

Secure Solutions Group Limited

# Secure Solutions Group Limited

## Inspection report

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Date of inspection visit: 31 August 2021  
Date of publication: 02/11/2021

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

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. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available seven days a week.
- 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 transport.
- 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 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

#### Patient transport services

### Rating

Good



### Summary of each main service

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# Summary of findings

## Contents

### Summary of this inspection

Background to Secure Solutions Group Limited

Page

5

Information about Secure Solutions Group Limited

5

---

### Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

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# Summary of this inspection

## Background to Secure Solutions Group Limited

Secure Solutions Group Limited is an independent ambulance service based in Cudworth, Barnsley, South Yorkshire. It provides a patient transport service (PTS). The provider currently has no contract in place for patient transport services but provides crews and ambulances as required to healthcare providers and agencies to facilitate patient transfers and discharges. This includes the transfer of mental health patients.

Joseph Newman is the registered manager and a company director.

The service is registered to provide the following regulated activity:

Transport services, triage and medical advice provided remotely

This service has not been previously inspected. The service was registered with the CQC in August 2021 as part of the fast track registration system established to assist during the Covid-19 pandemic.

## How we carried out this inspection

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>.

# Our findings

## Overview of ratings

Our ratings for this location are:

|                            | Safe | Effective | Caring        | Responsive | Well-led | Overall |
|----------------------------|------|-----------|---------------|------------|----------|---------|
| Patient transport services | Good | Good      | Not inspected | Good       | Good     | Good    |
| Overall                    | Good | Good      | Not inspected | Good       | Good     | Good    |

# Patient transport services

|            |  |
|------------|--|
| Safe       | Good  |
| Effective  | Good  |
| Responsive | Good  |
| Well-led   | Good  |

## Are Patient transport services safe?

Good 

### Mandatory training

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

Mandatory training was comprehensive and met the needs of the patient and staff. It was delivered either face to face or via electronic learning sessions. The service had a 100% completion rate for mandatory training for all staff.

The service had a process to ensure staff received training when they started working with the service. Ongoing training compliance was monitored using digital technology. Each mandatory training module was checked against the date the training was undertaken and the date renewal was due. Not all staff were employed as mental health crew but those who were completed additional mental health 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.**

The registered manager was trained to level 4 safeguarding and employed an external consultant as a safeguarding lead. All other staff were trained to level 3 for both adult and children safeguarding.

The service had a policy for safeguarding adults and children, staff could explain what constituted abuse and gave examples of when they would need to report this. They understood their responsibilities in line with the safeguarding policies and procedures, including working in partnership with other agencies such as the police. They knew who to contact for advice or support, could explain the referral process, and knew how to access information and guidance from the provider.

### 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, vehicles and premises visibly clean.**

# Patient transport services

The service had four operational ambulances available for patient transport services. We inspected two ambulances and found them both to be visibly clean. Documentation was attached to equipment that detailed when they were last cleaned and that they were ready for use. There was a process with an accompanying policy stating when cleaning was required and to what level which included the transportation of COVID-19 positive patients.

Completed records showed when each vehicle and its equipment had been cleaned. There was a process to document and assess any infection risk prior to the service accepting a job and allocating it to staff. Staff had access to cleaning equipment on each vehicle and deep cleaning of vehicles happened every four weeks as a minimum.

## Environment and equipment

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

The provider had a process which allowed staff to highlight any deficiencies in stock and to allow for replenishment. Spare equipment was available if required and the provider used a same day delivery company if other items needed replacing.

The provider kept accurate records of equipment maintenance and schedules. The provider had a system to monitor that all vehicles had a current MOT, service and were properly insured. Staff used an app-based daily driver check to identify potential vehicles issues rapidly and to ensure a vehicle was fit to travel each day it was used.

The provider had a contract with a 24-hour mobile mechanic service that responded to vehicle issues wherever they were. All vehicle keys were kept securely in key safe boxes.

## 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 were taught how to manage a patient who became unwell and subsequently deteriorated during a journey. Basic first aid training gave staff enough skills to recognise when to seek help. The deteriorating patient policy gave instruction on the course of action to follow in the event of an emergency.

Patient assessments were primarily of a person's transport and mobility needs and ambulance crews. Patient mobility was assessed to determine who could walk and those needing aids such as wheelchair, carry chair or stretcher.

## 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.**

# Patient transport services

There were nine operational members of staff and shifts were organised using an electronic rostering tool. The provider had an induction procedure and structured preceptorship arrangements for newly recruited staff. All new members of staff completed a week of face to face training and an assessment to confirm competency prior to starting shifts. There was an ongoing recruitment programme to maintain and increase staff numbers as the business obtained more work.

Staff driving licences were confirmed with the Driver and Vehicle Licensing Agency (DVLA) as being valid and appropriate for the class of vehicle they were driving when the staff member was appointed. Managers checked these again every six months.

All staff required Disclosure and Barring Service (DBS) checks. We reviewed recruitment records and proper pre-employment and pre-appointment checks were conducted.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Staff logged each journey on an electronic job sheet which also formed the patient record. This job sheet comprised of an interactive digital tool that required staff to complete checklists and free text areas to record information. The job sheet had variations dependent on whether the transport was for a mental health patient or not.

With every mental health transport, staff documented a narrative about each patient using a free text box on their job sheet and then communicated this to receiving agencies at handover.

The format of this tool meant that accurate data was captured quickly and easily. This information was visible instantly to the directors, contained relevant detail and was also formatted for audit purposes.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.**

Every job sheet had an electronic incident report attached and the incident reporting policy was also readily accessible. The two company directors instantly received every logged incident for action and investigation. Paper reporting forms were also available in all vehicles.

Staff reported any incident where physical intervention was needed to restrain or manage a patient.

Any learning from incidents was shared via a digital 'important update' group and at staff meetings. We reviewed one incident that arose following a minor vehicle accident at night-time. As a result of this, the individual involved completed a driving assessment and all staff made aware of the investigation and its findings.

## Are Patient transport services effective?

# Patient transport services

## 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 protected the rights of patients subject to the Mental Health Act 1983.**

The service had policies and guidance documents to support staff to deliver evidence-based care. Staff followed up-to-date policies to plan high quality care according to best practice and national guidance. We reviewed 20 policies, and all were current with review dates. The two directors developed the policies and made changes as per any new guidance. Staff were able to easily access policies and they were informed of any changes made at staff meetings and via their communication platforms.

Managers monitored their staff's adherence to guidance. Managers supervised staff on patient journeys which allowed them to identify any concerns and perform spot-checks of their work.

## Nutrition and hydration

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

Long journeys were a rare occurrence but if a patient did need food staff would either plan ahead for this or make a stop to obtain provisions. All vehicles inspected were stocked with bottles of water for patients.

## 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 collected booking times, departure times and arrival times of all journeys. These were monitored against key performance indicators (KPIs). The service recorded their performance and over the six months prior to inspection, 88% of jobs undertaken met the KPIs. If KPIs were not met and jobs were either aborted or cancelled, the data and rationale was captured for performance analysis.

A new target to achieve 95% of journeys completed within time parameters had been set up in August 2021. The data for this was to be examined from September 2021 onwards.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

# Patient transport services

Staff had the right skills and knowledge to meet the needs of patients. All staff completed training and had their competencies assessed before working with patients. Staff had a full induction programme and managers supported them until they were confident in their work.

The mental health crew had all been trained via a specific training programme used in health care settings that taught them how to prevent, de-escalate and manage behaviours of concern.

All staff had their annual appraisal in July 2021. Staff also had one-to-one meetings and supervision with managers. The registered manager, however, advised that although a supervision form had recently been created, formal documentation of the process was an area for improvement.

## 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.**

This was a small team of nine staff who described working together in positive terms and said there was 'a family atmosphere'. The two company directors both undertook operational shifts so worked regularly alongside their staff.

The provider coordinated all transport journeys with various service commissioners. Handovers were taken and documented from either hospital staff, commissioners or care facilities. Staff visited the same organisations often to collect patients so had developed good working relationships with external providers.

## 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. They used agreed personalised measures that limit patients' liberty.**

Staff transporting patients with mental ill health had received additional training and mentorship. The mental health policy detailed the minimum level of training needed for these staff and their roles and responsibilities. The policy also referenced mental health legislation such as the Mental Capacity Act and the Mental Health Act. There was a separate policy for Duty of Candour. Staff understood how and when a patient had capacity to make decisions about their care and when to escalate concerns.

The service promoted practice that avoided the need for restrictive interventions, such as effective communication to de-escalate situations, and positive behaviour support.

Staff were able to tell us how they used interpersonal skills to the benefit of patients with mental ill health. For example, they sat with one anxious patient for over an hour, before that person was ready to travel.

# Patient transport services

## Are Patient transport services responsive?

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.**

The service undertook 200 journeys from March 2021 which was the date they started independent PTS work. 60% of these journeys were mental health transfers.

The service provided patient transport services including transfers between hospitals and other healthcare facilities, and discharges from hospital to home. The service was often able to respond to short-notice bookings if they had staff available.

The service operated 24 hours a day, seven days a week with a booking system available at all times which allowed choice and flexibility of transport. The provider transported patients with varied mobility, including reduced mobility, wheelchair users and those requiring stretchers.

### 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.**

The service had access to an interpreting service which was always available. Staff mainly used an interpretation application on their electronic devices that had settings adjusted to aid easy communication.

To assist those with communication or learning difficulties, the provider had a log in for a language programme for Makaton users and sign language users. Each vehicle also had pictorial aids. Feedback posters displayed were written in Polish, Urdu and Punjabi which were the three most used languages other than English in their locality. These posters were also available in large print.

The provider's website could be read in yellow or using an audible option for those with other communication needs.

All vehicles were prepared to offer reasonable adjustments, such as manual handling aids, a step, a ramp, wheelchair clamps and a stretcher, designed to assist those with reduced mobility and dementia.

The provider screened patients during booking to ensure a coordinated approach to those with protected characteristics, and ensured these needs were identified and recorded. They were then communicated to staff delivering the care. The provider has a system that captured any protected characteristics (age, disability, pregnancy, race, sexual orientation) and downloaded this data for analysis. Patients had previously requested same sex staff members which they then accommodated.

### Access and flow

## Patient transport services

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

Staff recorded journey information including the destinations and pick up and drop off times. Managers monitored this to ensure patients received timely transport and care.

The service had an ambulance available on standby every day that was used if extra transport capacity was needed or there were unforeseen travel or vehicle issues.

The service also offered a specific wheelchair access vehicle with a single crew which meant that the provider could respond promptly to particular requests.

### 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.**

The complaints policy outlined the escalation process for managing a complaint. There had been no formal complaints in the previous five months. There were instructions on vehicles on how to complain and give feedback. Staff were being incentivised to collect patient feedback as a mechanism for improving the service.

As a result of patient feedback, a change had been made to the colour of poles on vehicles. They had been painted yellow rather than grey for improved visibility.

## Are Patient transport services well-led?

**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 leadership team consisted of the two directors of the business. They both had a comprehensive understanding of risks to the service, policies and governance issues and could clearly articulate their roles and responsibilities.

Staff spoke highly of the leadership and culture at the service. Staff felt comfortable to raise any concerns and were supported when they did so. They told us managers were always visible at the base, working alongside them as crew and by telephone when needed.

### 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. Leaders and staff understood and knew how to apply them and monitor progress.**

# Patient transport services

The provider had a small team and had been operational with PTS work for a year. The directors' vision was to concentrate on PTS work and gradually expand their service provision. They had ideas on how to innovate and how to raise standards in PTS. They wished to embrace change and explore opportunities in this business sector.

The provider had introduced a new three-year quality strategy that was to be reviewed each month. Staff were appraised of its content after it was published.

## 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 management team were visible and approachable, discussed any concerns raised by staff, and provided support when required. Staff told us they felt issues would be taken seriously and followed up appropriately. Staff said that they would recommend the service as good place to work as they were treated with respect and as equals.

Staff had access to help with their mental wellbeing and could be referred to a trained counsellor if needed. There were also other staff benefits such as financial advice, access to an independent doctor and other welfare resources. These benefits were displayed on posters in the offices.

There was a freedom to speak up guardian available if staff needed to escalate concerns to someone external to the company.

## 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.**

Managers implemented governance processes as set out in the governance and quality management policy. The provider had adopted a governance framework using a standing agenda and they held a monthly management meeting. This meeting and framework considered all the areas relating to quality, risk, sustainability and key issues impacting on the organisation.

As well as monthly management meetings, the provider held monthly staff meetings which were documented for all staff to read. At these meetings, governance matters were disseminated and discussed.

There was an audit programme to measure the performance and quality of the service. This included a booking form audit, infection and prevention control audits and an audit of the standard of patient records.

An external consultant had been employed because the provider welcomed interrogation and scrutiny of processes. They wished to develop and improve the governance and the service they delivered.

## Managing risks, issues and performance

# Patient transport services

**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.**

Managers articulated their risks and recorded them. There was a risk register that scored potential risks to the service and rated them in degrees of severity. The registered manager described these risks clearly. There was a service specific business continuity plan named 'keep service moving' that had last been tested in July 2021 by an external auditor. This checked how the business would function during unplanned service disruption.

Staff knew how to escalate risks and a manager was always available to respond to these by telephone or in person. Staff gave examples of dynamically risk assessing mental health patients and determining whether they were safe to transport or not. Systems supported this decision making.

## Managing information

**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 provider understood the importance of performance management. The directors had taken steps to monitor internal performance information such as response times, cancelled bookings and aborted journeys. Managers scrutinised and analysed data monthly.

The provider used digital technology for administration tasks, for operational documents and general running of the service. They were a digital organisation and aimed to be mostly paper-free. They kept some hard copies of forms and policies as a fail-safe back-up.

## 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 service encouraged patient feedback and invited this in several ways. Patients and service users gave feedback via email, phone calls, paper forms on vehicles, using the website or in person. New ways were being developed to encourage patients to comment on the service they received. Managers reminded staff to ask patients for their views on journeys as they were keen to gather comments.

Staff received feedback from managers during the course of their work. The service regularly communicated with staff and encouraged feedback from them. Managers used technology such as private messaging groups and mobile phone applications to stay connected with their colleagues.

The directors liaised on a weekly basis with their main commissioner and had set a six-monthly review date to discuss progress and ongoing business.

# Patient transport services

Staff surveys were completed to measure employee satisfaction in their workplace and also to assess knowledge they had about company procedures.

## **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.**

The company had won an innovation award in 2021 for being 100% digital. This had seen a cost efficiency, environmental and sustainability benefit to the organisation. The digital checks and systems used were intuitive, comprehensive and enabled quick contemporaneous record keeping.