

OBS Medics Ltd

# OBS Medics Base

## Inspection report

Unit 3 Pilch Farm  
Pilch Lane, Singleborough  
Milton Keynes  
MK17 0NX  
Tel: 08007723063  
www.obsmedicsltd.co.uk

Date of inspection visit: Wednesday 3 February 2021  
Date of publication: 14/04/2021

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Summary of findings

## Overall summary

This is the first time we have rated this service. We rated it as requires improvement because:

- Not all staff had received training in key skills. At the time of our inspection, mandatory training compliance was 66%. Staff did not collect safety information or use it to improve the service. There was limited evidence the service managed safety incidents well and learned lessons from them. However, staff understood how to protect patients from abuse. The service mostly controlled infection risk well and had enough staff to care for patients. The service managed medicines well.
- Managers did not monitor the effectiveness of the service. There was limited evidence to demonstrate patients were supported to make decisions about their care. However, the service provided care and treatment based on national guidance and evidence-based practice. Managers ensured that staff were competent to carry out their role. Staff provided good care gave patients enough to drink and had access to policies and procedures based on legislation and national guidance.
- There was limited evidence that systems and processes were in place to take account of a patient's individual needs. However, staff told us how they treated patients with compassion, kindness and respected their privacy and dignity.
- The service planned care to meet the needs of local people. However, there were limited systems and processes in place to take account of patients' individual needs and to enable people to give feedback. There were no measures in place, such as key performance indicators to enable senior staff to monitor response or journey times.
- Leaders did not effectively identify, address and mitigate all risks the service faced. The service's vision and strategy was in its infancy at the time of our inspection. There was limited evidence of regular staff and leader engagement. The service had limited systems and processes in place to engage patients and the community to plan and manage services.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

Requires Improvement



### Rating

### Summary of each main service

This is the first time we have rated this service. We rated it as requires improvement because:

- Not all staff had received training in key skills. At the time of our inspection, mandatory training compliance was 66%. Staff did not collect safety information or use it to improve the service. There was limited evidence the service managed safety incidents well and learned lessons from them. However, staff understood how to protect patients from abuse. The service mostly controlled infection risk well and had enough staff to care for patients. The service managed medicines well.
- Managers did not monitor the effectiveness of the service. There was limited evidence to demonstrate patients were supported to make decisions about their care. However, the service provided care and treatment based on national guidance and evidence-based practice. Managers ensured that staff were competent to carry out their role. Staff provided good care gave patients enough to drink and had access to policies and procedures based on legislation and national guidance.
- There was limited evidence that systems and processes were in place to take account of a patient's individual needs. However, staff told us how they treated patients with compassion, kindness and respected their privacy and dignity.
- The service planned care to meet the needs of local people. However, there were limited systems and processes in place to take account of patients' individual needs and to enable people to give feedback. There were no measures in place, such as key performance indicators to enable senior staff to monitor response or journey times.
- Leaders did not effectively identify, address and mitigate all risks the service faced. The service's vision and strategy was in its infancy at the time

# Summary of findings

of our inspection. There was limited evidence of regular staff and leader engagement. The service had limited systems and processes in place to engage patients and the community to plan and manage services.

---

# Summary of findings

## Contents

### Summary of this inspection

Background to OBS Medics Base

Page

6

Information about OBS Medics Base

6

---

### Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

---

# Summary of this inspection

## Background to OBS Medics Base

OBS Medics Base is operated by OBS Medics Ltd. The service opened in April 2020. It is an independent ambulance service with headquarters located in Milton Keynes, Buckinghamshire. The service provides patient transport services and conveys patients to and from hospitals in the Buckinghamshire and surrounding areas. The service operates 12 hours per day, six days per week (Monday to Saturday).

This is the first time we have inspected and rated this service.

The current CQC registered manager has been in post since April 2020 and the service is currently registered for the following regulated activity:

- Transport, triage and medical advice provided remotely.

In December 2020, we conducted routine engagement with the service. As a result of engagement, several concerns were highlighted. In response to findings, we issued urgent conditions to prevent the service from undertaking journeys conveying paediatric patients. On 3 February 2021, we undertook a short notice announced inspection of the service to follow up on additional concerns. At the time, we spoke with staff who were deputising and managing the service due to the Covid-19 pandemic. In addition, we also spoke (remotely) with the service's registered manager on 10 February 2021.

The service provides patient transport services.

## 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>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **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:**

We told the service that it must take action to bring services into line with legal requirements. This action related to patient transport services.

- The service must ensure that there are systems and processes in place prevent, detect and control the risk of infection; including the training and use of appropriate personal protective equipment and individual risk assessments relating to the ongoing Covid-19 pandemic to protect the health and safety of service users and staff. (Regulation 12 (2))

## Summary of this inspection

- The service must ensure that risks are assessed, monitored and mitigated to improve the quality and safety of services provided (including the quality of the experience of service users in receiving those services) through use of effective patient feedback gathering. (Regulation 17 (2))
- The service must ensure that the health, safety and welfare of service users is assessed, monitored and mitigated. (Regulation 17 (2)).

# Our findings

## Overview of ratings

Our ratings for this location are:

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



# Patient transport services

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

## Are Patient transport services safe?

Requires Improvement 

This is the first time we have rated this service. We rated it as requires improvement.

### Mandatory training

#### The service had not provided mandatory training in key skills to all staff.

Mandatory training was a mixture of face-to-face and online learning. Subjects included but were not limited to: basic life support, manual handling and infection prevention and control.

Face to face training was delivered by the registered manager who had completed training in facilitating workplace learning. We saw that the registered manager was up to date with immediate life support to enable delivery of basic life support training for all staff.

There was no target set within the service for mandatory training compliance. At the time of our inspection, 66% of staff (six out of nine staff) were up to date with mandatory training requirements.

Service leaders described Covid-19 as having an impact on mandatory training provision. At the time of inspection, the registered manager was actively contacting staff who had fallen behind with mandatory training. A further update provided demonstrated compliance had improved to 85% by 8 March 2021.

Following our inspection service leads told us they had improved mandatory training compliance.

### Safeguarding

#### Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received safeguarding children and adults level two training. This was in line with national requirements outlined in; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019.

# Patient transport services

The service had a safeguarding lead who had completed training to level three in line with national requirements outlined in; Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth edition: January 2019.

Staff we spoke with could clearly describe the process of escalating safeguarding concerns. However, there were no systems or processes in place to demonstrate how reported safeguarding incidents were collated and reviewed to promote learning or identify areas for improvement.

All staff received a disclosure and barring service (DBS) check prior to the commencement of employment. We reviewed three staff files which all contained a DBS within the last 12 months along with other pre-employment checks including references and driving licence checks. Senior staff planned to check DBS records for all staff on an annual basis (due April 2021).

## Cleanliness, infection control and hygiene

**The service did not always control infection risk well. Staff mostly used equipment and control measures to protect patients, themselves and others from infection. However, the service had not ensured that all personal protective equipment was used effectively. They kept equipment, vehicles and premises visibly clean.**

Infection prevention control audits were carried out at regular intervals and compliance was 100%. Staff had access to hand washing facilities and hand cleansing gel, aprons and masks to prevent and control the spread of infection.

Staff received training on Coronavirus (Covid-19). Data provided after our inspection demonstrated that 83% of staff had completed this training.

All areas and vehicles we inspected were visibly clean, tidy and well organised. Staff had access to cleaning equipment. Clear guidance and schedules were in place for staff to outline when cleaning should take place.

However, on one ambulance, we noted a tear on one seat which may pose a risk to the prevention and control of infection.

The service's base location provided staff access to vehicle and equipment cleaning facilities, including mops, buckets and hot running water.

Records demonstrated that vehicles had been routinely cleaned at regular intervals prior to and after shift.

The service maintained regular deep cleaning of ambulance vehicles and records demonstrated deep cleans had taken place at recommended and regular intervals.

Staff had access to respirators which are used to protect the wearer from inhaling various substances including airborne microorganisms. At the time of our inspection, the Covid-19 pandemic was ongoing. Whilst staff had access to respirators, they had not received fit testing.

# Patient transport services

Fit testing is carried out to ensure the mask adequately fits and protects the wearer. This meant we could not be assured that staff and patients were adequately protected from the risk of infection. We raised our concerns with the registered manager who advised they were looking to implement fit testing as a priority however we were not given a specific date this would take place. Following our inspection service leads told us that all staff working in patient facing roles had been fit tested.

Staff took and recorded body temperatures prior to commencement of shift to protect against the spread of Covid-19. We reviewed several daily checklists and saw temperatures had been taken and documented.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

There were processes in place to enable the safe disposal of clinical waste. The clinical waste container was locked, secure and a contract was in place for removal at required intervals.

Equipment, including consumable items were stored neatly and were accessible to staff. Staff completed a daily checklist to ensure all required equipment was available.

We inspected two operational ambulance vehicles. Both vehicles were clean, tidy and well stocked. However, on both vehicles, we noted wheelchairs were not securely attached within the rear patient carrying section of the vehicle. We could not gain assurances that these pieces of equipment would not pose a risk to passengers in the event of a road traffic collision or heavy braking. We raised our concerns with staff who took immediate action to secure this equipment prior to further vehicle use. Following our inspection service leads told us they had purchased elasticated straps to securely restrain wheelchairs in all vehicles.

Records demonstrated that all ambulance vehicles had records indicating in date MOT certificates and servicing records. Senior staff maintained oversight of when servicing was due.

Operational staff completed daily checklists to ensure vehicles were roadworthy and with access to an appropriate level of equipment. We saw that records demonstrated vehicles and equipment had been checked on a regular basis.

Ambulance vehicles contained fire extinguishers that had been serviced within recommended timeframes.

The Control of Substances Hazardous to Health Regulations (COSHH) requires employers to control substances that are hazardous to health. We found cleaning products were securely locked away.

## Assessing and responding to patient risk

**Staff completed risk assessments for each patient.**

All patient transport journeys were booked and passed through the local NHS ambulance trust to OBS Medics Ltd staff. During our inspection, staff were unsure if there was a formal patient eligibility criteria in place to ensure that only clinically suitable patients could access the service.

# Patient transport services

Operational staff told us they carried out a dynamic risk assessment for each patient, prior to transportation. If concerns were identified, they would refuse to accept the patient/complete the journey.

We raised our concerns with the registered manager who advised an eligibility criteria was in place and that these would be placed on vehicles to enable staff to be clear on what patients they could safely transport. This was in progress at the time of our inspection.

The registered manager acknowledged that more information was required and the point of booking regarding patient acuity to ensure that only clinically safe patients could access the service.

The service had a deteriorating patient policy in place which was in date and last reviewed in September 2020. The policy provided staff with advice on steps to take in the event of patient deterioration which included patient assessment and calculation of a National Early Warning Score (NEWS) 2. Early warning scores take in to account a patient's physiological measurements to identify acutely illness and deterioration.

Data provided after our inspection demonstrated that 66% of staff were up to date with NEWS2 training. The registered manager advised that a date for full compliance had been set for 31 March 2021 and if staff had not completed training by this date, they would be removed from operational duty.

Data provided after our inspection demonstrated that 100% of staff were up to date with basic life support training.

Staff had not received training in the management of challenging behaviour and no policy was in place to guide staff. We could not gain assurances that staff had access to adequate training and information to deal with patient that may exhibit challenging behaviour.

## 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.**

The service employed nine operational staff to provide the patient transport service alongside three managers who oversaw the day-to-day running of the service.

Managers regularly reviewed staffing levels to ensure vehicles had the required skill mix and staff available in line with operational demand.

## Records

**Staff kept records of patients' journeys. Records were clear, up to date and stored securely. Records were anonymised to protect patient confidentiality.**

Journey bookings were documented detailing times/patient initials. We reviewed a sample of records and saw that appropriate information was included in this documentation.

## Medicines

# Patient transport services

## **The service used systems and processes to safely administer, record and store medicines.**

Medical gases (oxygen) were available and used in line with local policy and staff had received training in their use. We reviewed three staff files which demonstrated completion of medical gases training.

We saw that medical gases were securely stored on ambulance vehicles. At the base location, medical gases were locked and securely stored, empty and full cylinders were segregated and plenty of stock was available for use.

The service's 'Medication and Medical gasses management, administration and transport policy' was in date and had been reviewed in January 2021. The policy provided clear guidance to staff on the use, administration and transportation of medical gases.

## **Incidents**

### **The service did not always manage patient safety incidents well.**

Whilst staff recognised incidents and near misses and they did not always report them appropriately. A manager told us they investigated incidents and shared lessons learned with the whole team but had not received formal training in incident investigation.

Incident reporting systems were paper based. We saw incident report forms were available in vehicles for staff to complete. However, at the time of inspection, no system was in place to look at incidents overall and to enable the identification of themes or trends. The registered manager told us there were looking to introduce an incident log and standard operating procedure to improve this however we were not given a date for implementation. For more information, please see the well-led section of this report.

The service had a duty of candour policy in place. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

Since April 2020, the service had five reported incidents (three graded as minor and two as moderate). As there had been no reported serious incidents, we were unable to ascertain the quality of incident investigation processes at the time of our inspection.

Staff we spoke with could describe what classed as an incident, however, we were given an example of an incident which had not subsequently been reported relating to a patient slipping forward from an ambulance chair. However, staff could describe actions taken in response to this incident to prevent and mitigate further risk.

## **Are Patient transport services effective?**

This is the first time we have rated this service. We rated it as requires improvement.

## **Evidence-based care and treatment**

# Patient transport services

## **The service provided care and treatment based on national guidance and evidence-based practice.**

We reviewed several policies and guidance documents available to staff. Policies and documentation referenced appropriate national guidance. For example, policies referenced The Department of Health and Driver and Vehicle Licensing Agency legislation and guidance.

The service did not transport patients subject to the Mental Health Act 1983.

## **Nutrition and hydration**

### **Staff assessed patients' drink requirements to meet their needs during a journey.**

The service offered short distance transportation only. Therefore, food was not routinely offered. We saw that ambulance vehicles contained single use fresh drinking water in the event a patient required a drink.

## **Pain relief**

Due to the nature of service provided, the service did not offer pain relief during patient transport journeys.

## **Response times**

### **The service did not formally monitor response and journey duration times.**

There were no measures in place, such as key performance indicators to enable senior staff to monitor response or journey times. This meant we could not gain assurances that areas for improvement were effectively identified and actioned.

## **Competent staff**

### **The service made sure staff were competent for their roles.**

At the time of our inspection, the service had been in operation for under one year. The registered manager advised that staff appraisals were due to take place in April 2021.

All operational staff had completed the 'Care Certificate' within the 12 months prior to our inspection. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care. Subjects included but were not limited to; safeguarding adults and children, basic life support, infection prevention and control and equality and diversity.

The service checked staff driving licences on an annual basis. We saw evidence in staff files that this had taken place. In addition, the service had introduced independent driver assessments to take place in response to recent incidents. At the time of our inspection, seven out of nine operational staff had received an independent assessment which had been documented in staff files.

There was a policy in place which clearly outlined mandatory training and competency requirements for all staff. The registered manager maintained oversight of staff competencies.

# Patient transport services

## 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.**

Service managers regularly liaised with the local NHS ambulance trust from whom work was commissioned. Staff worked with hospital based patient transport planning staff to gather the necessary information to enable journeys to take place.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care. They followed national guidance to gain patients' consent.**

Staff completed training in capacity as part of the 'care certificate'. All operational staff had completed this training.

The service did not transport patients who were detained under the mental health act.

However, service leaders had identified that staff had not received training in dementia awareness. Following our inspection service leads told us that staff had completed a module on dementia awareness and learning disabilities as part of the care certificate.

## Are Patient transport services caring?

Insufficient evidence to rate 

There was insufficient evidence to rate this key question. This inspection took place during the ongoing Covid-19 pandemic; we were unable to directly observe the delivery of care due to social distancing measures in place.

## Compassionate care

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

Staff described how they treated patients with kindness and respect. Examples were given of how privacy and dignity were maintained when caring for and transporting patients.

## Understanding and involvement of patients and those close to them

Patient and relative feedback collection methods were limited. However, leaders had recognised that improvements were required in how information was collected. Whilst no formal plans were in place, conversations were ongoing at the time of inspection in how feedback methods could be improved. The service was placing an emphasis on gathering meaningful information from patients and their relatives to improve patient involvement and care.

# Patient transport services

## Are Patient transport services responsive?

Requires Improvement 

This is the first time we have rated this service. We rated it as requires improvement.

### **Service delivery to meet the needs of local people**

**The service mostly 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.**

Patient transport services were the main service offered by OBS Medics Base. Journeys included transportation to and from outpatient appointments, hospital discharges and inter-hospital transfers.

The service liaised with the local NHS ambulance service to plan and deliver patient transport services for local people.

### **Meeting people's individual needs**

**The service did not always take account of patients' individual needs and preferences.**

The service did not offer any specific dementia training to staff. We could not gain assurances that staff had the necessary skills to care for patients with complex needs including dementia.

There were no translation services available to enable staff to support patients whose first language was not English. In addition, there were no communication aids available on vehicles.

Whilst the service did not offer bariatric transportation, patients were assessed at point of booking to ensure only clinically safe patients could access the service (as per service's eligibility criteria). If a patient required bariatric transportation, they would be directed to an alternative service.

### **Access and flow**

**There were limited systems and processes in place to ensure that people could access the service when they needed it and in a timely way.**

The service operated between the hours of 8am to 9pm, Monday to Saturday. Staff worked with the local NHS ambulance service to provide transportation services. On average, two ambulance vehicles per day were provided for patient transportation.

From April 2020 to the time of our inspection, the service had carried out 893 patient transport journeys. Of this, 93 of these were classed as 'aborted' journeys, meaning they had not taken place. Managers did not formally monitor the number of journeys undertaken and reasons for aborted journeys. We could not gain assurances that access to the service was monitored to aid improvements.



# Patient transport services

There were no systems or processes in place to formally monitor waiting or journey times at the time of our inspection however OBS Medics Base managers described a close working relationship with the local NHS ambulance service to ensure patients were informed in the event of delays.

## Learning from complaints and concerns

**The service had a complaints policy in place which provided guidance for staff in the event of complaint receipt.**

Staff told us there had been no complaints regarding the service since commencement of business in April 2020.

Service managers acknowledged that improvements were required on providing effective methods of patient feedback. At the time of our inspection, there was no information available on board the vehicles to direct patients to complaints information. The registered manager was in the process of looking at new ways to gather feedback with an emphasis on ensuring all feedback was meaningful. However, nothing formal was planned at the time of our inspection.

Following our inspection service leads told us they had rolled out a patient feedback form on the vehicles.

## Are Patient transport services well-led?

Inadequate 

This is the first time we have rated this service. We rated it as inadequate.

### Leadership

**Leaders did not always understand and manage the priorities and issues the service faced. They were visible and approachable in the service for staff.**

The leadership team consisted of the service's owner and CQC registered manager. At the time of our inspection, two deputies had taken over the running of the business due to extenuating circumstances.

Staff told us leaders were approachable and visible. During our inspection process we found service leaders to be responsive to requests for information.

During our inspection, we raised several areas of concern with the service's leaders. We found they were responsive in making changes however, there was still identified areas for improvement which hadn't been effectively identified by leaders prior to our inspection.

Following our inspection, the registered manager informed us that they had enrolled on a leadership and management online training course.

### Vision and strategy

# Patient transport services

**The service had a limited vision for what it wanted to achieve and there was little evidence of a strategy to turn it into action with development from other relevant stakeholders.**

Leaders verbally told us they planned to grow the business at a slow and steady pace over the next 12 months through introduction of an additional ambulance vehicle. In addition, the service told us they would like to tender for additional work with other NHS ambulance trusts. At the time of our inspection, there were no formal business plans or timeframes in place for proposed changes and a lack of strategy underpinned by realistic objectives.

## Culture

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

Staff we spoke with described an open culture and that senior leaders were approachable. Staff had access to a whistleblowing and an equality and diversity policy which were both reviewed and in date.

Due to the size and nature of the service provided, there were limited opportunities for career development within patient transport services.

## Governance

**Leaders did not operate effective governance processes. Staff at all levels were not always clear about their roles and accountabilities. There was limited evidence that leaders regularly met, discussed and learnt from the performance of the service.**

There was no formal audit programme in use throughout the service, however, some audits took place. Areas audited included but were not limited to; infection prevention and control, medical gases, equipment and records. The registered manager acknowledged improvements were required to ensure all areas were monitored for quality and performance to enable improvements to take place.

We found some areas where leaders had not identified specific areas of risk, leading to concerns that there was a lack of clarity around their roles and responsibilities.

There was no evidence of formal regular governance meetings taking place and a lack of formal process to review key items including but not limited to; values, objectives or governance frameworks.

## Managing risks, issues and performance

**Leaders and teams had limited systems and processes in place to manage performance effectively. Not all relevant risks had been identified and escalated and there was not always identified actions to reduce their impact.**

There were limited systems and processes in place to identify, review, monitor and mitigate risks the service may face. The service had introduced a risk register in September 2020 which was updated in December 2020. We reviewed the risk register and saw it was in its infancy. It did not document all relevant risks the service faced including the ongoing Covid-19 pandemic and lack of translation services and communication aids/support for patients with complex needs.

# Patient transport services

At the time of our inspection, staff had not been individually risk assessed in relation to the ongoing Covid-19 pandemic. Risk assessments are used to estimate how likely an individual may be in contracting Covid-19 in their place of work.

There was a lack of systems and processes in place monitor performance and the quality of serviced delivered. In addition, incident review processes were in their infancy at the time of inspection.

After our inspection, we raised our concerns with the registered manager who advised they were in the process of implementing individualised risk assessments. Whilst data provided post inspection mitigated this risk (83% of staff had been individually risk assessed), concerns remained that this had not been identified as a risk earlier on during the Covid-19 pandemic. Following our inspection service leads told us that all staff had now had individual Covid-19 risk assessments.

## Managing information

**The service did not collect reliable data or analyse it. However, staff could find the data they needed, in easily accessible formats make decisions such as policies.**

Staff had access to necessary information including policies and procedures at the service's location. We saw all information was securely stored, and confidential patient information was protected.

However, at the time of our inspection, there was no evidence that the service used data, such as journey times, to improve performance and patient experience.

## Engagement

**There was some evidence that leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.**

At the time of our inspection, staff meetings were taking place at regular intervals and were minuted. However, we saw little evidence of leaders actively engaging with the public and other local organisations.

We did see examples of where leaders had sought feedback and input from staff, for example; the introduction of staff link roles for various areas including audit and the identification of need for improved dementia training.

There were limited systems and processes in place to gather feedback from people who used the service. The registered manager told us this was a focus for improvement at the time of our inspection.

## Learning, continuous improvement and innovation

Whilst several areas for improvement had been identified throughout the inspection process, we found that staff were already identifying some areas for improvement and looking for solutions. There was limited documentary evidence at the time of inspection however, some action had been taken which included: the introduction of external driving assessments and the exploration of improving methods of patient feedback.

## Patient transport services

Neither the service's owner nor registered manager had completed any formal qualification in business management. However, this had been identified as a future training course they were aiming to complete. All staff had completed the care certificate (an agreed set of standards that define the knowledge, skills and behaviours expected if specific job roles in health and social care).

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service did not always control infection risk well. At the time of our inspection, the Covid-19 pandemic was ongoing. Whilst staff had access to respirators, they had not received fit testing. Fit testing is carried out to ensure the mask adequately fits and protects the wearer. This meant we could not be assured that staff and patients were adequately protected from the risk of infection.

#### Regulated activity

Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Not all relevant risks had been identified and escalated and there was not always identified actions to reduce their impact.

There were limited systems and processes in place to identify, review, monitor and mitigate risks the service may face.

At the time of our inspection, staff had not been individually risk assessed in relation to the ongoing Covid-19 pandemic

There was a lack of systems and processes in place monitor performance and the quality of serviced delivered. In addition, incident review processes were in their infancy at the time of inspection.