SSC Secure Transport Ltd

Head Office

Inspection report

Unit 29
The Wenta Business Centre, 1 Electric Avenue
Enfield
EN3 7XU
Tel: 07958372471
www.sscsecuretransport.co.uk

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

Summary of findings

Overall summary

We inspected Head Office using our comprehensive methodology on 8 February 2023. It is the first time we rated this service. We rated it as requires improvement because:

- The service did not keep detailed records of patients' care and treatment including information related to journey booking, individual risks assessments, and physical interventions.
- The service did not formally review individual risks at the time when transport was booked.
- The service had not developed detailed acceptance criteria or identified possible exclusions that might prevent them from service provision.
- The service could not demonstrate vehicle safety checks were undertaken regularly as set by internal processes.

However:

- 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. The service met agreed response times. Managers made sure staff were competent. Staff worked well together for the benefit of patients. They treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- 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 experience transport delays.
- Leaders ran services well. 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 to plan and manage services and all staff were committed to improving services.

We rated this service as requires improvement overall. The service was rated requires improvement for safe and well led domains and good for effective and responsive. We did not rate the caring domain as we did not have sufficient evidence to rate it.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	• The service did not keep detailed records of patients' care and treatment including information related to journey booking, individual risks assessments, and physical interventions. They did not keep a sufficiently detailed record of physical health observations undertaken during and after manual restraint. • The service did not formally review individual risks at the time when transport was booked. The service had not developed detailed acceptance criteria or identified possible exclusions that might prevent them from service provision. • The service did not develop a full set of key performance indicators that could be used to monitor service quality and drive improvements. • The service could not demonstrate vehicle safety checks were undertaken regularly as set by internal processes. However: • 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. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment. The service met agreed response times. Managers made sure staff were competent. Staff worked well together for the benefit of patients. They treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. • The service planned care to meet the needs of local people took account of patients' individual

Summary of findings

needs and made it easy for people to give feedback. People could access the service when they needed it and did not experience transport delays.

- Leaders ran services well. 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 to plan and manage services and all staff were committed to improving services.

Summary of findings

Contents

Summary of this inspection

Background to Head Office

The service was managed by SSC Secure Transport Ltd. This service provided secure transport for patients with mental health conditions including patients detained under the Mental Health Act. The service collected patients from their own homes, hospitals, and custodial settings. They transported patients to hospitals or other facilities to receive treatment for their mental health conditions.

The provider was registered on 6 October 2020 to carry out the regulated activity 'transport services, triage and medical advice provided remotely'.

The service had a registered manager in the post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibilities for meeting the requirements set out in the Health and Social Care Act 2008.

The provider does not transport bariatric patients, palliative patients requiring medical support or patients with complex medical needs that required nursing care.

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

How we carried out this inspection

We carried out the unannounced inspection visit to the service on 8 February 2023.

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? Where we have a legal duty to do so we rate services' performance against each key question.

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.

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 regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it from failing to comply with legal requirements in future or to improve services.

Action the service MUST take to improve:

- The service must ensure they keep detailed records of patients' care and treatment including information related to journey booking, individual risk assessments, and any physical interventions.
- The service must review and action requirement for monitoring physical health during and after manual restraint.
- The service must ensure that individual risks are reviewed and suitably mitigated, and information is shared with all staff involved in patient care.

Summary of this inspection

- To manage risks and keep patients safe the service must develop detailed acceptance criteria and identify obstacles that might prevent them from service provision.

Action the service SHOULD take to improve:

- The service should ensure they develop a set of key performance indicators that are used to monitor service quality and drive improvements.

The service should ensure vehicle safety checks are undertaken regularly and recorded as set by internal processes

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Patient transport services

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

Is the service safe?

Requires Improvement

We rated it as requires improvement.

Mandatory training

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

Staff received and kept up to date with their mandatory training. They understood their responsibility to complete training and told us training was relevant to their roles.

The mandatory training was comprehensive and met the needs of patients and staff.

Staff completed training on responding to patients with mental health needs, learning disabilities, autism, and dementia. Staff also accomplished training related to the Mental Health Act and Mental Capacity Act as well as training on de-escalation techniques and safe physical restraint.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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.

Staff received children and adults safeguarding training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Requires Improvement

Patient transport services

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

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. They kept equipment and vehicles visibly clean.

The vehicle we saw was clean and well-maintained. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff inspected if vehicles were clean after each journey. However, at the time of the inspection cleaning records were not up-to-date and did not demonstrate that all areas were cleaned regularly. After the inspection the service provided documents that indicated cleaning checks were undertaken and recorded regularly and deep cleaning took place monthly.

Staff attended infection prevention and control training that was regularly refreshed. Staff followed infection control principles including the use of personal protective equipment. Staff cleaned equipment after patient contact and followed the provider's infection prevention and control policy on enhanced cleaning following the conveyance of patients.

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.

Staff were required to carry out safety checks of vehicles and equipment to ensure they were fit for purpose and did not cause any issues. Although we did not identify any issues, drivers had not always recorded safety checks or completed designated checklists to indicate compliance. After the inspection, the service provided documents that indicated safety checks were undertaken and recorded regularly.

The maintenance records indicated vehicles used had received full services and were MOT-compliant. Senior staff monitored when a vehicle was approaching its service due date.

The secure place of safety in the secure vehicles allowed clear observation and two-way communication. All vehicles were large enough to carry a patient chaperone.

The service had enough suitable equipment to help them safely care for patients.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff did not always complete formal and detailed risk assessments for each patient to remove or minimise risks.

Requires Improvement

Patient transport services

The service had processes to allow staff to respond promptly to any sudden deterioration in a patient's health. Staff received training in life support and first aid and were advised to call emergency services should they need to respond to a medical emergency. Emergency equipment, for example, medical oxygen, tubing, and clear face masks were available to support emergency response.

Staff knew about and dealt with any specific risk issues and were trained in the use of de-escalation techniques to defuse the potentially violent situation without using physical force.

The service had access to specialist mental health support. They employed registered mental health nursing staff to keep patients safe and be able to provide support during transfers.

Staff did not complete detailed assessments for patients thought to be at risk of self-harm or suicide. The information gathered by the staff booking the journey was not adequately recorded. It was shared with other staff informally, over the telephone or via email or a messenger application. The journey record form prompted staff to indicate there was a risk or history of self-harm or/and violence involved. However, staff only ticked the box and did not record any specifics or other detailed information that could prevent those. There was no information regarding situations that could trigger violence or aggression. Staff also did not provide information if situations of violence or self-harm were recent and how to respond or prevent behaviour that might challenge staff.

During journeys staff assessed and managed risks to patients. They aimed to achieve the right balance between maintaining safety and providing the least restrictive environment possible to support patients during their journey.

Although the service had a journey booking form, they did not always ask the person booking the transport on behalf of the patient to complete it. Frequently, booking staff would complete the form themselves at the time when transport was being booked. Staff told us occasionally the form would not be completed but they would still ask all relevant questions and pass the information to the transport team over the telephone. This meant the service did not always record a minimum set of data that was required to ensure safe transport was provided and to help them decide if the service could or could not be offered. It was not always clear who completed the journey booking form as frequently the name of the person completing it was not recorded on the form.

The service did not clearly identify its limitations and what it could, and could not safely provide or under which conditions. There was no exclusion document or process to follow at the journey booking time. For example, the provider told us that they could not offer transport to bariatric patients, but they could not articulate who was classified as a bariatric patient. They would depend on the transport requesting service to define it and be forthcoming with the information related to the patient's weight and BMI. The service did not have a routine set of questions that would be asked when the journey was booked.

Staff when engaged in restrictive interventions to reduce the risk of self-harm, violence, and aggression, did not routinely monitor and record the patient's vital signs. The National Institute for Health and Care Excellence (NICE) guidance provides advice on a range of factors that must be considered to minimise the risk of harm to the patient during and following a period of manual restraint. This includes advice on checking vital signs after manual restraint. A patient safety alert had been issued by NHS England to raise awareness of the importance of taking, recording, and responding to vital signs where restraint had been used to manage a person's behaviour if they were at risk to themselves or others. Staff did not use and were not trained to use rapid tranquillisation; they informally assessed risk

and would not undertake journeys where potential urgent sedation with medication could be needed. The booking form and the patient record form, completed at the time when transport was initiated, prompted questions concerning the most recent rapid tranquillisation used. Staff checked when it was administered and what effect it had on the patient.

Staff shared key information to keep patients safe when handing over their care to others.

Staff could contact a senior manager 24 hours a day, 7 days a week if they needed to escalate a risk or seek advice or help.

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 staff a full induction.

The service, in addition to the registered manager, employed more than 10 people to deliver the service at busy times. As the service operated at flexible times, on an ad-hoc basis, seven days a week to cover patient transport using seven ambulances, most staff had flexible working time arrangements. Service employees included drivers, healthcare assistants, and mental health nurses.

Managers did not use agency staff.

Records

Records were stored securely, they were easily available to staff providing care. However, staff did not always keep detailed records of patients' care and treatment or vehicle safety checks.

At the time of the inspection the provider could not demonstrate staff completed records related to vehicles' cleaning and safety checks. The provider's policy mandated checks to be completed and recorded fortnightly. After the inspection, the service provided documents that indicated safety and cleaning checks were undertaken and recorded regularly.

Although staff kept a record of physical interventions, they were not sufficiently detailed. Staff recorded each intervention as an incident, but they did not note what physical restraint methods they had used and there was no indication of the duration of the restrain. There was no indication of the impact on the restrained individual and if vital observations were undertaken.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Medicines

The service was not involved with the administration of medicines.

Requires Improvement

Patient transport services

When the patient's medicine was being transported with them their medicine was security tagged and stored safely for the duration of the journey.

Training on the use of oxygen in emergency cases was provided to staff, and staff who had not been trained understood they could not administer oxygen. Each vehicle carried a medical oxygen gas cylinder, it was firmly secured and under cover. Oxygen was to be used only in emergency cases as the service did not provide services to people who needed supplemental oxygen during the travel.

The service did not use medicines to control people's behaviour.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the service's policy.

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.

Staff received feedback from an investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback.

Managers debriefed and supported staff after any serious incident.

Is the service effective?

Good

We rated it as good.

Evidence-based care and treatment

Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff knew where to find the service's policies and procedures and had easy access to them. Staff gave us examples of when they protected the rights of patients subject to the Mental Health Act 1983 and followed the Code of Practice. The provider's policies took account of key legislation and national guidance such as related to safeguarding, medical devices regulations or health and safety aspects. Staff received specific training as part of their mandatory training. All staff we spoke with understood the principles of the Act and could give examples of considerations in practice to support people.

Requires Improvement

Patient transport services

Staff demonstrated an understanding of the principles set out in the 'Violence and aggression: short-term management in mental health, health and community settings' published by the National Institute for Health and Care Excellence guidelines (NICE NG10 published in 2015). When handing over care, staff referred to the psychological and emotional needs of patients. Staff spoke with the hospital and carers and family when collecting or dropping off patients. They shared information about the patient relevant to the patient's needs.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

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.

Patient transport ambulances were based near the local hospital and were available for immediate transport. The service was not requested to monitor or meet response times by services booking transport. The service recorded the length of time it took to reach patients and the length of the journey and aimed to be able to offer transport within the time agreed upon when the booking was made.

Competent staff

Leaders appraised staff's work performance and held supervision meetings with them to provide support and development.

Leaders gave all new staff an induction tailored to their role before they started work. Staff felt equipped with the skills and knowledge they needed to carry out their role.

Leaders supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

One of the registered mental health nurses employed by the service supported the training provision and was a designated person to assist with staff queries concerning the Mental Health Act 1983 and Code of Practice. They also supported the service by reviewing overall staff training needs and designed training to meet the needs of the service.

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.

Staff worked across healthcare disciplines and with other agencies when required to care for patients. Staff gave us examples of when they worked with other agencies to ensure good outcomes for patients including requesting or handing over risk information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Requires Improvement

Patient transport services

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked the capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient could make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Is the service caring?

Insufficient evidence to rate

As we did not speak with patients and we did not have enough evidence and we were unable to rate this domain.

Compassionate care

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

Staff provided us with examples of times when they provided discreet and responsive care for patients. Staff told us about how they took time to interact with patients in a respectful and considerate way. Patients in the feedback forms collected by the provider said staff treated them well and with kindness.

Staff followed a policy to keep patient care and treatment confidential.

In conversations with us staff demonstrated understanding and that they respected the individual needs of each patient and showed understanding and a non-judgmental attitude when discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Requires Improvement

Patient transport services

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

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff demonstrated empathy when discussing the patient's needs.

Staff understood the emotional and social impact that a person's condition had on their well-being and on those close to 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.

Patients and their carers could give feedback on the service and their treatment and staff supported them to do this. Patients that completed the post-journey questionnaire gave positive feedback about the service.

Staff made sure patients and those close to them understood why they were being transported. Staff gave us examples of when they talked with patients in a way they could understand, using communication aids where necessary.

Staff supported patients to make informed decisions about their care.

Is the service responsive?

Good

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.

Managers planned and organised services, so they met the changing needs of the local population. The service since its registration had increased its capacity to be able to provide ad-hoc patient transport services. By doing so the service relieved pressure on other providers.

Requires Improvement

Patient transport services

Vehicles used for secure transport had two sections behind the driver's cab. The first section had a front-facing single seat and a rear-facing bench seat for three people. Patients were typically transferred to a front-facing chair but if they became distressed and exhibited violent or aggressive behaviours, they could be moved to the bench seat with a crew member sat either side to try and reduce their distress. The second section was a secure place of safety where people in distress who could pose a risk to others could travel safely.

Vehicles were appropriate for the services being delivered.

Managers monitored and took action to minimise missed journeys.

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.

Staff made sure patients living with mental health problems or learning disabilities, received the necessary care to meet their needs. The service could support and make adjustments for people with disabilities and those with communication needs or other specific needs.

Staff did not have routine help from interpreters or signers. However, should a patient need support with communication it would be provided by the service that was making the booking. Staff said they would also rely on an online translation service. Staff had access to basic communication aids to help patients become partners in their care and treatment and support them with expressing basic needs.

Staff, during longer journeys, supported patients to access food and drink to meet their cultural and religious preferences.

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.

The service responded quickly to requests for secure transport. Managers monitored waiting times and made sure patients could access services when needed and received the service within agreed timeframes. They ensured service was available when needed to minimise anticipation that could affect the patient's emotional well-being.

Managers worked to keep the number of cancelled journeys to a minimum. They employed staff that were available on-call and could respond promptly to any new bookings.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Patients, relatives and carers knew how to complain or raise concerns.

Requires Improvement

Patient transport services

The service in vehicles had easily available information about how to raise a concern. Patients could submit a form on the provider's website to offer feedback or raise a concern.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Is the service well-led?

Requires Improvement

We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service.

The service was led by the nominated individual and the registered manager supported by other senior staff who specialised in governance or clinical care.

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

Leaders facilitated cooperative, supportive and appreciative relationships among staff who worked collaboratively together.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The vision was focused on the provision of "outstanding levels of service to patients". The service aimed to put patients at the heart of the service.

The service was led by "family values". Other values that guided leaders and staff included: safe care, high-quality training provision, and delivering caring and timely service. Leaders and staff understood and knew how to apply them in the day-to-day work.

Culture

Requires Improvement

Patient transport services

Staff felt respected, supported and valued. The service had an open culture where patients, their carers, and staff could raise concerns without fear.

Staff we spoke with were happy working in the service. Staff enjoyed the company of their co-workers and teams worked together to put the needs of the patient first. Leaders were open and transparent aiming to ensure safe they provided safe and patient-centred care. Staff were focused on the needs of patients receiving care. Leaders gave examples when action was taken to address behaviour and performance that was inconsistent with the vision and values of the service.

The service promoted equality and diversity in daily work. We observed effective and professional communication between staff which supported the delivery of safe care.

Governance

The service had systems or processes to assess, monitor and improve the quality and safety of the service.

Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The registered manager oversaw the service's governance processes supported by other senior team members, a governance consultant, and a mental health specialist. They reviewed care and ensured standards were upheld; the provider was working towards ensuring all staff were aware of them and supported the processes.

The senior team met at quarterly management meetings. Those meetings had a standing agenda that was discussed and were led by an external governance consultant. Issues discussed included risks, use of restraint, infection prevention and control, performance, policies and other subjects.

The provider was in a process of making improvements in the management of policies and procedures, to ensure they reflected specific service needs.

The service had allocated a person with suitable clinical experience to provide clinical advice.

Management of risk, issues and performance

Leaders and teams used systems to manage issues and performance. However, the risks monitoring process required improvements to ensure patients' safety.

Service had developed a risk register that was reviewed at management meetings. The main risks were related to COVID-19, financial pressures, recruitment and retention, and limitation in quality monitoring.

The service recognised they had limited access to data that would allow effective quality monitoring. They were in a process of developing a set of key performance indicators that would allow them to improve monitoring of internal processes adherence.

The service monitored the use of restraint by keeping a record of each intervention, details recorded by staff. However, it did not include techniques used by staff. Although staff recorded if the secure cell or handcuffs were used some records were not fully completed, and the service did not carry out routine records quality audits.

The service did not have a formalised approach for assessing risks to individuals at the time when transport was booked. Information was often passed over the telephone and they did not have a clearly defined criteria for accepting or declining transport.

Information Management

The service collected reliable data. Staff could find the data they needed, in easily accessible formats, to understand performance, and make decisions and improvements.

The service was not requested to collect performance data by its commissioners, but data was gathered on journey times; it was not formally analysed in detail to allow patterns and trends identification. However, leaders understood analysing performance data could help drive future improvements in quality.

Information used to monitor, manage, and report on quality and performance, such as vehicle fortnightly checks, was not always regularly collected.

There were effective systems to ensure notifications were submitted to external partners when this was required. The service had not needed to submit notifications to CQC within the 12 months prior to the inspection.

The service was registered with the Information Commissioner Office (ICO), and they were aware of their reporting requirements concerning data mishandling incidents; they told us during 2022 there were no incidents that would need to be reported to ICO.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The views of patients were regularly collected, and this feedback was used to improve the service.

Leaders of the service collaborated with staff and the host NHS trusts and other providers to help improve services for patients. Staff encouraged carers to provide feedback on their experience and used this feedback to improve the service.

As most staff worked on an ad hoc basis there were limited opportunities for all team meetings. Staff engaged through the use of electronic communication tools or when they met in training sessions. Staff were encouraged to explore issues related to organisational culture, teamwork, facilitating effective communication and high standards of care.

Learning, continuous improvement and innovation

Requires Improvement

Patient transport services

All staff were committed to continually learning and improving services. When leaders identified a need for improvement, they ensured they sought suitable advice from external professionals. They work in partnership with governance advisor and a registered mental health nurse to ensure they were aware of latest developments any changes to current practice or regulatory requirements.

The service observed other providers' services, they also studied local health providers' needs in order to offer flexible and responsive service and meet patients' needs. They proactively contacted other stakeholder to obtain information on how to improve and learnt from the feedback received.

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 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good governance** 1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. 2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e). The service did not manage individual risks well, they did not have systems and processes to mitigate risks which arise from the carrying on the regulated activity. Records of patient's care and treatment were not detailed and lacked information in relation to the care episodes provided.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 1. Care and treatment must be provided in a safe way for service users. 2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a. assessing the risks to the health and safety of service users of receiving the care or treatment; b. doing all that is reasonably practicable to mitigate any such risks; The provider did not assess the risks to the health and safety of service users of receiving the care or treatment.