetings to discuss ongoing plans to manage services. However, the service did not have a formal process to capture feedback from the contractor and share this will staff.
- The registered manager told us each vehicle had patient feedback forms available and the patient feedback matrix showed in February 2020, 22 patients responded. At the time of the inspection the provider told us they had applied for a Royal Mail license for free post envelops to encourage patients to respond. The license was granted following the inspection and would provide a confidential way for patients to provide their feedback.

Innovation, improvement and sustainability

There was no formal process for quality improvement to the service or sharing learning.

- The provider did not share learning from incidents and complaints with staff or the contractor they supplied services to. There was no evidence quality improvement methods were being used to improve the service for patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- Carry out and document risk assessments of patients to make sure they are suitable for transfer by the service.
- Update the safeguarding policy to identify the level of training required for each job role and make sure training is accredited in line with national guidance.
- Carry out audits of data and implement monitoring systems so areas for improvement can be identified.
- Create a process to report, monitor and investigate incidents and an incident policy with clear guidance so staff log incidents correctly.
- Share learning from incidents and complaints with all staff to help improve the service.
- Employment references are obtained from previous employers for all current and future staff.
- All policies reference and reflect up to date legislation and national guidance.
- Create policies to cover all areas of the business, for example create a policy for staff to review on the Mental Capacity Act.
- Create a clear governance structure and processes to provide clear oversight of the service.
- Create a process to identify, monitor and manage risks to the service so the provider has clear oversight.

Action the provider SHOULD take to improve

- Create a clear criteria to assess which patients are suitable to be accepted into the service.
- Each vehicle has communication aids to assist staff communicating with patients.
- Actively engage with patients and seek feedback to improve the service.
- Have a business continuity plan that all staff can access with clear guidance to follow.
- Keep records of how often cars are washed and audit these.
- Log all incidents reported to the contractor including times as evidence it meets the key performance indicators.

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed