



EMA Patient Transport and Training Services

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Mandatory Training

Page 8

"The Service did not always provide mandatory training in key skills to all staff" CQC

Paragraph 1:

EMA have an e-learning package with National Skills Academy which covers the courses recommended in line with the care certificate. Where all our staff have come from the Health and Social Care Sector and have demonstrated up to date training, we have set a 6 month period where staff had to complete their e-learning. All members of staff work under supervision on the ambulance with experienced members of staff.

Action:

All existing staff are now working through completing all their e-learning and all staff will be up to date with training by the end of July. All new staff will be required to complete their e-learning prior to commencing their patient facing role.

Paragraph 2:

Our current system for managing training is a spreadsheet where each member of staff has a worksheet within that spreadsheet listing their courses and completed courses are recorded with expiry dates. Expiry of these courses are then diarised for management and admin staff. These records are printed during staff supervisions to discuss training needs and action plans. Prior to our inspection, we had already come to the conclusion we needed a more sophisticated system to manage training records and had a training matrix template which we were able to evidence to CQC but it had not yet been implemented.

Action:

We have the template training matrix that needs to have its data inputted into however, since our inspection, we have been looking into online case management systems to manage training records. By the end of July, the training matrix will be completed and in place along with our online training case management system(Redcrier).

Paragraph 3:

We have always had MCA & DoLs face to face training and all but the new staff who have not yet been here for 6 months had received that training. We were in conversations with local Mental Health Professionals who are also Best Interest Assessors to come and run an in house session for staff which is more tailored to what we need as opposed to a generic e-learning package. This was placed on hold due to COVID and the imminent change in legislation which will directly affect transport (albeit now further pushed back).

Action:

An MCA & DoLs e-learning package was immediately purchased the day following our inspection and staff are working towards completing this course. All staff will have completed this by the end of July.

Safeguarding

Pages 8 & 9

"Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff were up to date with their adult safeguarding and child protection training". CQC

Paragraph 1:

EMA use to run an internal safeguarding session lead by our Level 4 Safeguarding Lead and which was an accredited CPD course in line with the intercollegiate guidance. Evidence of this course was provided to the CQC. We reviewed our mandatory training approx. 3-4 weeks prior to our inspection when the training matrix was being development and removed the

internally run CPD course and updated our training records to reflect this. This led to the records looking as if staff hadn't completed any safeguarding training however had and certificates were provided to CQC to evidence this.

Action:

All staff regardless of whether they have previously completed the internal CPD Safeguarding course are required to complete the e-learning levels 3 in adults and children by the end of July.

Paragraph 2:

We regularly have conversation with staff regarding safeguarding and recognising and reporting abuse and use staff meetings and supervisions to have this regular contact.

No action required.

Paragraph 3:

There was one member of staff who had a gap in their employment which was discussed during their interview so we were aware that this had been as a result of travelling. This wasn't however documented in a formal attendance note. However, following Safer Recruitment practices and to ensure staff are of good character, EMA prior to any member of staff working on an EMA ambulance, obtain; a new Enhanced Adult and Children DSB is obtained (unless new staff are on the update system) and two references. All new staff work under supervision of existing experienced staff for their probation period and never lone work.

Action:

A formal attendance note has been added to that employee's personal file documenting the reasons for the gap in employment and a question has been added to the interview pack to prompt discussion around gaps in employment.

Paragraph 4:

No action

Cleanliness, Infection Control and Hygiene

Page 9

"The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They key equipment, vehicles and the premises visibly clean." CQC

Paragraph 1-3:

No action

Paragraph 4:

The Covid 19 policy did not have an implementation date however the policy states review date is every 2 weeks. For some time, even with restrictions easing, we have not amended this policy and still undertake use of full PPE, social distancing and testing however discussions around COVID restrictions and practices have been documented in meetings.

Environment and equipment

Page 9

"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". CQC

Paragraphs 1-4:

No action.

Assessing and Responding to Patient Risk

Page 9 & 10

“Staff identified and quickly acted upon patients at risk of deterioration. Staff completed and updated risk assessments for most patients and removed or minimised risks, However, not all risk assessments were carried out for patients needing secure transfer. Some training in restraint was not provided by accredited trainers and not in accordance with the most recent guidance” CQC

Paragraph 1:

As explained at inspection and afterwards, the nature of secure transport where patients are being collected from the community, we are receiving our booking and risks usually from an approved mental health professional who has not yet seen or met the patient. It is more often than not that the patients we are collecting have not previously been in inpatient settings at a psychiatric unit and therefore the risks are relatively unknown. The information provided however is documented behaviours albeit historic but gives the team a good indication of potential risks to or from a patient. As much information as possible is recorded regarding the patient for the teams and then the teams, on arrival at the collection obtain a further handover from the approved mental health professional and doctors at the property, if they are still there to get an update on risks and current presentation. The teams are highly trained and perform dynamic risk assessments to decide the best way to assist the patient from the property to the ambulance.

As a private provider, we have never been allowed access to the computerised patient record system the NHS use, which have requested on numerous occasions which would provide us with access to patients records so we have to rely on the information provided to us by professionals booking the service.

Action:

Keep reviewing our booking process and developing the questions we ask to prompt for more information for each patient we are asked to convey.

Paragraph 2:

Staff record additional information on risks during their handover on arrival however when we are collecting from inpatient settings where the initial handover and risks we receive are current, up to date and provided by someone who is caring for the patient, there is no further information to record. Out of the 8 booking forms referred to in this report, it is 2 where nothing has been recorded and that is because the patient was collected from a general hospital and moved to a psychiatric unit.

Paragraph 3:

EMA have an inhouse General Services Grade A Instructor in PMVA. This instructor has been qualified since 2001. This together with each subsequent year's refresher and update certificate was provided to CQC. Each member of EMA staff working on the Secure Transport side of the service have received their PMVA training by this tutor together with any refreshers after expiry of 1 year. General Services is a widely recognised and used form of training for PMVA within the private sector and NHS.

In April 2021, a recommendation that all providers now train staff in the use of restrictive practices to the Restraint Reduction Network Standards.

Action:

We had already begun discussions with other provider to join with them in obtaining the training. This has already been evidenced to CQC through the email conversation chain and also management minutes where discussions were had.

We will continue to work towards providing this training to staff however the provider we are working with are still in the process of obtaining their accreditation in order to provide the training.

Paragraph 4:

No Action.

Paragraph 5:

No Action.

Staffing

Page 10

“The service had enough staff to deliver the services they were being asked to deliver. However, they did not always have the skills and training to keep patients safe from avoidable harm. Leaders regularly reviewed and adjusted staffing levels and skill mix and gave new staff an induction”. CQC

Paragraph 1 & 2 :

No Action

Paragraph 3:

See response to Mandatory Training

Records

Page 10

“Staff kept detailed records of patients’ care and treatment. Records were clear, up-to-date, and stored securely”. CQC

Paragraphs 1 & 2

No action

Medicines

Page 10 & 11

“The service followed best practice when administering, recording and storing oxygen. No other medicines were used in this service”. CQC

Paragraphs 1 & 2:

No Action

Incidents

page 11

“The service mostly managed patient safety incidents well. Staff recognised incidents and near misses and reported them in line with their policy. Leaders investigated incidents but did not always understand when lessons could be learned and shared with the whole team” CQC

Paragraph 1:

No action.

Paragraph 2:

We disagree with this. The incidents for the past 12 months have been mainly near misses, where there opportunities to learn were explored but there were none. There were two incidents within the past 12 months which we felt we could learn from and this was explored, disseminated to staff and evidenced to the CQC by providing a copy of the dissemination email. In previous years, there have been incidents where we felt we could learn and develop the service and this was done with staff and new systems implemented.

Action:

We will continue to review all incidents including near misses to identify learning opportunities. We have also incorporated into our governance meetings a review of a CQC report for a similar provider and a published incident to see whether any learning opportunities can be gained from that.

Paragraph 3:

No action.

KLOE: Effective – pages 11 - 13**Evidence-based care and treatment**

Page 11

“The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients subject to the Mental Health Act 1983”. CQC

Paragraph 1:

No action.

Paragraph 2:

No action.

Paragraph 3:

No action.

Nutrition and Hydration

Page 11

“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”. CQC

Paragraph 1:

No action.

Response Times

Page 12

“The service monitored and met agreed response times so that they could facilitate good outcomes for patients, However, they were not using the outcomes to make improvements”. CQC

Paragraph 1:

No action.

Paragraph 2:

No action.

Competent Staff

Page 12

“Leaders appraised staff’s work performance and held supervision meetings with them to provide support and development”. CQC

Paragraphs 1 & 3:

No action.

Paragraph 2:

EMA now have a supervisor in place who is starting to take on roles to assist with the management of the company and which is working well.

Multidisciplinary working

Page 12

“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”. CQC

Paragraph 1:

No action.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Page 12 & 13

“Training about the Mental Capacity Act and Deprivation of Liberty Safeguards was not available for staff. However, staff supported patients who lacked capacity to make their own decisions or were experiencing mental ill health.” CQC

Paragraph 1:

See Mandatory Training

Paragraph 2 & 3:

No action.

KLOE: Caring Pages 13 & 14

Compassionate Care

Page 13

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

Paragraphs 1 - 4:

No action.

Emotional Support

Page 13

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

Paragraphs 1 & 2:

No action

Understanding and involvement of patients and those close to them

Page 13 & 14

“Staff support patients, families and carers to understand why they were being transported and make decisions about their journey”. CQC

Paragraphs 1 – 3:

No action.

KLOE: Responsive pages 14 & 15

Service delivery to meet the needs of local people

Page 14

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

Paragraphs 1 – 3

No action.

Meeting people’s individual needs

Page 14

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

Paragraphs 1 – 4

No action.

Access and flow

Page 15

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

Paragraphs 1 & 2:

No action.

Learning from complaints and concerns

Page 15

Paragraphs 1 & 2:

No action.

KLOE: Well-led (Pages 15 – 18)

Leadership

Pages 15 & 16

“Leaders had many of the skills, knowledge, experience they needed 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 support staff to develop their skills and take on more senior roles”. CQC

Paragraph 1:

No action.

Paragraph 2:

Whilst not documented in a written strategy, it was well documented within management meetings minutes the need for a supervisor role as the company expanded and the rationale for this along with an outline of what we envisaged the role to look like.

Action:

A supervisor has been appointed and has been in the role for approx. 2 months. As part of the governance and compliance overhaul, updating a written strategy for EMA’s future developments and plans will fall under that.

Paragraph 3:

An external governance consultant is contracted to assist with governance and compliance. They continue to work alongside management.

Paragraphs 4 & 5:

No action.

Vision and Strategy

Page 16

“The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of service and aligned to local plans within the wider health economy. However, the strategy did not make reference to the newer service of patient transport.” CQC

Paragraph 1:

The existing vision of EMA does not need to be amended as regardless of whether the service is secure of PTS, the vision in terms of delivery and patient care remains the same and the standard should never falter.

Action:

The written strategy needs to be revised as part of the work that is taking place on the overall governance and compliance to include the vision for the company and strategy going forward.

Paragraph 2:

No action.

Culture

Page 16

“Staff felt respected, supported and valued. They were focused on the needs of the patients receiving care. The service promoted equality and diversity for patients 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”. CQC

Paragraphs 1 – 5

No action.

Governance

Page 17

“The service did not have effective systems or processes to fully assess, monitor and improve the quality and safety of the service. Staff at all levels were clear about their roles and accountability and had regular opportunities to meet, discuss and learn from the performance of the service.” CQC

Paragraph 1:

In March 2021, an external governance consultant came and undertook an internal audit at EMA's request so we could get a more rounded idea of what was needed within the company to bring governance and compliance up to a high standard. In around July / August 2021, the external governance consultant was retained to work with the company 1 day per week. The governance policy and framework was one of the first pieces of work we started on to give an overview of what we needed to put in place. This is the framework we are working to overhauling our governance.

Action:

This is an ongoing project for at least the next 12 months to get systems and procedures overhauled and implemented.

Paragraph 2:

Please see response: Mandatory Training

Paragraph 3:

There is a risk register in place which is contained within the Business Continuity Plan.

Action:

Develop a standalone risk register.

Paragraphs 4 & 5:

No action

Management of risk, issues and performance

Page 17

“Leaders and teams used systems to manage performance, but they did not always fully identify and escalate relevant risks and issues identified action to reduce their impact. They had plans for cope with unexpected events.” CQC

Paragraph 1:

The audit system was overhauled approx. 4 months prior to our CQC inspection as we identified that the current way of working was not working and audits had fallen behind. During that period, leaders maintained a close eye on auditable areas to ensure standards and safety were not jeopardised.

Action:

The Governance consultant now manages audits for EMA and this has been the case since the beginning of the year. Audits are up to date and tracked and submitted with suggestions for improvements which management discuss at meetings. No action at this time needed.

Paragraph 2:

No action.

Information Management

Pages 17 & 18

“Leaders did not always analyse performance data. However, the information systems in use were integrated and secure.” CQC

Paragraph 1:

We have a transport analysis spreadsheet where we did in fact analysis days and times journeys were requested, gender of patients, journey length and whether restraint was used. The outcome for that is there is no trend for mental health. We are yet to analysis data for 2020-2021 and for the PTS service. We were not recording data for KPI's on journey times for the moment as this information is not requested of us and our focus is more on ensuring the service is safe such as restraint is reviewed and analysed.

Action:

Develop internal KPI's and a system to analysis.

Paragraph 2:

This is now up to date as per response Management of risk, issues and performance

Paragraph 3:

No action.

Paragraph 4:

No action.

Engagement

Page 18

“Leaders and staff actively and openly engage with patients, and stakeholders to plan and manage services. They collaborated with partner organisations to help improve services for patients.” CQC

Paragraphs 1 & 2:

No action.

Learning, continuous improvement and innovation

Page 18

“Leaders were committed to continually learning and improving the services”

Paragraph 1:

No action.

Action	Deadline
All staff will have completed mandatory training with the exception of PMVA by the end of July	July 2022
Update the training policy and interview and induction procedure to amend that new staff must completed their e-learning prior to working on the ambulance.	July 2022
Put in place either the Training Matrix or an online case management system to manage training and provide overall compliance levels	July 2022
Attendance Notes on gaps in employment to be placed on personnel file	Completed
Question added to interview pack to prompt discussion about gaps in employment	Completed
All staff to be trained to the Restraint Reduction Network standard of safe holds	August 2023
Expand the Vision and Strategy to incorporate PTS service	
Risk Register	May 2023
Develop KPIs and an analysis system	May 2023