

E-Zec Medical Transport Services Ltd

# E-zec Medical Transport - Cornwall

## Inspection report

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Date of inspection visit: 7 April 2021  
Date of publication: 01/06/2021

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

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

We carried out a focused inspection of E-Zec Medical Cornwall on 7 April 2021 following concerns which had been raised about aspects of the service and about another location managed by this provider and other. As this was a focused inspection, we only inspected parts of our key questions: safe and well led. We did not inspect effective, caring and responsive.

Our inspection had a short announcement (24 hours) to enable us to observe routine activity. Before the inspection, we reviewed information we had about the provider based on the intelligence we had received. Due to the narrow focus of this inspection, we did not rate this service at this inspection.

We found:

- Audit systems did not always identify shortfalls in service provision. We found out of date consumables items in two out of the five ambulances inspected. The recruitment process did not ensure that safety checks about new staff were used to protect patients. Senior depot staff were not made aware of any staff risks needed to ensure patient safety.
- The Saltash premises was visibly dirty and increased the risk of the spread of infection. Not all staff followed infection prevention control processes to minimise the chance of cross infection. Staff wore jewellery, such as rings and watches. Staff did not always follow processes to ensure uniforms were cleaned sufficiently to protect patients and staff.

However:

- On the whole apart from the Saltash location, the service managed infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Overall, they kept equipment, vehicles and premises visibly clean. Staff completed and updated risk assessments for each patient and removed or minimised risks. The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Leaders had the skills and abilities to run the service and there were some governance structures which enabled oversight of the service. Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff, and supported staff to develop their skills and take on more senior roles. Overall, staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inspected but not rated 	We did not rate the service at this inspection.



# Summary of findings

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# Summary of this inspection

## Background to E-zec Medical Transport - Cornwall

E-Zec Medical Transport service is a family run independent private ambulance company set up in 1998 to provide patient transport services. E-Zec Cornwall is operated by E-Zec Medical Transport Services. E-Zec Cornwall provides non-urgent, planned transport for patients with a medical need who need to be transported to and from NHS services. Patients need to meet the eligibility criteria agreed with the Clinical Commissioning Group. The CQC registered location is at the Redruth Depot. Throughout this report, we will refer to the services provided in Cornwall as 'E-Zec'.

E-Zec has three depots in Cornwall at Redruth, Bodmin and Saltash. The E-Zec Cornwall fleet consists of 37 vehicles. These included: 23 stretcher vehicles including four bariatric vehicles. (Bariatric is a term used for patients with high level of obesity or who are seriously overweight), nine seated vehicles, three wheelchair vehicles and two cars.

The location has had a registered manager in post since 2019. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The service is registered to provide transport services, triage, and medical advice provided remotely.

Between 1st February 2020 and 28th February 2021, the service had completed 38,744 patient journeys in Cornwall.

The service employed 111 members of staff. These included ambulance care assistants, management and administration staff. There were no paramedics employed at this registered location.

During the inspection we spoke with 11 members of staff and inspected six ambulance vehicles.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months prior to the inspection. A previous inspection was carried out at this location in May 2017. The findings were published on 22 September 2017.

## How we carried out this inspection

The team that inspected this location comprised of two CQC inspectors and a specialist advisor. During the inspection we spoke with 11 staff including the management team. We also reviewed documents and records kept by the service

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

### Action the service **MUST** take to improve:

# Summary of this inspection

- Ensure recruitment processes comply with Schedule 3 of the Health and Social Care Act (Regulated Activities) Regulation 2014.
- Ensure systems for the use of monitoring the service are effective to identify issues and actions devised to address any quality or safety issues.

## **Action the service SHOULD take to improve:**

- We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.
- Improve cleaning processes in the Saltash depot to reduce the risks of infection.
- Consider measures to ensure compliance with its uniform and code of conduct policy.

# Our findings



## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Not inspected	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Inspected but not rated 

# Patient transport services

Safe	Inspected but not rated 
Well-led	Inspected but not rated 

## Are Patient transport services safe?

Inspected but not rated 

We did not rate the service at this inspection:

### Cleanliness, infection control and hygiene

**Controlling infection risks on the whole were managed well, despite issues with cleanliness at the Saltash base. On the whole, staff used equipment and control measures to protect patients, themselves and others from infection. Overall, they kept equipment, vehicles and premises visibly clean.**

Staff told us advice and support for infection control matters was available on a dedicated section of their internal intranet called the 'Hub.' Bulletins were circulated to staff via their email covering areas such as national guidelines and learning from incidents. Urgent important changes were communicated to staff by the Patient Transport Liaison Officers (PTLOs), and staff were required to sign to say they had read and understood the content of these controlled memos. E-Zec also had a Covid-19 hotline available for all staff to use.

As the service completed only pre-planned transfers, staff were informed of any communicable infection risks prior to picking up a patient for transfer. Additional precautions, such as goggles and masks, were available if necessary. Staff were aware of the Personal Protective Equipment ("PPE") requirements for both patients without COVID-19 and COVID-19 positive patients.

PPE was made available to staff. PPE stores were well stocked and orderly, both at the premises and on the ambulance vehicles. However, staff made us aware of a shortage of 'extra-large' gloves and on occasions, a shortage of clinical waste bags. Staff said they used other bags when the clinical waste bags run out but still disposed of the waste in the clinical waste bins. Service leaders were aware of this issue and were working with suppliers to obtain adequate supplies.

Clinical waste was managed by an external contractor who collected the waste on a weekly basis. We were informed the collection frequency of the waste could be increased if and when required. The clinical waste areas at the premises were clean and bins were closed and not overfull.

Contaminated sheets and blankets were disposed of according to E-Zec policy. E-Zec had a service line agreement with a NHS trust for the Saltash branch and a private agreement with a linen company for the Bodmin and Redruth premises.

Two of the three premises were visibly clean. These were cleaned by external contractors. Touch points, areas which were frequently touched by staff members for example door handles and computer keyboards, were cleaned three times a day by a dedicated staff member. We saw cleaning checklists in the Bodmin and Redruth depots indicating this cleaning regime was followed. There were suitable cleaning agents such as hand sanitising gels across the premises.



## Patient transport services

However, the Saltash premises was visibly dirty and there was evidence of dust from the outside environment. We were told the external cleaning staff had ceased working at the depot at the start of the pandemic and ambulance staff had been undertaking cleaning when they had time. The oxygen storage room at the Saltash depot was not clean and contained rusted shelves, cobwebs, leaves and general debris. The room was also used to store cleaning solutions and oil. These items were mostly stacked on the floor. Following the inspection we were told, the shelves would be refurbished or removed. We received a photograph which showed this action had been carried out. The oxygen storage room lacked any lighting and so when the natural daylight was not available, staff could not see into the cupboard. This did not support them to unlock the oxygen cages. Following the inspection we were told that an electrician had been booked to install a light in the oxygen cupboard. In addition to the issues found at Saltash, the ladies toilet at the Bodmin depot was dirty and had a broken push pedal bin. This meant staff had to manually raise the lid and so there was a risk of cross infection.

Ambulance vehicles were clean and in good repair. Crews wiped down vehicles in-between patients, undertook a deep clean after transporting a COVID-19 positive patient and cleaned vehicles at the end of each shift. We saw crews submitted a weekly vehicle cleaning check list. A small sample of these were checked by service leaders each week to ensure compliance. We inspected four vehicles and found them to be clean and in good condition. Temporary clear upright partition separating compartments were fitted to the fleet providing a shield between the driver and patients.

Ambulances received a deep clean every six weeks by an external contractor. During this process, a bacterial count was conducted before and after the clean. The total bacteria count is one of the key indicators in the field of hygiene management. It indicates how many microorganisms are present in a sample. Monitoring the total bacteria count is necessary, because the number of microorganisms shouldn't exceed certain guide values. We saw evidence that the deep cleans occurred and that management monitored this process. We were told if a vehicle had a high level micro bacterial count, the crew would be notified, and the vehicle would be audited following a weekly clean to see if any improvements in the cleaning process were required.

Systems were used to promote patient safety. COVID-19 and non-COVID-19 patients were not transported in the same vehicles. Staff followed the NHS England guidelines regarding protocol and procedures around using vehicles for COVID-19 positive and non-COVID-19 patients. We observed crew performing an enhanced clean of a vehicle following the transport of a COVID-19 positive patient and found they followed the company's infection prevention control policy. The crew decontaminated all exposed surfaces, equipment and contact areas with universal sanitising wipes or a chlorine-based product. The crew wore masks, an apron and gloves whilst carrying out the cleaning activity. All exposed equipment (that was not within closed compartments) including stretchers on the vehicle were decontaminated with universal sanitising wipes or equivalent. All contact surfaces (cupboards, walls, ledges), working from top to bottom in a systematic process, were decontaminated. There was an E-Zec COVID-19 hotline available for staff for immediate advice and guidance if needed.

All staff had received infection control training as part of induction and annual mandatory training.

All staff were trained in donning and doffing processes. The Redruth staff noticeboard had the Public Health England instruction sheets with pictures and guidance for staff to refer to.

Not all staff followed infection prevention control processes to minimise the chance of cross infection. We saw some staff wore jewellery, such as rings and watches. The wearing of hand/wrist jewellery increases the bacterial load on hands and impeded effective hand decontamination. Jewelled rings can collect dirt and grime in the stoned settings that also provides a breeding ground for microorganisms (they also pose a risk to fragile skin of vulnerable patients).

# Patient transport services

E-ZEC had a policy for testing staff for COVID-19. Staff members were asked to complete lateral flow tests for COVID-19 twice weekly. Staff who test positive were asked to self-isolate until a polymerase chain reaction (PCR) test could be conducted.

The service did not have any COVID-19 outbreaks amongst staff during the pandemic up to the date of inspection. An outbreak is described in healthcare-associated setting as two or more test-confirmed or clinically suspected cases of COVID-19 among individuals associated with a specific setting. Individuals includes health care workers and a specific setting can be a shared space.

There was a colour code system for cleaning used to identify which mop was to be used in which area. This prevented the risk of cross contamination between areas and was in line with national patient safety alert guidance.

Areas used by staff as both office space and for break times had a maximum occupancy. This was to enable appropriate social distancing between staff. The maximum number of staff allowed at any one time in these areas was noted on the door and we saw staff maintaining this protocol. There was no occupancy number sign on the staffroom at Bodmin, however, we were told that this would be replaced

Staff did not always follow processes to ensure uniforms were cleaned sufficiently to protect patients and staff. The E-Zec infection prevention and control policy detailed staff should wash uniforms at 60 degrees centigrade to remove microorganisms (any small living thing like bacteria, protozoa, or fungi that cannot be seen with the naked eye). However, the majority of staff we spoke with were not aware of the policy on washing uniforms and there was a risk of spread of infection.

## 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.**

There were systems and processes to assess and respond to patients who were at risk. Control room staff completed risk assessments for all planned activities. This included a risk assessment of the patient's conditions, their location, and access to the building.

Control room staff and frontline staff worked together to co-ordinate the safe movement of patients by planning routes and pick up times. If there were any issues with the ability to transport patients safely, frontline staff would talk to the control room and wait for further instruction. Ambulance staff we spoke with said they read the booking risk assessment and were trained to dynamically risk assess situations and report back to control if there were any newly identified issues.

Staff knew what to do if a patient became unwell during their journey. All staff had been trained in basic first aid, which gave them initial skills to notice if a patient was deteriorating, and when to call for emergency help. Staff told us if a patient became unwell during a journey, they stopped their vehicle when safe to do so and then assessed the severity of the situation. If a patient had deteriorated or suffered a cardiac arrest, they would call 999 and request support. This was in line with E-Zec policy.

# Patient transport services

The service did not transfer patients detained under the Mental Health Act or any patient who had a history of violence or aggression. However, the E-Zec provider wide environmental risk assessment for all the E-Zec premises included violence and aggression towards staff. Control measures included advice that staff must go to a safe place and report all details to their line manager, control, or supervisor immediately. Staff we spoke with were aware of the protocol to follow for patients with disturbed behaviour.

## Medicines

### **The service followed best practice when administering and recording medicines.**

The service only stored and administered oxygen when prescribed and patients carried their own medicines. Staff confirmed that they did not carry or take responsibility for patients' own medicines, these travelled with the patient. We saw a clinical governance bulletin issued to staff that clarified the use of emergency oxygen. Small oxygen cylinders were available on the ambulances to enable the transfer of oxygen dependent patients to and from the ambulance.

Medical gases were stored safely and in accordance with national guidance. They stored oxygen cylinders in a well-ventilated area. This was in line with the British Compressed Gases Association guidance on the storage of gas cylinders in the workplace (2012) that states storage areas should be well defined and located in the open air where there is good natural ventilation.

## 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.**

Staff understood how to report an incident and gave examples of instances when they would incident report. The incident reporting system was paper based. This included details of the incident facts and the immediate action taken. The base manager was required to review each form and take the required action to investigate the incident. We looked at three incidents and saw an investigation had occurred and actions identified. We were told the incident reporting system was moving to an electronic system at the end of April 2021 and that this was currently being trialled in other areas of the company. Staff said they received feedback when they submitted an incident.

Incidents, themes and learning were shared across the wider E-Zec service through a variety of communication channels. We saw streaming of information in staff rooms on an electronic display containing evidence of learning from incidents. We were told about and shown staff clinical governance bulletins which provided evidence of learning from incidents. The last three bulletins were displayed and available for staff to read in staff breakout areas.

We saw examples of evidence of learning which had been shared across the whole organisation from incidents. For example, a new system had been introduced for the cleaning of personal digital assistants. We were told the organisation collated incidents and reported on these monthly to the Clinical Commissioning Group quality leads. Any trends were discussed with the E-Zec compliance team on a monthly basis.

The service, on occasion, subcontracted services. The management team was aware of its responsibilities for incident reporting if an incident occurred when a transfer was carried out by a third party company. This was covered in the due diligence process with the third party. We saw an example of the contract used for a third party where the incident reporting criterion was covered.

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The provider had a policy, which described their responsibilities under the duty of candour legislation. The duty of candour regulation requires providers of health services to be open and transparent when things go wrong. This includes some specific requirements, such as providing truthful information and an apology. Staff had an awareness of the requirements of duty of candour. There had been no serious incidents reported, therefore the registered manager had not needed to apply the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw a copy of the Duty of Candour policy and guidance available to staff on the noticeboard at the Redruth premises. All policies were available to staff electronically.

## Are Patient transport services well-led?

Inspected but not rated 

We did not rate the service at this inspection.

### Leadership

**Leaders had the skills and abilities to run the service. The local leadership team 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 local leadership team was visible and approachable to staff. The registered manager for the Cornwall location had worked in this role since 2019. The registered manager worked across the three locations and was supported by a team leader at each depot. However, at the time of the inspection there was a vacancy for the team leader position at the Saltash branch. This was managed by the team leader at Bodmin also spending some time each week at the Saltash branch. The majority of staff said the local management team were visible and accessible. However, the central management team were not visible. Staff we spoke with stated they were either unaware of the names and roles of central senior management or wished that they were more visible.

Leaders understood the challenges to quality and sustainability. Each member of senior management team had their own responsibilities to maintain the service provision. The local leadership team reported on quality and sustainability issues on a monthly basis to the Clinical Commissioning Group (CCG). This included any incidents reported during the month and any themes resulting from analysis of the incidents as well as issues such as timeliness of patient journeys. Due to the impact of COVID-19 resulting in lower occupancy rates due to social distancing requirements, the timeliness of patient's journeys had been impacted negatively. The service leaders understood this was a challenge to the quality of the service. However, due to its current contractual arrangement with the CCG, were not able to employ further staff and vehicles to help improve the situation. We saw the key performance indicators reported to the clinical commissioning group each month were available for staff to read in staff break out areas on noticeboards.

Leaders had the skills and abilities to run the service. The local management team stated they were supported with appropriate training and support for their roles. The service helped to develop its staff, evidenced by the local management team all holding positions in E-ZEC prior to rising to management level. The registered manager stated they had received training in investigations and risk assessments. Registered managers also had access to help and support from the central human resources team if a staff issue needed to be escalated.

### Culture

# Patient transport services

**Overall staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

E-Zec provided an employee assistant program for all staff to offer support for wellbeing. Staff were aware of this program.

Staff were able to raise concerns without fear of retribution. Staff had access to a staff forum, which met monthly and was an opportunity for staff to ask questions of management, either via the staff representative or by anonymously posting a question which could be left in the staff break out area collection box. We saw evidence of the minutes from these meetings and noted that these were also available to staff on staff noticeboards. Senior managers told us staff could come to them to report any concerns or issues as they operated an 'open door' policy.

The culture encouraged openness within the organisation, including with patients, in response to incidents. Staff and crews told us they were encouraged to report any incidents. We were told the outcome of these was feedback to patients along with any actions/learning to prevent it from happening again.

Most staff felt supported, respected, valued and positive about the organisation. The majority of staff spoke of how the management team had supported them through difficult situations and the recent changes to the service as a result of COVID-19. Two members of staff told us they had their role altered to meet their needs following changes in life circumstances. However, some staff spoke of experiencing increased pressure as a result of the number of journey's required as a result of COVID-19 social distancing requirements. Management were aware of staff concerns but were unable to implement change due to the terms of their contract with the local Clinical Commissioning Groups (CCGs).

April was national stress month and staff had access to support with tools to help them manage stress. Some staff as well as members of the leadership team at this location had completed mental health first aid training. This was rolled out at other locations across the provider.

Staff received annual appraisals. We received information showing 100% of probation appraisals and 99% of annual appraisals had been completed as of the date of inspection. Staff received mandatory training on an annual basis. We received information that 100% of all staff had completed mandatory training. However, it was acknowledged by the service leaders staff did not have many career development options due to the service purely providing patient transport services. If a staff member wished to progress to be a paramedic then the staff member would have to leave the company.

Staff wellness packages were being distributed. These included a mug with a lid so it could be taken out on journeys and a chocolate egg. Senior staff told us other wellness packages were sent out at different times of the year.

The service had recently conducted a company wide staff survey to gauge the views of its workforce on the service it provided. Unfortunately, the results from the staff survey had not been completed at the time of the inspection.

## Governance

**There were governance processes for the service leaders to follow however some audit processes were not effective to provide clear oversight. Staff at all levels were clear about their roles and accountabilities. There were opportunities for leaders to meet to discuss the performance of the service.**

## Patient transport services

There were clear governance structures for reporting locally with systems for feeding issues and information upwards to provider and board level. For example, the management team across the three premises held a monthly meeting where issues were discussed and then escalated to the directors and compliance lead. We were told there was good support from the senior management team when issues were escalated. Staff representative meetings were held monthly and attended by human resources and directors. We were told this helped staff have their voice heard and fed into service improvements.

Auditing of incidents, safeguarding, complaints and feedback from patients was undertaken monthly. A report on incidents was shared with the head of compliance at their quarterly meetings, attended by the registered manager from this location. Monthly reports of complaints, incidents and safeguarding were sent to the board and shared with the local CCG's as part of their contract monitoring.

There were internal audits to monitor quality and operational processes however we found some gaps in the governance of these systems. This included the auditing of vehicle and equipment checks. We found out of date consumables items in two of the vehicles and two wheelchairs without serial numbers. Crews submitted a weekly vehicle check list and a small sample of these were checked by management each week to ensure compliance. We found vehicle checks were not always carried out correctly and meant that risks and concerns could not always be identified and mitigating actions would not be implemented to drive improvements. We saw evidence the service audited and reported on the timeliness of patient journeys.

The provider was in the process of installing a new quality and compliance-focused software. This would include for example, event reporting, audits, risk registers and a live dashboard. This system would also enable to the provider to have improved corporate oversight.

Staff at all levels were clear about their roles and they understood what they were accountable for, and to whom. Crews were aware of the management structures of the organisation.

Arrangements with partners and third-party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person centred care. For example, the Clinical Commissioning Groups (CCGs) monitored key performance indicators (KPIs) and Commissioning for Quality and Innovation (CQUINs) regarding the service's performance. CQUINs are extra quality improvement goals that services can agree to aim for, there is a financial incentive to achieve those aims. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for patients. A monthly report was sent to the CCGs and senior staff met with representatives from the CCG on a frequent basis. The service also held regular meetings with the local trust and had an employee based at the trust to act in a patient liaison role and a point of communication between the trust and the company.

Policies and standard operating procedures were accessible in on the company's electronic system called the 'Hub.' Staff had access to them to support them in their roles.

The provider had processes to oversee third-party sub-contractors working for them. We were shown a copy of the standard document that was completed for third-party contractors. All third-party sub-contractors had to follow E Zec Medical policies and procedure. They also had to report any incident to E Zec for review.

There were gaps in the governance of the recruitment process. Most of this function was undertaken centrally at the providers head office but the senior staff who recruited staff at the locations did not have access to all the information required. The providers application form only requested three years employment history and not a full employment

# Patient transport services

history which is required to meet the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. We reviewed the recruitment records of five staff members from the Cornwall location and found in two records there were gaps in employment history that had not been investigated. This is not in line with Ezecc's recruitment policy which states, "any gaps in employment history must be explored and any explanation given by the candidate must be noted on the interview notes." We could not find Disclosure and Barring Service enhanced check numbers for any of the five staff members reviewed however this information was received post inspection. References had been requested and received for the files reviewed and we saw these were chased by the provider. Health questionnaires were completed for the five members of staff reviewed.

## Risk Management

**Leaders and teams used some systems to manage performance. In the main, they identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

There were arrangements for identifying, recording, managing and mitigating risks, including those to keep patients safe. There was a local risk register for the Cornwall location. We saw risks were reviewed and updated. The registered manager was able to explain the highest risks to the service. These included, COVID 19, vehicles, staffing and equipment.

Senior managers told us about the actions they had implemented in relation to keeping staff and patients safe through the COVID-19 pandemic. This included cleaning of vehicles, PPE for staff, managing clinical waste, cleaning in line with policies and individual staff risk assessments for those at higher risk of complications from COVID-19. Staff said information received regarding COVID-19 was easily digestible and the actual process of sharing the information was disseminated in a timely way by management.

The service understood and manage foreseeable risks. A business continuity plan had been devised to manage for example, loss of facilities or infrastructure. To manage demand the provider had a daily meeting where demand and capacity was discussed across all locations. The registered manager said at his locations he was able to move around vehicles and staff to meet the needs of the service to meet demand if required. Local management would work on the ambulances if required.

The local management team has a major incident response plan and policy. This was tested last winter during the period of snow and cold weather. Staff were aware of and understand their role in a major incident. There were also current fire risk assessment plans for the three depots.

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

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance