

Promedicus Limited

Pro Medicus

Quality Report

Pro Medicus
Unit 2
Thrales End Business Centre
Thrales End Lane
Harpenden
Hertfordshire
AL5 3NS
Tel:
Website:

Date of inspection visit: 3 and 4 August 2015
Date of publication: 11/11/2015

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

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	
----------------------------------	--

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a focused unannounced inspection on 03 and 04 August 2015 to review the service's arrangements for the safe transport and treatment of patients as we received information of concern about this service. As this was a focused inspection, we did not inspect every line of enquiry under the five key questions.

Are services safe at this service

There were serious concerns that care and treatment was not being provided in a safe way for patients.

We found numerous items of equipment throughout the service that had not been serviced or calibrated to ensure its safe and accurate use. Disposable equipment items in both the store room and on vehicles were past their expiration dates.

Vehicles and equipment inside were not secure. We found that two vehicles were open and unlocked and that equipment, including defibrillators, oxygen cylinders and, airways equipment and first aid and dressing packs were all accessible and at risk of being tampered with.

There were inadequate processes in place for the management of medicines. We could not be assured that out of date medication had not been administered to patients, or that staff had recognised that medication was out of date. We asked staff to take immediate action regarding this.

Arrangements for safeguarding vulnerable adults and children were not adequate. There was a lack of safeguarding training to ensure staff were aware of their responsibilities. There was a risk therefore that staff would not be able to recognise and report potential safeguarding concerns.

There were no environmental and infection control audits to ensure the safety of patients and staff.

Staff had not had the required mandatory training including moving and handling, infection control, and administration of medicines.

Oxygen cylinders were not being stored safely. We asked staff to take immediate action regarding this.

Are services effective at this service

There were no systems in place to ensure staff were suitably appraised or received clinical supervision.

There was no evidence of an induction policy or process within the service.

Are services caring at this service

This was a responsive inspection and we did not consider this as part of the inspection.

Are services responsive at this service

This was a responsive inspection and we did not consider this as part of the inspection.

Are services well led at this service

We found serious concerns regarding the governance and risk management processes of the service. There were no effective governance arrangements in place to evaluate the quality of the service and improve delivery.

There were minimal documented guidelines or policies for staff to follow. The management team had not taken sufficient measures to identify, assess and manage risks throughout all aspects of the service.

Summary of findings

We found that the service did not have recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks having been carried out.

We identified poor practice where the provider needs to make improvements.

The service must take action to ensure:

- Robust governance and risk management systems are in place and understood by all staff.
- The service has effective and current policies in place that are understood by all staff.
- Recruitment processes are in place so all staff employed have the experience and competence required for their role, together with robust pre-employment checks having been carried out.
- Staff are supported in their roles by effective supervision and appraisal systems and ongoing training.
- Medicines are stored and administered to ensure there are no risks to patients.
- All equipment is fit for use and required checks and maintenance is carried out.
- Vehicles and premises security must be maintained.
- Robust safeguarding adults and children procedures are in place and understood by all staff.

Importantly, the provider must take action to ensure compliance with regulations 12, 13, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014). On this basis, the registered provider was subject to a Notice of Decision issued by CQC suspending its registration until 18 September 2015 and was not permitted to carry on any regulated activities until that time.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

We found that staff training systems and records were not adequate. There were no structures in place to ensure staff completed required training.

There was no appraisal or clinical supervision systems in place, and recruitment and induction processes were insufficient.

Equipment was not managed to ensure it was accurate and safe for use. Some disposable equipment was out of date and not safe for use.

Medication was not stored properly and there was no medication policy to outline arrangements for its storage, administration or disposal.

Records were not always stored confidentially within the service.

Infection control issues were apparent within vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.

Governance structures had not been defined to direct and manage the service.

Audits were not undertaken and therefore learning did not take place from review of procedures and practice.

Pro Medicus

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

Contents

Detailed findings from this inspection	Page
Background to Pro Medicus	6
Our inspection team	6
How we carried out this inspection	6
Facts and data about Pro Medicus	6
Our ratings for this hospital	7
Action we have told the provider to take	15

Background to Pro Medicus

- Pro Medicus are an independent ambulance service providing patient transport services and ambulance work for events, on both a regular and occasional basis. Pro Medicus is based in Hertfordshire.
- The Registered Manager is Stephen Burton who is also the company director. Stephen Burton has been Registered Manager since the organisation began in 2011.
- We undertook the inspection in response to concerns which were raised with the Care Quality Commission (CQC).
- We inspected, but have not rated, elements of three of the five core standards including, safety, effectiveness and well-led.

Our inspection team

Our inspection team comprised of an inspection manager and two inspectors.

How we carried out this inspection

We undertook an unannounced focused inspection on 03 and 04 August 2015.

We spoke with six members of staff and two managers during the inspection. We looked at seven vehicles and reviewed a range of documents including daily vehicle

checklists used by staff and policies relating to safeguarding. We also requested a range of documents post inspection, including policies and procedures, audits for medication and equipment as well as training records of staff employed by the service.

Facts and data about Pro Medicus

Pro Medicus Limited is registered to provide treatment for disease, disorder and injury and transport services, triage and medical advice provided remotely.

The service has a fleet of 10 vehicles used to transport patients to and from a variety of settings including NHS

Detailed findings

hospitals. A repatriation service is also provided from airports throughout the country. Pro Medicus also provide medical cover for sports games, festivals and community events.

The service employs seven staff, including emergency medical technicians and first aiders with shifts seven day per week; occasional night shifts are worked if required.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Pro Medicus is an independent ambulance service providing patient transport services and medical cover for events throughout the country. Transport and event cover is provided by emergency medical technicians and first aid trained staff using private ambulances. A variety of cover is provided including patient transport for NHS ambulance services, sporting games and community events. We were not provided with information to show how many patients are treated by the service each year.

We undertook an unannounced focused inspection in response to concerns which had been raised with the Care Quality Commission (CQC).

Summary of findings

We found that staff training systems and records were not adequate. There were no structures in place to ensure staff completed required training.

There was no appraisal or clinical supervision systems in place, and recruitment and induction processes were insufficient.

Equipment was not managed to ensure it was accurate and safe for use. Some disposable equipment was out of date and not safe for use.

Medication was not stored properly and there was no medication policy to outline arrangements for its storage, administration or disposal.

Records were not always stored confidentially within the service.

Infection control issues were apparent within vehicles, including dirty surfaces and open clinical waste storage. Deep clean procedures were not always timely.

Governance structures had not been defined to direct and manage the service.

Audits were not undertaken and therefore learning did not take place from review of procedures and practice.

Patient transport services (PTS)

Are patient transport services safe?

We have not rated the patient transport service for safety. This was a responsive inspection and elements of this standard were not inspected.

There was a lack of evidence to show what training staff had completed.

Policies and procedures to protect vulnerable adults and children were not adequate. We were not assured that staff had the training or knowledge to recognise abuse or to appropriately report it.

Robust systems were not in place governing the safe storage, administration and disposal of medicines.

We observed dirty surfaces and open sharps boxes which had not been identified by the provider as an infection control risk. There were no infection prevention control audits conducted to ensure good standards of cleanliness were present.

Numerous items of equipment throughout the service had not been serviced or calibrated to ensure its safe and accurate use. Disposable equipment items in both the stores room and on vehicles were past their expiration dates.

Oxygen was not stored securely presenting risks to people using the premises.

Confidential patient records were left on unlocked ambulances and therefore not stored appropriately.

Firefighting equipment within the vehicles was not sufficient to keep people safe as it was not serviced and tested at regular intervals.

Incidents

- We did not gather evidence for this as part of the inspection.

Mandatory training

- There was not clear evidence that staff had undertaken mandatory training since employment with the service. There was no definition of what training was mandatory and must be undertaken by staff.

- During our inspection we were told that a new training regime was going to be put into place but this had not yet been actioned. There was no evidence that staff had the required training or met basic competency requirements for their role.

Safeguarding

- The service had policies for safeguarding children and for protecting vulnerable adults from abuse but these policies did not give clear guidance to staff as to how to report concerns urgently and outside of normal office hours.
- Safeguarding policies did not contain any contact information for appropriate local authority safeguarding children or adult teams. This meant that we were not assured that staff could make an urgent referral when required.
- There was no evidence that staff had completed safeguarding training. This meant that there was a risk that staff would not be able to recognize and report potential safeguarding concerns.

Cleanliness, infection control and hygiene

- We inspected seven vehicles during our visit and found the majority of them to be visibly unclean and there was no evidence of when they had been deep cleaned. Staff told us that vehicles should be deep cleaned monthly and this was carried out by the staff that were on duty for that day. In the main office we saw a deep clean schedule was written on the whiteboard however this was not fully up to date and permanent records were not maintained.
- Staff told us that at the beginning and end of each shift it was the crew members responsibly to ensure the vehicles were swept and cleaned. This was not recorded anywhere for monitoring purposes.
- Unclean linen was on trolleys in three of the vehicles inspected. There were no arrangements in place for the appropriate storage of dirty linen.
- There should be a mixture of clinical waste bags used to allow separation of offensive, clinical/infectious and highly infectious waste. Only one type of clinical waste bag was used by the service which meant segregation of clinical waste could not be carried out in line with Hazardous Waste Regulations and Department of Health guidance (HTM 07-01).

Patient transport services (PTS)

- Sharps bins (for safe disposal of needles) were not correctly labelled and temporary safety closures had not been used. This meant that there was an increased risk of sharps injury, with potential exposure to blood-borne viruses, to staff and patients. Clinical waste issues were discussed with the operations manager who stated contact would be made with their waste disposal service to ensure correct practice was followed.
- Hand gel was not available on all vehicles. Staff told us they carried small bottles of hand gel with them during duty.
- We did not see sufficient cleaning supplies, including disinfectant wipes, on two vehicles to ensure the trolley would be appropriately cleaned between patients. There was no clear infection control guidance in place to support staff.
- Infection control audits were not being carried out to ensure infection control measures were safe, effective and reduced risk to patients and staff. Infection control measures were not backed up by any audits.
- Managers told us that vehicle checklists for road safety were available and should have been completed daily before the ambulance was taken out. We found that on 14 occasions since June 2015, these had not been completed. Audits of these checklists were not being completed.
- During our inspection we found that three vehicles were unlocked and were in an area accessible to the public. These vehicles contained equipment including electrocardiograph machines (ECG), automated external defibrillators (AED), oxygen cylinders and airways equipment were accessible and at risk of being tampered with.
- All the vehicles we inspected contained out of date disposable equipment, such as dressings and burns kits, one vehicle also contained a defibrillator that had not been serviced by the due date. On a number of vehicles we also found that essential airways equipment was not stored in sterile packaging. We found two eye treatment kits containing sterile eye wash beyond the expiry date presenting a risk that they would not be effective when needing to be used.
- We found that the majority of vehicles either had no firefighting equipment or if present that it had not been appropriately tested to ensure its safety and effectiveness. One vehicle was about to be used for transport activity without a fire extinguisher present, we raised this with the member of staff who then found a replacement.
- We were told that equipment was serviced by a contractor and that this had recently occurred in June 2015. We saw evidence that all oxygen piping and ECG machines had been serviced during this time and had a sticker visible to confirm this.
- Some staff told us that the service allowed them to use personal kit bags and equipment that were not part of the providers supply. This meant that equipment contained within kit bags was not standardised. We checked one member of staff's kit bag and found that an ear thermometer and blood pressure cuff had no record of service or calibration. There were no systems in place to check individual staff's own equipment that was used was fit to use.
- We found store rooms were left open posing risks to the health and safety of patients and staff and locks did not always work on offices which contained keys to vehicles and store rooms.

Environment and equipment

- All vehicles had appropriate service, MOT and insurance arrangements in place.
- Oxygen cylinders were not stored securely to prevent unauthorised removal. Notices were not displayed to inform staff and patients that oxygen was being stored. We raised this with the management and a lock was placed onto the oxygen storage before we left the premises. The provider took immediate action following the inspection to ensure appropriate systems were in place to store oxygen safely.
- We found a large quantity of out of date equipment within the store room, including dressings that expired in 1995, burns kits that expired in 2007, syringes that expired in 2012, and airway adjuncts that expired in 2012. We raised this as a concern to the provider, who took immediate action following the inspection to ensure all equipment was within its use by date.
- In the store room we found equipment with evidence that it had been serviced, including blood pressure cuffs and thermometers. We saw three cardiopulmonary resuscitation (CPR) devices that had a service barcode on them but did not state the date the next service was due. This meant it was not possible to establish if the equipment had been serviced regularly and was safe for use.

Patient transport services (PTS)

- There were appropriate patient security measures on all vehicles, seatbelts and trolley straps were all in working order. This meant that patients could be transported securely and risk of injury reduced if there was an accident.

Medicines

- Medicines were stored in various places throughout the service. The main stock of medicine was stored in the stock room, in both lockers and plastic containers on shelves. Medications were also found on one vehicle, in the administration offices and the training room.
- During the inspection we found examples of poor management of medicines including lack of secure storage. We found the store room left open during our inspection and contained unsecured medication posing a risk to the health and safety of patients and members of the public. Post inspection we were provided of evidence that the store room now had a key code lock fitted along with a self-closing mechanism to improve security. We found medicines including rectal diazepam and midazolam were stored in an unlocked cabinet in the training room which was also unlocked. These medicines require secure storage.
- Within the store room we found an unsecure yellow bucket that contained numerous medicines including some medicines that required secure storage and safe disposal. All of these medicines were out of date and the majority were not medicines that staff were qualified to administer. During our inspection the store room was not always locked meaning these medicines could be accessed by members of the public sharing the work site. The operations manager informed us that some of this medication was resulting from repatriation work where doctors who travelled with patients' left remaining medication in the ambulance. There was no documentation or records of this medication which demonstrated a lack of monitoring of the quality and safety of services. We discussed this with the management team and were provided with sufficient evidence post inspection that they had been disposed of appropriately.
- There were no effective stock check and audit systems in place regarding medicines. The service did not provide evidence of regular and comprehensive medicine order requests, regular stock balance checks and medication audits, including checking the expiry dates of medicines. There were no records of past

medication disposals. Managers of the service advised us that medications were collected for disposal twice yearly but there was no evidence to demonstrate this had occurred.

- One vehicle we inspected contained a red drug bag; we found several medications to be beyond their expiry date including 11 ampoules of adrenaline and five ampoules of salbutamol. Due to the service not keeping administration records we could not see if staff had recognised that these were out of date or if out of date medication had previously been administered to patients.
- Some medicines in the storeroom had expired. A large volume of various medicines, both in date and out of date were contained in a large plastic box, they were not visibly separated. We found rectal diazepam that expired September 2014, naloxone that expired December 2014 and salbutamol that expired November 2013. There was a risk staff could have administered out of date medicines. We could not be assured that patients were kept safe from administration of out of date medicines or subsequently put at risk due to the administration of out of date medication.
- We were shown the inside of 12 small lockers within the store room. We found out of date medication in four of these, including adrenaline and naloxone.
- We asked the provider to take action to ensure out of date medications were disposed of. Following our inspection we received information to show that all out of date medications we saw had been recorded and placed in disposal bins awaiting collection.
- There was no evidence of staff competencies in administering medication or evidence they had the correct knowledge to ensure medicines were administered appropriately without risk. Since our inspection the provider advised us the number of medications they use and store has been reduced where appropriate and guidance for staff to use will be produced for all remaining medications supported by additional training.

Records

- We did not review patient records as part of this inspection; however, during our inspection of the vehicles used to transport patients, we observed confidential patient records stored inappropriately. A box file containing 11 patient report records containing patient identifiable data were held in an unlocked

Patient transport services (PTS)

ambulance. We notified the managers of our findings and they were removed from the ambulance and placed into appropriate storage. We received confirmation following our inspection that the provider was taking steps to improve storage of confidential information.

Assessing and responding to patient risk

- We did not gather evidence for this as part of the inspection.

Staffing

- We did not gather evidence for this as part of the inspection.

Major incident awareness and training

- We did not gather evidence for this as part of the inspection.

Are patient transport services effective?

We have not rated the patient transport service for effective. This was a responsive inspection and elements of this standard were not inspected.

There were no systems in place to ensure staff were suitably appraised or received clinical supervision.

We found recruitment procedures were not sufficient to ensure that competent, experienced and knowledgeable staff were employed.

There was no evidence of an induction policy or process within the service. This meant work practices may not have been consistent for all members of staff.

Evidence-based care and treatment

- We did not gather evidence for this as part of the inspection.

Assessment and planning of care

- We did not gather evidence for this as part of the inspection.

Nutrition and hydration

- We did not gather evidence for this as part of the inspection.

Patient outcomes

- We did not gather evidence for this as part of the inspection.

Competent staff

- There was no effective appraisal or clinical supervision system in place. This meant that we could not be assured staff were competent in their role.
- We found that the service did not have recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, together with robust pre-employment checks. We looked at seven staff files during our inspection and found that four staff did not have an employment contract and two did not contain photographic identification. We saw a lack of clear work histories and staff qualifications, and no files had any evidence of references being taken up before employment. The management team could not provide evidence that three members of staff had disclosure and barring service (DBS) checks completed. This meant there was no evidence that staff had the right qualifications, skills, knowledge and experience to do their job. We asked the provider to take action to ensure all staff had the appropriate level of experience and competency to provide care and treatment appropriate to their role.
- There was no effective system in place to identify any learning needs for staff or how staff are supported to improve and develop new skills.
- There were no effective induction arrangements in place for new staff to ensure they were suitably accustomed to the service and their role within it.

Coordination with other providers

- We did not gather evidence for this as part of the inspection.

Multidisciplinary working

- We did not gather evidence for this as part of the inspection.

Access to information

- We did not gather evidence for this as part of the inspection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Patient transport services (PTS)

- We did not gather evidence on consent during the inspection.

Are patient transport services caring?

This was a responsive inspection and we did not gather evidence for this domain.

Compassionate care

- We did not gather evidence for this as part of the inspection.

Understanding and involvement of patients and those close to them

- We did not gather evidence for this as part of the inspection.

Emotional support

- We did not gather evidence for this as part of the inspection.

Supporting people to manage their own health

- We did not gather evidence for this as part of the inspection.

Are patient transport services responsive to people's needs? (for example, to feedback?)

This was a responsive inspection and we did not gather evidence for this domain.

Service planning and delivery to meet the needs of local people

- We did not gather evidence for this as part of the inspection.

Meeting people's individual needs

- We did not gather evidence for this as part of the inspection.

Access and flow

- We did not gather evidence for this as part of the inspection.

Learning from complaints and concerns

- We did not gather evidence for this as part of the inspection.

Are patient transport services well-led?

We have not rated the patient transport service for being well-led. This was a responsive inspection and elements of this standard were not inspected.

There were no effective governance arrangements in place to evaluate the quality of the service and improve delivery. There were minimal documented guidelines or policies for staff to follow. The management team had not taken appropriate measures to identify, assess and manage risks throughout all aspects of the service.

A lack of audits meant that the quality and performance of services were not assessed to ensure correct processes were understood by staff, applied in practice and patients were not put at risk.

Vision and strategy for this service

- There was no clear vision or written service development plan within the service.

Governance, risk management and quality measurement

- We found concerns regarding the governance and risk management processes of the service. There were no effective policies regarding handling and storage of medicines, in place at the time of our inspection. We were advised the service had these policies but they were unable to locate them. The provider informed us after inspection that all policies and procedures were being reviewed.
- There was no effective guidance in place for staff to follow regarding the administration or disposal of medicines. This meant that out of date medications were not appropriately dealt with as staff were unaware of the correct procedure.
- There was a lack of assessment of the environment which contributed to the lack of monitoring the quality of the service and risks that may be present.
- The statement of purpose, which outlines what a service does and who it provides the service to, provided to us

Patient transport services (PTS)

did not contain any details of the type of care and treatment that the service provided for both regulated activities: patient transport services and treatment of disease, disorder or injury.

- Staff were not clear about their roles and accountability in terms of risk management.
- We asked the provider to take action regarding governance processes. We were advised by the management team that they acknowledged there were no adequate risk assessments, audits and policies in place and this would be addressed as a priority.

Leadership and Culture

- We did not gather evidence for this as part of the inspection.

Innovation, improvement and sustainability

- At the time of this inspection we could not identify any evidence to demonstrate the service was committed to quality improvement and innovation. The management team told us that work volume had increased rapidly over the past year. When considering developments of providing further services there was no evidence of monitoring of how it may affect quality and sustainability or how the service should expand.

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).</p> <p>Safe care and treatment</p> <p>Pro Medicus failed to ensure that safe care and treatment was provided at all times because:-</p> <ul style="list-style-type: none">• Vehicles contained infection risks such as open sharps storage and dirty surfaces and did not comply with national guidance to reduce risk to patients and staff. The service did not assess risks in relation to infection prevention and control.• Medicines were not stored safely or appropriately. A large volume of medicines found were past their expiration date.• There was no process for documenting the storage, administration or disposal of medicines.
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).</p>

Requirement notices

Safeguarding service users from abuse and improper treatment

Pro Medicus was failing to meet this regulation because:-

- There was no evidence that staff had completed safeguarding children and adults training.
- Safeguarding policies did not provide sufficient guidance to staff How to raise urgent concerns to the appropriate authorities.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).

Premises and equipment

Pro Medicus Limited were not meeting this regulation because:-

- Equipment was not always serviced or calibrated to ensure it was safe to use. A large volume of consumable equipment found was past expiration date.
- Vehicles were not always secure, meaning that emergency equipment was at risk of tampering and potentially putting patients at risk.
- Oxygen storage was inappropriate and had not been identified as a risk. This meant it was a potential hazard to patients, staff and other users of the business site.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).

Good governance

Pro Medicus Limited failed to meet this regulation because

- Adequate audit, risk management and control systems were not in place.
- There was not sufficient guidance provided to staff in regards to medicines storage, administration and disposal.
- Patient records were not always stored securely. We identified some patient records stored in an unlocked area of the vehicle.
- Lack of environmental assessments meant there were risks to patients, staff and other users of the business site. This could be through accessing medications or tampering with equipment.
- Vehicle checklists were not completed when required.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).

Staffing

Pro Medicus Limited were failing to meet this regulation because:-

This section is primarily information for the provider

Requirement notices

- There was no clear appraisal and clinical supervision system in place.
- There was no evidence to show that staff had completed mandatory training.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).

Fit and proper persons employed

Pro Medicus Limited did not comply with this regulation because :-

- The service did not have recruitment procedures in place to ensure that all staff appointed were suitable and experienced.
- Staff files did not all contain relevant information schedule 3 information in regards to work histories, references, qualifications and DBS checks.
- There was not evidence present to demonstrate that staff working for the service were qualified, experienced or competent.

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulations 12, 13, 15, 17, 18, 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).</p> <p>Due to significant breaches of the above regulations, the registered provider was subject to a Notice of Decision issued by CQC suspending its registration until 18 September 2015 and was not permitted to carry on any regulated activities until that time.</p>