QE Facilities Limited

QE Facilities Patient Transport

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We had not inspected this service before. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and assessed patients' food and drink requirements. The service met agreed response times. Managers ensured staff were competent for their roles. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to QE Facilities Patient Transport

QE Facilities patient transport services (PTS) undertake non-urgent and planned transportation of patients requiring PTS with a medical need for transport on their journey. The patient transport service operates using a fleet of fully equipped and purpose-designed vehicles, consistent with the varying medical needs of patients (*from the provider's latest Statement of Purpose, 11 July 2022)*.

The provider was registered on 25 March 2021 to carry out the regulated activity 'transport services, triage and medical advice provided remotely'.

The service had a registered manager in post at the time of our inspection.

QE Facilities were set up by an NHS acute hospital to help support some of their additional pressures. PTS is part of the trust's transport team and the only part of the service which is separately registered with CQC. Initially the service offered discharge support for the hospital. They were originally based on the trust site and had recently moved to Washington.

The provider does not transport any children, bariatric patients, palliative patients requiring medical support or patients detained under the mental health act using secure transportation.

This was our first inspection of the service since it registered.

How we carried out this inspection

We carried out this routine unannounced comprehensive inspection during working hours on Friday 26 August 2022. We spoke with ten staff members, four patients and attended a provider managers meeting.

The inspection team consisted of a lead inspector and second inspector with an inspection manager available remotely for support. The team were overseen by head of hospital inspection (HoHI) Sarah Dronsfield.

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:

- We were shown the service's new live vehicle and sample tracking system ran from their PTS control room. This was updated more frequently than a global positioning system (GPS). All PTS vehicle dashboards had mounted cameras for instant replays of any footage. Control room staff could generate full driver reports to highlight any training needs. The system autogenerated incident emails and notifications were sent straight to manager's smartphones. Compliance staff could also generate exception reporting.

Summary of this inspection

- The month before our inspection an event was held to raise funds for the Ukraine invasion relief. We heard about an unplanned team building and bonding journey. This entailed a provider team including PTS staff driving more than 1,400 miles in four donated ambulances over three days to deliver two tonnes of urgent medical supplies donated by regional NHS trusts to help Ukrainian medical teams.
- The service was working in partnership with their local NHS ambulance trust and the CEO of a local dementia charity to trial a pilot of home to care patient transfers. They had forecast this saved their host NHS trust £200-300 per journey.

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 SHOULD take to improve:

- The service should ensure all staff adhere to the minimum dress code standards outlined.
- The service should ensure all staff HR files are complete, with signed and dated provider standard operating procedures (SOPs).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Patient transport services safe?

Good

We had not previously rated this domain. We rated it as good.

Mandatory training

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

Patient transport service (PTS) staff received and kept up to date with their mandatory training. PTS staff's electronic staff record (ESR) mandatory training compliance as of 30 August 2022 was 99.52%. 15 of 16 staff had achieved 100% compliance.

We reviewed the PTS staff's latest training matrix. It showed all contracted driver staff had completed all modules.

The mandatory training was comprehensive and met the needs of patients and staff. The service used an ESR for mandatory training. Learning and development teams provided by the host NHS trust ran the digital systems for ESR. A staff member from the trust's ergonomics team ran bespoke training sessions for PTS staff.

All new starters were trained in the equipment they would use on the job within their first week before completing vehicle shifts. PTS staff training comprised 23 tasks they must complete. This ensured they were confident and competent to fulfil their duties as per provider policies.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and autism. Service staff's ESR training included sections on mental health. At the time of our inspection the service were setting up ESR dementia training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager was responsible for ensuring PTS staff completed training by updating a training matrix. The system prompted them when any staff member's training was about to expire within three months.

Staff completed mandatory training annually, and the RM arranged training for staff, including their own. Staff training included breakaway training and how to diffuse situations if a patient was challenging to protect themselves and the patient.

The service had an in-date mandatory training policy. The operational director (OD) and training department monitored all staff attendance and non-attendance.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

PTS staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding adults' level two and child level one as part of their mandatory training compliance. Staff had to refresh all safeguarding modules to retain competence every three years.

Staff knew how to identify adults and children at risk of, or suffering, abuse and worked with other agencies to protect them. The service had no examples of safeguarding incidents from the 12 months before our inspection. However, we reviewed a safeguarding report form which included all relevant details. PTS management would follow up with their host NHS trust's hospital safeguarding team once an investigation had been undertaken. They detailed any findings and actions taken on the form for sign off at the provider's senior management team (SMT).

Any issues from safeguarding meetings were feedback to the PTS manager in the weekly manager's meeting.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff understood safeguarding procedures and how to report and record any incidents including informing the Care Quality Commission (CQC) by statutory notification.

Staff we asked told us they made referrals to the office and raised or escalated safeguarding incidents to their host NHS trust's safeguarding adults' team. This team then oversaw the investigation of the process. Staff also used their incident reporting procedure. This sent incident to the relevant team for investigation. The staff member who raised the incident received the outcome.

We saw various contact details available to staff on the control room walls, including an out of hours social care direct number for advice or to raise concerns. We heard the example of a referral staff made about a care home they attended where they were concerned a patient received unsafe care.

The service had an in-date safeguarding procedure and followed their host NHS trust's policies for safeguarding and PREVENT (anti-terrorism and anti-radicalism of vulnerable people) concerns.

Cleanliness, infection control and hygiene

The service controlled infection well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean. However, two staff did not meet the minimum standards outlined for the service.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff maintained cleanliness of their vehicle during a shift. For example, they cleaned down any surface areas used by patients or others onboard in between journeys. Both staff crew would deep clean the vehicle after any seriously contaminated patients.

Cleaning of the service's registered premises and all facilities fell to domestic services, who were responsible for their own auditing. The service had an ambulance cleaning standard operating procedure (SOP). This was last reviewed by the registered manager in April 2022 with no amendments.

Good

Patient transport services

The service generally performed well for cleanliness. Crew members deep cleaned vehicles on Sunday as per the service's cleaning rota. The manager completed a monthly internal compliance audit which included cleaning checks. PTS supervisors monitored all deep clean documentation.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed the vehicle deep clean register for the month before our inspection from 20 July to 21 August 2022. Staff signed and added the reason for the deep clean which was either by rota job or after an infectious patient with COVID-19 or in one case C. difficile.

We reviewed three deep cleaning checklists from 7, 14 and 21 August 2022. These had all been completed correctly without any comments added.

Staff used personal protective equipment (PPE) correctly but did not always follow infection control principles. We found staff had good knowledge of infection prevention control (IPC) processes. PTS staff always wore facemasks when onboard vehicles although there was no legal requirement to do so. Staff changed masks between every patient to avoid any cross-contamination risks. They also wore latex gloves for any patient contact. All staff we observed onboard were compliant with the use of PPE.

However, we saw one staff crew member was not bare below the elbows. Another office-based staff member not directly engaged in patient care had long fingernail extensions. The provider's QEF employee minimum standards stated, '*long sleeves impede effective hand washing and therefore impose an infection risk*' and '*nails should be short, clean and without polish or extensions*'. This meant both these staff did not meet the minimum dress code standards outlined for the service. They had both signed and dated this when starting employment.

The RM understood infection and prevention control measures and processes were in place to ensure all equipment and vehicles were hygienically maintained. All service staff completed infection control training including donning and doffing of PPE equipment.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff were made aware of specific infection and hygiene risks associated with individual patients at handover. Since COVID-19 families did not travel with patients unless they were the patient carer.

We saw all control of substances hazardous to health (COSHH) cleaning products were inaccessible and safely stored in the PTS storeroom. This store was kept locked, and staff needed a code to enter.

Environment and equipment

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

The design of the environment followed national guidance. The service had been based at an independent depot for just over a year. All the service's processes were coordinated through their registered Spire House address since COVID-19. During COVID-19 the service's host NHS trust's discharge lounge was closed to free up more capacity.

The registered premises were fully equipped and capable of delivering all services. Staff had full access to all facilities located in the building including the kitchen, changing rooms, recreation and toilet facilities. At the time of our inspection solar panels were being installed on the premises' roof with 14 charging points for their E-vehicles.

Good

Patient transport services

The service's fleet consisted of eight identical PTS ambulance vehicles. These were standard patient transport ambulances with space for a wheelchair or stretcher, folding seats and lockers for stock storage. Vehicles had capacity for up to four patients at a time. However older wheelchairs took up more space, so staff strapped or harnessed these patients into their seats.All PTS vehicles had an inspection every eight weeks to ensure tail lifts, ramps and other equipment were in working order. Staff checked tail lifts on vehicles separately every six months. PTS drivers completed a daily checklist to ensure their vehicles were in good order. All staff had apps on their phones and took photos which were uploaded once checks had been completed as well as paper records. All vehicles were insured, MOT, and taxed. We saw the MOT history of three PTS vehicles which had all passed.

PTS vehicles were serviced every 30,000 miles or 24 months, whichever came first. The vehicle tracking system alerted staff when a vehicle was approaching its service due date. We evidence of this on inspection.

We checked two of these vehicles. All necessary equipment and stock were onboard, accessible and in good working condition. The service had set equipment stock levels which staff ensured were met at the start of every shift. This covered all consumable stock including in date spill and first aid kits, and nine pieces of vehicle equipment.

Staff also used a vehicle safety checklist which covered a week of daily vehicle checks, equipment and mileage and shift information. The first driver checked and approved all equipment in case any future or immediate attention was needed. This meant vehicles were always safe and well equipped for patient transport shifts. Staff selected two PTS vehicles at random each month for a maintenance safety audit to ensure everything was in order. We reviewed a maintenance safety audit from 10 August 2022. All vehicle checks were met with no noted damage.

Staff carried out daily safety checks of specialist equipment. They maintained all the service's essential equipment such as wheelchairs, stretchers, and C-max chairs every six months and logged any maintenance. Staff checked consumables weekly and replaced any out of date products.

We reviewed the service's latest damage audit for one vehicle from 1 May 2022. It noted there was no dash camera and the vehicle had cracks in the front grill. There were also scratches/dent in rear bumper and above the rear left wheel arch. In response the service sought immediate repair and added a dash camera.

All linen and blankets the service used on vehicles were returned, washed and replaced by their host NHS trust's main site.

Staff disposed of clinical waste safely. The service had clinical waste contracts in place. The trust domestic services took up all the service's clinical waste for disposal (and laundry) at their host NHS trust hospital.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. The service had a safe and effective escalation process for deteriorating or seriously ill patients. Staff would usually call 999 but may take patients back to hospital if they were onsite or very close as per their deterioration of a patient during transport SOP. As they were not an emergency service and completed a thorough eligibility criteria assessment with patients this rarely happened.

We saw staff interacting with patients regularly and being attentive to their needs throughout the journey. This meant they would pick up on any signs of patient deterioration promptly. We saw staff safely fastened patients into seats and

trolleys and checked they were comfortable before transportation. They checked the environment was safe when arriving at the patient's destination and contacted the care provider to inform them the patient was home. We reviewed the service's guidance for assessing patient's eligibility for patient transport. This prompted staff to remind patients PTS was only available for those with a genuine medical need. It assessed patient's mobility and any equipment needed which staff requested in advance. Staff also had to identify any stairs or obstacles to manage or overcome. This meant the service had a minimum of cancelled jobs as staff could always help patients to access transport.

The service had an in-date deterioration of a patient during transport SOP. This included a list of guidelines staff must follow. For example, the crew had to risk assess the situation then decide to either ring PTS control for advice, call 999 or return to their host NHS trust's emergency department and contact the front desk to arrange a doctor to attend. The crew followed handover regarding do not attempt resuscitation (DNAR) and if required performed cardiopulmonary resuscitation (CPR). If crew members feared the patient had died, they recorded the observation time of the patient's last breath and noted who was present at the time. Crew staff we asked were familiar with this procedure.

Staff completed risk assessments for each patient before arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service had risk assessments in place. These included wheelchair assessments, vehicle assessments, equipment assessments and visual assessments by staff of the patient's environment and health and safety risk assessments on the head office environment. Any identified safeguarding for example patient is not safe at home, would be mediately reported to the correct team for action and in some cases, patient transferred back to hospital.

PTS staff could access clinical guidance, including out of hours support. They also had a social media messenger service chat group available for support.

The service's risk assessment forms for ambulances included the movement of walking patients, patient movement and secure chairs, ambulance ramp use and slips, trips and falls in external areas.

Staff knew about and dealt with any specific risk issues. The service had systems to monitor how safely staff drove vehicles and all staff had high scores for driver safety.

The service had a full vehicle maintenance and service agreement plans in place. Due to the tracking system staff could often anticipate any fleet or breakdown issues.

Staff shared key information to keep patients safe when handing over their care to others. Handovers included all necessary key information to keep patients safe. Service staff received telephone handovers from their host NHS trust ward staff. Staff would discuss any risk issues as part of the handover such as patient's mobility and capacity as well as any communication needs.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Good

Patient transport services

The service had enough ambulance and support staff to keep patients safe. The service operated on a rolling rota basis. Rotas were available four weeks in advance. The number of staff matched the planned numbers. We reviewed the staffing rota for the week commencing 4 September 2022. The service had 16 staff on shift in any weekly rota. This consisted of a manager, two supervisors, five ambulance crews of two staff to cover all shifts, a staff member on cover and two staff working in the control room.

Managers accurately calculated and reviewed the number and grade of PTS staff needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. The RM understood the standard operating procedures and mandatory checks that must be completed to ensure safe recruitment and ensure the service had enough staff to run safely.

The service had low vacancy and turnover rates. The service's latest rate for both was around 2%.

The service had low sickness rates. We reviewed the service's staff absence for the six months from March to August 2022. During this period no staff were off work due to sickness.

Managers limited their use of bank staff and requested staff familiar with the service. They ensured all bank and agency staff had a full induction and understood the service. The service only had one bank staff member.

Records

Staff did not keep records of patients' care and treatment.

PTS staff did not handle, transport or update any patient records. Staff only transported patients discharged from hospital and they had no access to patient notes. The service had other governance arrangements in place to manage patient's care and treatment.

Medicines

The service followed best practice when transferring and storing medicines.

Staff stored and managed all medicines and prescribing documents safely. The service's premises kept no medications onsite.

The service had protocols in place for the safe transfer of medication and the service's policy was that medication was not administered during transfer. Any medication needed to be signed for by the patient, care staff or other responsible person when being handed over and records kept.

Staff checked patients had the correct medicines when they were admitted, or they moved between services. The service transported patient's medication with them to home, but staff did not administer any medication during transfer. The service did not keep any medication onsite and had a medication standard operating procedure in place.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Good

Patient transport services

Staff knew what incidents to report and how to report them. All staff were aware what constituted an incident, near miss or serious incident and their process for reporting and managing such incidents as part of their own accountability to safe care.

The service dual reported incidents and safeguarding concerns through the host NHS trust and internally as part of the provider's own governance systems. The service's registered manager and staff understood their responsibilities for referring safeguarding issues onto relevant external bodies.

In the event of transport breaking down staff would request another vehicle to continue the journey. If there was a medical emergency staff would request 999 support and commence resuscitation if they identified the patient did not have a 'do not attempt resuscitation' (DNAR) order in place. All PTS staff's basic life support training was included under their ESR mandatory training module in resuscitation level 1.

We reviewed the service's incident database for the six months from February to August 2022. Five of these six incidents were categorised as a vehicle accident. Four of the incidents had actions taken. For example, after a driver had a collision with another vehicle resulting in damage the PTS supervisor had spoken to the driver and completed all relevant documentation.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The registered manager produced a full response to incidents to inform the patient of the investigation outcome. This detailed all information given and known about the incident, the incident investigation and results of any further enquiries into the incident along with an apology.

The provider had a shared group duty of candour and being open policy with their host NHS trust. The service followed the stages of the duty of candour process if an incident met notifiable safety incident criteria. The duty of candour lead drafted a findings letter within 10 days of incident investigations being completed and signed off and sent them out to the patient or next of kin.

Staff received feedback from investigation of incidents, both internal and external to the service. Service leads attended monthly quality and compliance meetings to review their key performance indicators (KPIs) and incident data. This was anonymised with any CPI removed to avoid a blame or reprimand culture and focus on processes and procedures. The service had systems to automatically identify driving incidents occurring during patient transport.

There was evidence that changes had been made as a result of feedback. Staff met to discuss the feedback and look at improvements to patient care. We read about an incident where a crew had taken a patient home with a cannula still attached which was discovered upon arriving at their address. The crew then had to return the patient to hospital to have it removed and take the patient back home again. Staff treated this as a learning experience and held discussions with feedback on how best to prevent future occurrence.

Managers would investigate incidents thoroughly. Patients and their families would be involved in these investigations. PTS staff could access a family liaison officer (FLO) from their host trust whose role was to support and involve the patient and their families after a patient safety incident occurred.

Are Patient transport services effective?

Good

Patient transport services

Good

We had not previously rated this domain. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. For example, the service ensured the department of health's national eligibility criteria for patients to receive transport was applied. Staff provided patient transport services as defined by the service's specification and eligibility criteria.

The service monitored their patient outcomes and audited key areas of quality and safety and identified actions to improve their performance.

The registered manager was responsible for the service's internal compliance audit (ICA). This covered a broad range of audits including safeguarding, complaints, infection control and staff training. We reviewed the ICAs from May, June and July 2022. There were no findings or outcomes, but the audit found the 10% of sampled monthly records had been completed accurately and processes had been followed.

We reviewed an annual PTS service audit from April 2022. This was carried out as part of the service's ISO 9001 annual requirements as well as to provide assurance to senior transport management the service was running as expected. This audit also provided assurance to the provider's board of directors. The service became ISO accredited on 27 March 2018.The audit concluded the service's governance, risk management and control arrangements provided good assurance. Service leads effectively managed the risks identified.

We reviewed the service' internal audits throughout 2022. This comprised four completed audits in April with another four in October 2022.

Nutrition and hydration

Staff did not assess patients' food and drink requirements to meet their needs during a journey.

The service did not provide patients with food and drink as they were not on the vehicle for long periods due to being discharged locally.

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The service offered transport for eligible patients 24 hours a day seven days a week.

The service met their key performance indicators (KPI) for PTS responding within an hour and delays were rare and due to factors outside of the service's control.

At the time of our inspection the service completed 500-600 patient transfers per month.

The registered manager compiled the service's monthly overall figures which comprised metrics such as waiting times and stretchers.

Competent staff

The service ensured staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. However, not all staff had signed or dated all mandatory procedures in their HR files.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff within the small team were fully trained in the delivery of PTS. They were also multi-skilled, having worked in two or more roles within the service or wider associated acute trust. All supervisors at the service started as drivers. All the PTS crew worked solely for the provider.

Most PTS staff had a background in care and did not necessarily need experience in patient transport.

Managers gave all new staff a full induction tailored to their role before they started work.

All staff were trained in resuscitation. Most staff had been trained in moving and handling by the service or had received moving and handling training in previous roles and had their competencies checked prior to providing care. Staff also received training in the prevention and management of violence and aggression. The service was rolling out cannula training and six staff had completed this by the time of inspection.

Managers undertook appropriate recruitment checks of all staff, including checks with the disclosure and barring service (DBS). We reviewed seven files and six met all standards. One file did not show the staff member had signed to say they had read all the provider's policies and standard operating procedures.

Managers supported PTS staff to develop through yearly, constructive appraisals of their work. All staff we asked said they had annual appraisals and found these conversations beneficial. However, we saw on the provider's quality and compliance meeting action plan outcome managers still had to complete and upload appraisals onto ESR.

The clinical educators supported the learning and development needs of staff. Staff could access two qualified trainers in-house as well as wider training staff and resources from their host NHS and NHS ambulance trusts.

Managers checked PTS staff driving licenses were valid every three months.

Managers identified poor staff performance promptly and supported staff to improve. Service leads monitored individual staff and driver's performance. Managers invited PTS staff to a meeting if any area of their performance required improvement or if an incident occurred due to employee error. If placed on performance management, staff were set clear objectives relevant to them and were monitored for eight weeks before an end review meeting took place. Staff received an outcome letter to confirm issues had been discussed.

The service had managing performance and disciplinary policies. The former was reviewed and amended for clarity and simplicity of application in February 2021. The latter was refreshed in the same month.

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 with other agencies.

Good

Patient transport services

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We saw effective handovers between PTS and hospital staff. They maintained good working relations in the discharge lounge.

Staff would telephone care providers if there was a delay with their patient's transfer or if they needed to resolve an issue, such as confirmation of a care plan.

Staff worked across health care disciplines and with other agencies when required to care for patients. The host NHS trust's bed managers visited the provider's registered premises to shadow the control room staff and vice versa. This gave both teams an insight into the other's roles, how each service was run and helped build positive working relationships.

Health promotion

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

The provider did not book the patient transport, their host NHS trust staff did. As such PTS staff had no background on the patient's lifestyle with which to offer tailored materials.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff ensured all patients consented to care and treatment and took decisions in people's best interests in line with legislation and guidance. The registered manager had knowledge of the mental capacity act (MCA) and knew capacity must be assumed unless proven otherwise. Staff supported people to make decisions through discussion and their preferred communication methods. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff completed MCA and dementia awareness training and understood how this was applied.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had an in-date consent and mental capacity SOP. This was reviewed annually by the registered manager.

Staff asked patients verbally if they wanted to go home or if they were ready to go home. If a patient had capacity and told staff they did not want to go, staff would not force them as this would be against their wishes. Staff logged any refusal to be transported on the crew log sheet specific to the patient and passed information on to the relevant people.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff ensured the patient's best interest was always at the forefront when delivering patient transport services.

PTS staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff completed mental capacity training and dementia awareness training. At the time of our inspection the RM was due to update her MCA training to update her knowledge.

Good

Patient transport services

Are Patient transport services caring?

Good

We had not previously rated this domain. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The service had an in-date privacy and dignity standard operating procedure (SOP) reviewed annually by the registered manager. It outlined good practice for PTS staff to provide compassionate care.

Staff we saw treated all patients as individuals, courteously and helped them remain autonomous and independent wherever possible.

Staff were trained to care for patients in a way that respected dignity by ensuring they were addressed in their preferred way. Staff appropriately dressed patients prior to transfer. For example, the service's consent and mental capacity SOP noted no individuals were to be discharged in an open-back hospital gown, as this did not uphold patient respect and dignity.

PTS staff asked patients if they wanted to walk or use a wheelchair. Staff communicated with patients during the transfer from hospital and when discharging them home by explaining what was happening to ensure they understood.

Patients said staff treated them well and with kindness. All patients told us the PTS staff were friendly, kind and put them at ease. They had no complaints about their care or treatment.

Staff followed policy to keep patient care and treatment confidential. Staff respected people's right to privacy and confidentiality.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. When staff collected a patient from a hospital ward, they ensured curtains were pulled around the bay and that people were appropriately dressed. Staff felt it was important to address people in their preferred way out of respect. Staff used blankets to protect dignity when transferring patients and ensured the correct equipment was used to best support them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Good

Patient transport services

Staff made sure patients and those close to them understood their care and treatment. Staff discussed and explained what was happening to patients at every stage according to their plan.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Some service vehicles had pictorials and a wipe board to support patients and people with communication difficulties. They helped patients point or convey simple feelings and emotions to crew staff or request various needs. We heard the example of one gentleman who wrote on the board to express himself so staff could understand his needs.

Staff could access interpreting services for patients who struggled to communicate due to a language barrier.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service had begun to carry out their own patient survey in May 2021 (as intended at the time of registration). This fed into their associate acute trust-linked governance system.

Patient transport vehicles carried daily patient feedback forms which patients could complete. Information about how to do this was displayed on each vehicle. This information was analysed to identify areas for improvement.

Contract meeting minutes stated all patient feedback the service received was above average.

Patients gave positive feedback about the service. We saw the service's patient feedback for July 2022. All five metrics comprising journey, safety, support, vehicle, and recommendation average had received a score of five out of a possible five.

Are Patient transport services responsive?

Good

We had not previously rated this domain. We rated it as good.

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.

Managers planned and organised services, so they met the changing needs of the local population. The service was set up to meet local patient needs and planned care to ensure these needs could be safely met.

The service had a list of criteria for acceptance of patient transport referrals. The service could signpost patients who were inappropriate for them to transport onto their local NHS ambulance trust. Some examples of their exclusions were bariatric, palliative care that required equipment, and people who lived upstairs that could not transfer themselves.

The service made reasonable adjustments for people who found it hard to use or access services. All staff completed equality and diversity training and understood how this applied to their work. Staff treated everyone equally and were aware some people had diverse needs. Staff felt the training helped them to support people with specific needs.

Good

Patient transport services

Facilities and premises were appropriate for the services being delivered. The service had different vehicles to accommodate patient's various mobility needs

The service had systems and equipment to help care for patients in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments. All PTS staff knew they could wait for patients on wards or in the discharge lounge for up to 15 minutes if the patient was not ready to go when they arrived. After this time crews were advised to abort the job and the referral request had to be rebooked. The service worked closely with the NHS trust to coordinate services.

Staff informed care providers of the patient discharge to ensure their care package could commence once they arrived.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Vehicles were designed to meet the needs of patients living with dementia. All vehicles had blacked out windows and floral murals inside by one of the windows. Staff encouraged people with dementia to sit by the mural as it helped keep them calm. Staff offered relatives and carers a choice of where to sit based on the patient's preference.

We saw other examples of the service's provision for patients with dementia or delirium. They had fidget and popper mats for patients to occupy their hands in transit if they were nervous.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Each vehicle had wipe boards and pictorials to support people with communication difficulties to express their preferences.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had one staff member trained to be fluent in British sign language (BSL) for hearing impaired patients. Staff could access several interpreting and translation services including for appointment letters and consent forms through their 'staff zone' intranet.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. PTS waiting times were calculated from when the patient was handed over to service staff until when the crew left the hospital with the patient. This was documented in the PTS booking log.

We reviewed the service's waiting time performance from July 2021 to July 2022. The latest monthly average waiting time for July 2022 was 50.24 minutes. This had shown some improvement over the period. The service's average waiting time exceeded an hour from October 2021 to March 2022 but not since.

Managers knew the service's busiest times in a typical weekday and made plans to meet demands on the service.

Good

Patient transport services

Managers worked to keep the number of cancelled appointments/treatments/operations to a minimum.

Learning from complaints and concerns

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.

Patients we asked knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern. We saw notices and forms onboard explaining how patients could give feedback with contacts inside the back of vehicles. Staff told us they could help patients complete these if needed.

Staff understood the policy on complaints and knew how to handle them. The service acknowledged, responded to, and investigated all complaints with an outcome given to the complainant within 28 days. If necessary, an apology was also offered to the complainant.

People's concerns and complaints would be responded to and used to improve the quality of care. The registered manager understood the systems in place to manage complaints.

The service reviewed all complaints and implemented actions to improve the patient journey. If a complaint identified a safeguarding issue, then staff informed the appropriate agencies, and followed all protocols.

Managers investigated complaints and identified themes. The service reviewed complaints and if necessary, put additional training into place, implemented an action plan, reviewed policies and standard operating procedures with possible updates. Managers would then make staff aware of these changes.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service had only received one complaint in the last 12 months in October 2021. This involved a patient being take home on a stretcher who had access issues upon arrival to their home. The host NHS trust's patient advice and liaison service (PALS) team dealt with the complaint which was closed within the seven-day window.

Are Patient transport services well-led?

Good

We had not previously rated this domain. We rated it as good.

Leadership

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 PTS manager and their staff had oversight of all aspects of the service. The registered manager met the requirements for registration with CQC.

Good

Patient transport services

The service was expanding with increasing numbers of patient transports. The associate director told us managers did not want to overstretch the service and they were seeking to sustainably expand the service whilst still safely meeting demand.

Vision and Strategy

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

The service's vision was to have a diverse and inclusive multicultural workforce recruited from and representative of the communities they serve. They were committed to ensuring their PTS provision was of a high quality, safe and punctual to meet the needs and requirements of every patient. The service ensured they were a fully transparent and accountable organisation.

The service ensured all staff employed met their corporate goals/values of being 'professional, proud and passionate'. The values were visible all around their premises. PTS staff had to complete a customer and patient promise to meet each of the provider's three values. Values awareness training was included as a part of the staff induction.

The service also had five objectives. Managers continuously monitored and reviewed their monthly performance against these in the contracts meeting between the service provider and their host trust.

Culture

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.

The service had an open and transparent culture. This consisted of a small team working closely with each other. Staff felt they could raise issues easily. Senior leaders held a monthly staff forum. Staff told us there was a good rapport between staff and managers.

PTS staff could access all the same support networks and employment assistance, resources and services as their host NHS trust. This included the 'your voice' staff diversity network forum. This network's aim was to champion the diversity and inclusion agenda and help the trust understand challenges experienced by staff around fairness, respect and inclusion.

The provider had an in-date shared group diversity, equality and inclusion policy reviewed every three years. This supported PTS staff and their host NHS trust to meet the statutory public sector equality duty on public authorities to consider how their policies or decisions affected people protected under the Equality Act 2010 and supported the trust to work in line with the Human Rights Act 1998. The policy outlined their commitments and overarching aims under the workforce race equality standard (WRES) and workforce disability equality standard (WDES). The provider was a disability confident employer and met all the set criteria for such an accreditation.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Good

Patient transport services

The service's management structure consisted of a PTS manager who reported to the associate director through the deputy head of service. The service had two PTS supervisors one of whom was the registered manager. The provider's associate director had an auditor background and was keen to encourage good governance and due diligence throughout the service.

The service's management underwent a restructure in December 2021. We heard this had been well embedded and had no impact on the service provided.

The provider held monthly quality and compliance meetings which the transport coordinator and PTS manager attended. The agenda included a compliance newsletter review, KPIs from the previous month, heavy goods vehicle (HGV) compliance and infringements, internal and external audits, incidents and complaints.

The service's monthly transport reports were shared with their host NHS trust and discussed by managers at their monthly contract meetings.

The service had standard operating procedures (SOPs) reviewed and amended yearly or at least every three years. All PTS staff had to acknowledge they had read and understood all the provider's SOP contents and their role and responsibility in adhering to them.

The service had governance procedures in place for managing and monitoring any service level agreements (SLAs) the provider had with third parties. For example, they had an SLA for offering PTS provision to their host NHS trust.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service carried out monthly quality checks such as eight maintenance safety audits, eight spot checks, eight temperature audits and a HGV gate check chosen at random. Staff scanned all documentation onto a drive and kept file paper copies in folders.

The provider's risk register was shared with their host NHS trust. This incorporated any service-level risks. We reviewed the register after our inspection which included no risks specific to the service.

The service's annual business plan procedure identified any future risk or threats and contained details of business continuity. Managers ensured business continuity in rolling over actions from their previous financial year's plan into the 2021/22 version. For example, by continually seeking alternative fuels to reduce emissions and cost to the service.

Information Management

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 good integrated access to data collection systems and dashboards to review and manage performance. Some systems could be added as synced applications to receive instant notifications and updates through staff phones and portable devices. For example, when undertaking vehicle checks.

We were shown the service's new live vehicle and sample tracking system ran from their PTS control room. This was updated more frequently than a global positioning system (GPS). All PTS vehicle dashboards had mounted cameras for instant replays of any footage. Control room staff could generate full driver reports to highlight any training needs. They could also monitor temperatures onboard vehicles to check they were within a safe range and humidity and adjust aircon accordingly. The system autogenerated incident emails if for example a PTS driver performed a harsh break when transporting a patient. These notifications were sent straight to manager's smartphones. Compliance staff could also generate exception reporting.

The compliance officer requested key performance indicators (KPIs) three working days after the month's end. Managers used all monthly PTS report information to compile a board report. This comprised a dashboard covering daily patient movement, mobility type, internal or external movements within their host NHS trust's hospital as well as discharges.

Engagement

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

The provider was a living wage employer, having achieved accreditation and were committed to the future programme.

PTS staff could access all their host NHS trust's staff support networks and resources. For example, staff had confidential services through their occupational health department and chaplaincy. All PTS staff had an annual staff survey, annual appraisal and employee engagement forum where they could raise any issues with their employee representative. Staff were encouraged to use them if issues affected performance of their duties to help improve their and other staff's working experience.

The service operated an open-door policy for all staff where all ideas and views were welcomed to improve their overall performance. Monthly team briefs were held where staff were asked to raise any concerns or issues at the end, discuss anything as a team or ask any questions, share ideas or suggestions they had.

The provider participated in the national NHS staff survey 2022. However, they had also undertaken a bespoke staff survey based on NHS standard questions plus a series of local questions. This had the same timeframe as the NHS survey. Their initial results were received between late December and early January each year. Leads issued and circulated a feedback questionnaire. We reviewed the 2021 results. All the provider's nine metrics scored out of a possible ten were narrowly above or equal to the benchmark group's median or average except one which was 'we are always learning'.

The provider committed to formally recognising staff's commitment, selflessness and professionalism with individual letters of commendation recognising when they had gone above and beyond. All staff we asked really loved their role and working for the service.

The provider had schemes and initiatives to improve staff experience such as eemployee of the month, monthly and annual star awards, commendations for colleagues who went above and beyond, and funded skills training and further education programmes. They also offered modern apprenticeships within all areas of the business. The provider engaged with and planned to attend local schools to discuss apprenticeship opportunities.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

At the time of our inspection the service was working in partnership with their local NHS ambulance trust and the CEO of a local dementia charity to trial a pilot of home to care patient transfers. They had forecast this saved their host NHS trust £200-300 per journey.

The service had monthly charity events. The month before our inspection an event was held to raise funds for the Ukraine invasion relief. We heard about an unplanned team building and bonding journey. This entailed a provider team including PTS staff driving more than 1,400 miles in four donated ambulances over three days to deliver two tonnes of urgent medical supplies donated by regional NHS trusts to help Ukrainian medical teams. Managers were proud of this team endeavour involving their staff coming together from different departments to deliver a shared goal.

The provider's business plan had undertaken a strengths, weaknesses, opportunities and threats (SWOT) analysis of their existing service. This identified a registration opportunity would also allow them to carry out care to care services which their host NHS trust had already identified as a need. As a result, the service was considering a possible partnership with their local NHS ambulance trust.

The provider had a green plan with a periodic executive summary. This asked their host NHS trust's board to engage and support appropriate action to reduce the environmental impacts of their activities as part of the group and as a provider to other NHS organisations. At the time of our inspection the provider had submitted a successful application for decarbonisation funding.