

Exora International Limited

Exora International Limited

Quality Report

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Date of inspection visit: 2 April 2019 and 4 April 2019

Date of publication: 03/06/2019

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

Requires improvement



Patient transport services (PTS)

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Exora International Limited is operated by Exora International Limited. The service was registered with the Care Quality Commission (CQC) on 23 August 2017. The service provides a patient transport service (PTS). The provider is registered for the regulated activities: transport services, triage and medical advice provided remotely and treatment of disease, disorder and injury.

The service transports non-emergency patients to and from community care locations, airports, hospitals and patients' home addresses. The service transports both adults and children. Exora International Limited does not have fixed contracts with any providers. In 2018, the service carried out 2156 journeys. 95% of the jobs the service undertakes are ad-hoc and short notice bookings.

The service has three ambulances equipped for patient transport only.

We carried out a short notice announced inspection of the PTS core service using our comprehensive inspection methodology on 2 April 2019 and 4 April 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We rated the service requires improvement overall because:

- Staff including the safeguarding lead were not trained to the recommended level of safeguarding training for children and adult safeguarding.
- The service's safeguarding policy did not reflect current national guidance.
- There was no medicines administrations protocol on the safe use of nitrous oxide with oxygen and no detail in the medicines management policy around the safe and effective use of medical gases. There were no clear guidelines detailing when staff would be required to use nitrous oxide with oxygen. We were unable to find competency assessments for members of staff trained to administer nitrous oxide with oxygen.
- We had concerns around the storage of medical gases at the service's office. The service had not taken advice from the relevant authorities around the storage of these gases. We raised these concerns with the registered manager on the day of the inspection who immediately ordered a new cage for the gases and arranged for an assessment by the local fire service.
- Deep cleaning records we viewed showed gaps for some vehicles indicating that not all of the vehicles were deep cleaned monthly as per company policy.
- Equipment servicing logs we reviewed did not match the dates written on servicing stickers on equipment. We were therefore not assured that equipment was being regularly serviced and recorded by the provider.
- We were not assured that all incidents were being reported. There was no formal record kept of incidents that were low risk, no harm or near misses. The service also did not have an incident reporting policy.
- The service did not have a system to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. The service did not routinely record risks. There were a number of risks we identified which were not recorded, for example the storage of medical gases.

Summary of findings

- The service conducted very few audits. We saw audits for deep cleaning of vehicles and equipment checks, however we did not see an infection prevention control audit. The service did not have a clinical audit policy and the service did not audit areas such as complaints, booking forms, incident investigations and performance indicators.
- The service did not use a translation service for patients whose first language was not English. Staff told us patients who did not speak English as their first language, were often accompanied by a relative or interpreter.
- Staff were not aware of the vision or values of the service.

However, we also found that:

- All staff we spoke with demonstrated a good understanding of safeguarding children and vulnerable adults. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to report a concern.
- Throughout our inspection, all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as using hand sanitisers after each patient contact and cleaning equipment with antibacterial wipes after each patient transfer.
- Equipment we inspected on the ambulances were suitable for the patient groups that the service transported. For example, vehicles had bariatric wheelchairs and stair climbers for patients with a high body mass index as well as paediatric harnesses when children were being transported.
- The service used an electronic booking system which contained a comprehensive checklist to assess patient risk and ensure patients booked in could be transferred safely. The checklist had several tabs which control room staff filled out to ensure that all information could be gathered to understand specific patient needs. This included information such as the patient's mobility and whether the patient had steps at their home address and required equipment to transfer from their home to the ambulance.
- Staff received yearly appraisals and told us they were useful. We viewed appraisal records which showed that all staff had up to date appraisals.
- The Mental Capacity Act and consent formed part of mandatory training and staff we spoke with showed a good understanding of mental capacity and deprivation of liberty safeguards. All staff were up to date with Mental Capacity Act training.
- Feedback from patients confirmed that staff treated them well and with kindness. We observed episodes of care on patient journeys and saw that staff were compassionate and respectful with patients. Staff ensured patients' privacy and dignity was maintained.
- The service was able to provide a flexible service for patients and give precise pick up times. The service specialised in accommodating short notice bookings and all three vehicles were multi-purpose which meant that a range of patient transfers could be undertaken with suitable equipment.
- Staff spoke highly of the visibility and involvement of the registered manager and told us that they frequently attended jobs with them. Staff told us they felt supported by the organisation and could approach the registered manager with any issues that they had.
- Staff spoke of good teamwork, and an open, honest, patient-focused culture within the organisation.
- Staff we spoke with were knowledgeable about the duty of candour and aware of their responsibility to be open and honest with service users.

Summary of findings

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, to help the service improve. We also issued the provider with three requirement notices. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Requires improvement



Rating

Why have we given this rating?

Patient transport services (PTS) were the sole service provided by Exora International Limited.

The service transports non-emergency patients to and from community care locations, airports, hospitals and patients' home addresses. The service transports both adults and children. Exora International Limited does not have fixed contracts with any providers. In 2018, the service carried out 2156 journeys. 95% of the jobs the service undertakes are ad-hoc and short notice bookings.

We rated PTS as requires improvement overall because:

- Staff were not trained to the recommended levels for children and adult safeguarding training.
- The safeguarding policy did not reflect current national guidance.
- There was no medicines administration protocol for the administration of nitrous oxide with oxygen.
- We had concerns around the storage of medical gases.
- There were gaps in vehicle deep cleaning logs and dates on the equipment servicing log did not match stickers on equipment on vehicles.
- There was no formal log for incidents which limited the service's ability to look for themes and change practice as a result.
- Risks to the service had not been recorded with risk reviews or mitigating actions.

However:

- We found staff were compassionate and caring. Feedback from patients confirmed that staff treated them well and with kindness. We observed episodes of care on patient journeys and saw that staff were respectful and maintained the privacy and dignity of patients.

Summary of findings

- The service used an electronic booking system which contained a comprehensive checklist to assess patient risk and ensure patients booked in could be transferred safely. Information such as the patient's additional needed, mobility and whether the patient had steps at their home address and required equipment to transfer from their home to the ambulance was also included within the booking form.
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Requires improvement 

Exora International Limited

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Exora International Limited

Exora International Limited is an independent ambulance service which provides patient transport services (PTS). The service opened in 2017 and is based in North West London. The service transports non-emergency patients to and from community care locations, airports, hospitals and patients' home addresses primarily within London with some transfers across the whole of the United Kingdom. The service transports both adults and children. The service has three vehicles used for PTS.

Exora International Limited does not have fixed contracts with any providers. In 2018, the service carried out 2156 journeys. 95% of the jobs the service undertakes are ad-hoc and short notice bookings.

Exora International Limited registered with the Care Quality Commission (CQC) on 23 August 2017. The registered manager has been in post since August 2017.

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

During the inspection we visited the service's office which was based in North West London. We inspected all three of the service's ambulances and spoke with seven of the

eight staff members including ambulance crew, ambulance care assistants, the registered manager and control room staff. We also spoke with four patients during patient journeys. We also reviewed patient feedback and reviewed data sent to us by the provider prior to the inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Activity in 2018:

- In 2018, the service undertook 2156 patient journeys. 95% were same day bookings. Journey duration times averaged 30 minutes.

Staff:

- Eight staff worked at the service. This included the registered manager, control staff and six operational full time and part time crew.

Track record on safety in 2018:

- There were no Never Events.
- There were no clinical incidents and no serious injuries.
- There were no complaints.

Detailed findings

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspector and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Terri Salt, interim Head of Hospital Inspection.

How we carried out this inspection

We carried out a short notice announced inspection of the PTS core service using our comprehensive inspection methodology on 2 April 2019 and 4 April 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

are they safe, effective, caring, responsive to people's needs, and well-led? Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Facts and data about Exora International Limited

Patient transport services (PTS) were the sole service provided by Exora International Limited.







The service transports non-emergency patients (adults and children) to and from community care locations, airports, hospitals and patients' home addresses.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Patient transport services (PTS)

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Good	
Responsive	Good	
Well-led	Requires improvement	
Overall	Requires improvement	

Information about the service

Patient transport services (PTS) were the sole service provided by Exora International Limited.

The service transports non-emergency patients (adults and children) to and from community care locations, airports, hospitals and patients' home addresses.

Summary of findings

We rated the service as requires improvement because:

- Staff including the safeguarding lead were not trained to the recommended level of safeguarding training for children and adult safeguarding.
- The service's safeguarding policy did not reflect current national guidance.
- There was no medicines administrations protocol on the safe use of nitrous oxide with oxygen and no detail in the medicines management policy around the safe and effective use of medical gases. There were no clear guidelines detailing when staff would be required to use nitrous oxide with oxygen. We were unable to find competency assessments for members of staff trained to administer nitrous oxide with oxygen.
- We had concerns around the storage of medical gases at the service's office. The service had not taken advice from the relevant authorities around the storage of these gases. We raised these concerns with the registered manager on the day of the inspection who immediately ordered a new cage for the gases and arranged for an assessment by the local fire service.
- Deep cleaning records we viewed showed gaps for some vehicles indicating that not all of the vehicles were deep cleaned monthly as per company policy.

Patient transport services (PTS)

- Equipment servicing logs we reviewed did not match the dates written on servicing stickers on equipment. We were therefore not assured that equipment was being regularly serviced and recorded by the provider.
- We were not assured that all incidents were being reported. There was no formal record kept of incidents that were low risk, no harm or near misses. The service also did not have an incident reporting policy.
- The service did not have a system to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. The service did not routinely record risks. There were a number of risks we identified which were not recorded, for example the storage of medical gases.
- The service conducted very few audits. We saw audits for deep cleaning of vehicles and equipment checks however we did not see an infection prevention control audit. The service did not have a clinical audit policy and the service did not audit areas such as complaints, booking forms, incident investigations and performance indicators.
- The service did not use a translation service for patients whose first language was not English. Staff told us patients who did not speak English as their first language, were often accompanied by a relative or interpreter.
- Staff were not aware of the vision or values of the service.

However, we also found that:

- All staff we spoke with demonstrated a good understanding of safeguarding children and vulnerable adults. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to report a concern.
- Throughout our inspection all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as using hand sanitisers after each patient contact and cleaning equipment with antibacterial wipes after each patient transfer.

- Equipment we inspected on the ambulances were suitable for the patient groups that the service transported. For example, vehicles had bariatric wheelchairs and stair climbers for patients with a high body mass index as well as paediatric harnesses when children were being transported.
- The service used an electronic booking system which contained a comprehensive checklist to assess patient risk and ensure patients booked in could be transferred safely. The checklist had a number of tabs which control room staff filled out to ensure that all information could be gathered to understand specific patient needs. This included information such as the patient's mobility and whether the patient had steps at their home address and required equipment to transfer from their home to the ambulance.
- Staff received yearly appraisals and told us they were useful. We viewed appraisal records which showed that all staff had up to date appraisals.
- The Mental Capacity Act and consent formed part of mandatory training and staff we spoke with showed a good understanding of mental capacity and deprivation of liberty safeguards. All staff were up to date with Mental Capacity Act training.
- Feedback from patients confirmed that staff treated them well and with kindness. We observed episodes of care on patient journeys and saw that staff were compassionate and respectful with patients. Staff ensured patients' privacy and dignity was maintained.
- The service was able to provide a flexible service for patients and give precise pick up times. The service specialised in accommodating short notice bookings and all three vehicles were multi-purpose which meant that a range of patient transfers could be undertaken with suitable equipment.
- Staff spoke highly of the visibility and involvement of the registered manager and told us that they frequently attended jobs with them. Staff told us they felt supported by the organisation and could approach the registered manager with any issues that they had.

Patient transport services (PTS)

- Staff spoke of good teamwork, and an open, honest, patient-focused culture within the organisation.
- Staff we spoke with were knowledgeable about the duty of candour and aware of their responsibility to be open and honest with service users.

Are patient transport services safe?

Requires improvement 

We rated safe as requires improvement.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, staff told us they had not completed information governance training.**
- Staff completed online mandatory training modules provided by an external company. Modules included assessing mental capacity, basic life support, first aid appointed person, general data protection regulation (GDPR) for management, health and safety basics and essentials, health and safety for managers and supervisors, infection prevention and control, moving and handling people, risk assessment, safeguarding children and safeguarding vulnerable adults.
- Each staff member had a personal login to an online system where they undertook their mandatory training. All the staff we spoke with were positive about the training they received and felt that they received the appropriate training to carry out their role.
- The registered manager had access to the online training system and monitored staff training compliance. They also kept a spreadsheet which highlighted the due dates of refresher training. Refresher training was provided annually. Data submitted by the service showed that 100% of the staff had completed their annual mandatory training modules.
- We viewed the induction sheet which was given to new starters. New starters were instructed to read company policies and were inducted in the use of equipment in ambulance such as stair climbers and carry chairs.
- In addition to mandatory training, the service used an external provider to ensure staff were first person on scene trained (FPOS). Six staff (including the registered manager) had FPOS training and attended three yearly refresher courses.

Patient transport services (PTS)

- There was no formal driver training. However, the service conducted driving licence checks and the registered manager monitored this regularly.
- We saw that staff had signed a use of IT and confidentiality policy. The service did have an information governance policy which was in date. However, there was no formal training on information governance.

Safeguarding

- **Staff understood how to protect patients from abuse. However, staff had not been trained to level 2 safeguarding adults and children and the safeguarding lead did not have level 4 safeguarding training.**
- The service transported adults and children. Staff received online training by an external provider for safeguarding adults and children in separate modules. However, the training did not specify whether it was level 1 or 2. The registered manager who was the safeguarding lead for the service was also trained to the same level. This was not in line with the national guidance from the Intercollegiate Document: Safeguarding Children and Young people: roles and competencies for health care staff (2014) which recommends that all ambulance staff (including communication centre staff) should be trained to level 2. The guidance also states that the named safeguarding lead should be trained to level 4. Following the inspection, the registered manager who was the safeguarding lead told us they had booked onto safeguarding adults and children level 4 training.
- The service's safeguarding policy was in date. However, it referenced the 2004 version of Working Together to Safeguard Children guidance which meant that the service was not using up to date relevant national guidance. The policy made no reference to the Working Together to Safeguard Children 2015 guidelines and therefore did not contain current guidance such as information about female genital mutilation.
- All staff we spoke with demonstrated a good understanding of safeguarding children and vulnerable adults. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to report a concern. Staff told us they had

not had to report a safeguarding concern since working at the service but were able to give examples of when they identified and reported a safeguarding concern in a previous job.

- The booking process allowed for the specific information about safeguarding concerns or protection plans to be recorded within the form, so the crew could be made aware.

Cleanliness, infection control and hygiene

- **Staff used control measures to prevent the spread of infection and kept equipment clean. However, the service did not routinely carry out infection prevention and control audits.**
- The service had an infection prevention and control policy which was in date and available for staff to view at the office. The policy included clear guidance on effective hand washing techniques and the roles and responsibilities for infection prevention and control.
- Staff undertook infection, prevention and control training which was an online module provided by an external provider.
- We inspected all three vehicles and found the vehicles and equipment to be visibly clean and tidy. Staff completed daily cleaning schedules for each vehicle before starting a shift. A job was not released to the crew until the daily cleaning schedule had been submitted to the office through the mobile application. Completion of daily cleaning was logged on the application on crew's mobile devices and automatically sent to the office once complete, however this was an acknowledgement of the daily clean rather than a submission of a detailed daily cleaning schedule. This meant that the registered manager could not be assured that daily cleaning was taking place.
- We saw staff use antibacterial wipes on equipment within the vehicles after each patient transfer. However, the service did not carry out regular infection prevention and control audits, cleaning audits or hand hygiene audits.
- Deep cleans of the vehicles were undertaken once a month by an external company. However, records we viewed showed gaps for some vehicles which showed

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that vehicles were not always deep cleaned monthly as per company policy. Records showed that one vehicle did not have a deep clean in June, September and November 2018.

- The service used orange bags for clinical waste which were disposed of at hospitals where transfers took place or at the office base. The service used an external company to collect any waste that was left at the office.
- All vehicles we inspected had sanitising gel and antibacterial wipes. Staff received infection prevention and control training as part of their mandatory training. Throughout our inspection, all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as using hand sanitisers after each patient contact and cleaning equipment with antibacterial wipes after each patient transfer. There was easy access to personal protective equipment (PPE), such as gloves. Staff told us they would use aprons where they knew they were transferring an infectious patient and this information would be highlighted within the booking form.
- Cleaning equipment was available on the ambulances and at the office. Staff told us they would use mops to clean the ambulance floor. Staff told us that they would return to the office or go straight to the deep clean provider if a vehicle became contaminated.

Environment and equipment

- **Equipment servicing logs that we viewed did not match the dates we found on equipment on the vehicles.**
- The service had three ambulance vehicles which were used for patient transfers including bariatric transfers. Two of the vehicles were taken home by crew members at the end of shifts to better suit staff working arrangements and allow them to leave directly from home to a booking rather than coming to the office to pick a vehicle up beforehand. One ambulance was kept outside of the office premises.
- We reviewed servicing and MOT records for all three vehicles and saw that they were in date with dates of next services and MOTs.
- Equipment on the ambulances were serviced yearly and when required, by an external company. We checked several pieces of equipment on the ambulances

including a stretcher, carry chair and bariatric wheelchair. These had sticker dates indicating that their next service was due in August 2018 which meant that they had not been serviced. One sticker on a bariatric wheelchair on one vehicle had been damaged and the next servicing date was no longer visible. When we checked the servicing logs, this did not match the stickers on the equipment. We were therefore not assured that equipment was being regularly serviced and recorded by the provider.

- Daily checks of equipment were conducted by crew. The checks were submitted on the mobile application on crews' phones which was sent automatically to the office. A job was not released to the crew until the daily equipment check record had been submitted. Equipment checks included but was not limited to, checks of the seatbelts, stretchers, gases and general vehicle safety checks.
- The registered manager also undertook spot checks of the vehicles once a month. We viewed the audit records which showed checks for cleanliness of the patient compartment, driver cab and whether there were any damages to the vehicle. Notes and follow up actions were made within the record however it was not clear how these actions were followed up.
- Consumables we checked in the first aid kit on the vehicles were within manufacturer use by dates.
- Ambulance staff used their personal mobile phones which contained an application that communicated with the control room. The application contained information about the journey including destinations, times of departure and drop off. When a job was complete, the information would not be stored on the phone and was replaced with the next job's details. Staff told us the application worked well and mostly contained sufficient information about the patient transfer.
- Equipment we inspected on the ambulances were suitable for the patient groups that the service transported. For example, vehicles had bariatric wheelchairs and stair climbers for patients with a high body mass index as well as paediatric harnesses when children were being transported. However, on one ambulance we found equipment such as a

Patient transport services (PTS)

thermometer and electrocardiogram dots which were not used by the crew. The crew told us that this equipment was from a previous business that the vehicle belonged to and had not been removed.

- There was a cleaning cupboard and store cupboard at the office base where crew restocked their vehicles with consumables such as antibacterial wipes and replaced equipment where necessary.
- Exora International Limited was based from a small office space where day to day operations were managed. The office was where bookings were taken, and policies and staff files were held. Spare uniforms were also kept at the office should crew require them. Medical gases and a store cupboard of equipment and cleaning materials were also kept at the same site as the office.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- The service used an electronic booking system which contained a comprehensive checklist to assess patient risk and ensure patients booked in could be transferred safely. The checklist had several tabs which control room staff filled out to ensure that all information could be gathered to understand specific patient needs. This included information such as the patient's mobility and whether the patient had steps at their home address and required equipment to transfer from their home to the ambulance.
- Every ambulance had a first person on scene (FPOS) trained staff member on board which meant that there was always a member of staff trained in basic life support.
- Staff we spoke with told us that if a patient deteriorated during a journey, they would provide first aid, call the emergency services or go to the nearest accident and emergency department.
- Staff called the office if they were unsure if a patient was fit to be transported. The service had a medical director who was able to provide clinical advice if required.

- The service did not carry out emergency transfers and therefore did not use blue lights which were installed in the ambulances. However, we found that these blue lights were not deactivated on the vehicles to prevent misuse.
- The service rarely transported patients with mental health needs. However, staff said that whenever this happened, there would always be a registered mental health nurse accompanying the patient on the transfer. The service also transported children. Staff told us that children were always escorted by parent or carers.
- We saw that the service had a policy for supporting patients who had an active do not attempt cardiopulmonary resuscitation order (DNACPR). All staff we spoke with were knowledgeable about the protocol they needed to follow.

Staffing

- **Staffing was appropriate to safely meet patient demand. The service did not have any vacancies at the time of our inspection.**
- The service employed six members of operational staff (full time and part time) who drove the vehicles and supported patients during their transfers. The registered manager and the control room staff member also attended calls if required. There were no vacancies at the time of the inspection.
- Six staff members were first person on scene (FPOS) trained and two members of staff were patient transport trained. Patient journeys were always staffed by two members of staff with one member of staff who was FPOS trained.
- The registered manager reported that staffing was not a problem as jobs were only booked if staff were available to carry out the job. Staff also told us that in exceptional circumstances, if they had to take unexpected days off, the registered manager was able to cover their absence.
- The service used an electronic system which generated a staff rota. This allowed the allocation of crews to vehicles. The rota was generated weekly by the registered manager and shifts allocated to staff members depending on their availability that week. Staff told us they could request to work on specific days and this would be accommodated as far as possible.

Patient transport services (PTS)

- Staff told us that they received adequate breaks between jobs and if a transfer involved long distances, the two-person crew would take turns in driving.

Records

- **Staff kept detailed records of patients' care and treatment. The service's booking forms were appropriately managed.**
- Records maintained by the service consisted only of electronic booking forms which contained information about the patient and the transfer addresses.
- Crews received job information through a mobile application on their mobile phones. Information received included the patient's name, patient's address, transfer location address, if they required any equipment and if they had any additional needs. Once a job had been completed and logged on the application, the information would no longer be stored on the application and a new job would be sent to the application.
- We viewed booking forms in the control room and on the mobile application and saw that they were clear, comprehensive and easily accessible for staff through the mobile application. Staff told us that information received through the mobile application was mostly comprehensive. However, there had been occasions where there was not enough detail around the booking which meant that transport could not go ahead as it was not safe to do so. Staff told us if this happened, they would contact the office base to discuss whether the transfer could be completed or not. The registered manager had recognised this issue with the lack of detail in bookings and had built in required fields within the booking form to ensure staff members were prompted to ask questions in more detail when receiving a booking.
- Bookings were made through the control room at the office base. Booking information was recorded on an electronic system which prompted the staff member to complete required fields to assess the patient's eligibility for the service. This included information such as the patient's mobility and whether the patient had steps at their home address and required equipment to transfer from their home to the ambulance.

Medicines

- **The service did not store or administer medicines. However, we were concerned about the storage of medical gases such as oxygen and nitrous oxide with oxygen.**
- The service did not carry or store medicines and staff did not prescribe, dispense or administer any medicines to patients. However, the service did transport patients' own medicines, for example when a patient was being discharged from hospital. Staff told us this would be logged onto the mobile application for the booking. At the end of journey, staff would record that the patient had left with their medicines.
- During our inspection, apart from medical gases, we did not find evidence of medicines being stored or administered by staff. However, when we reviewed the service's medicines management policy, we found that it included detailed information on the ordering and receipt of medicines, stock of medicinal products and drugs bags on ambulances. The policy therefore did not reflect the service provision and did not make clear that the service did not administer or store medicines.
- There was no medicines administrations protocol on the safe use of nitrous oxide with oxygen and no detail in the medicines management policy around the safe and effective use of medical gases. For example, the Health Technical Memorandum (HTM) 02 guidance, states that nitrous oxide with oxygen should be kept above 10 degrees Celsius for 24 hours before use and arrangements should be in place to ensure that cylinders collected from a cold store is not used on a patient. We did not see evidence of such arrangements.
- There were no clear guidelines detailing when staff would be required to use nitrous oxide with oxygen. Some staff members we spoke with told us they were undergoing training for the administration of nitrous oxide with oxygen. However, we were unable to find the competency assessments for these members of staff.
- We were concerned about the storage of medical gases at the office. Oxygen and nitrous oxide with oxygen cylinders were stored in an external cage which was not locked which meant that the cylinders could be tampered with. Small canisters of nitrous oxide with oxygen were not arranged horizontally in racks and large cylinders were not chained securely as recommended in HTM-02 guidance. Large cylinders containing

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compressed oxygen were leaned against each other within the cage which could cause significant harm if they fell onto anyone who opened the cage. We raised these concerns with the registered manager on the day of the inspection who immediately rearranged the cylinders, put a padlock on the cage and ordered a new cage with racks to store the small canisters.

- The service's office was at a residential address and medical gases were positioned in an area which could be exposed to weather extremes such as direct sunlight. The registered manager had not received advice from the fire service or medical gas supplier with regards to the storage of the medical gases. HTM-02 states that the fire service should be notified of the location of the gas stores. We raised this on the day of the inspection with the registered manager who immediately arranged for an assessment by the fire service.

Incidents/Incident reporting, learning and improvement

- **The service did not have an incident reporting policy and no incidents had been reported since the service started operations in 2017. However, staff we spoke with knew how to recognise incidents and how to report them.**
- We were not assured that all incidents were being reported. There was no formal record kept of incidents that were low risk, no harm or near misses. Due to no incidents being reported we were unable to see if incidents were discussed at governance meetings and whether learning would be fed back to staff. The service also did not have an incident reporting policy.
- Incident reporting forms were stored on all vehicles. Staff told us they would use a paper incident reporting form to report incidents which they would then take back to the office. They also filled in the free text section on the application on their mobile devices. Staff had a good knowledge of what types of incidents would trigger incident form completion. They also knew who was responsible for investigating and reviewing incidents. However, staff reported that they had not reported any incidents since Exora International Limited began operating in 2017.
- Staff we spoke with showed an awareness of the duty of candour. The duty of candour is a regulatory duty that

related to openness and transparency and requires providers of health and social care services to notify patient (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service had not applied the duty of candour as there had been no incidents reported where this would be required.

- The registered manager told us that if an incident was reported, they would investigate the incident, speak with staff and take appropriate action with any learning to be discussed at team meetings.

Are patient transport services effective?

Requires improvement



We rated effective as requires improvement.

Evidence based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness, however some policies did not refer to the latest national guidance.**
- The service had policies and procedures in place which were all in date. However, not all of the policies were tailored to the service provision. For example, the medicines management policy went into detail about the ordering of medicines when the service did not order or store medicines. We also found that the safeguarding policy referenced the 2004 version of Working Together to Safeguard Children guidance which meant that the service was not using up to date relevant national guidance. The policy made no reference to the Working Together to Safeguard Children 2015 guidelines and therefore did not contain current guidance.
- We were concerned that all policies were nearing the same review date of June 2019 and we did not see a plan in place for how these would be reviewed in a timely manner.
- Policies could be accessed on the computers in the office. Paper copies were also kept in a folder at the office and staff could access these at any time.
- The service did have eligibility criteria before a booking was made. There was a process in place to assess a

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patient's eligibility to use the service. The electronic booking system had a series of prompts and required fields that needed to be filled in to complete the booking process.

- The service conducted very few audits. We saw audits for deep cleaning of vehicles and equipment checks. However, we did not see an infection prevention control audit. The service did not have a clinical audit policy and the service did not audit areas such as complaints, booking forms, incident investigations and performance indicators.

Nutrition and hydration

- **Staff gave patients opportunities to obtain food and drink during patient journeys.**
- Staff told us they would carry water bottles for patients on long journeys. They also told us that they would ensure that they took as many rest stops as the patient needed. Prior to a long journey, they would check that a patient had their own food or snacks to take with them.
- If a patient required food for a journey for medical reasons, this would be recorded in the booking form and would be provided by the provider or carer who made the booking.

Response times/Patient outcomes

- **The service did not collect or monitor key information such as response times.**
- The service undertook 2156 journeys in 2018. They did not monitor response times as all private bookings were made with timings agreed prior to the booking being accepted. If a specific timing could not be met, a booking would not be made. We were told that as a result, patients did not experience delays in being picked up and crew would often be able to arrive earlier than the allotted time.
- The service did not have formal key performance indicators as bookings were made on an ad hoc basis rather than under a contract.
- Providers with which the service had service level agreements did monitor response times for the jobs carried out on their behalf. However, we were unable to view this data.

Competent staff

- **The service made sure staff were competent for their roles.** The registered manager appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff received yearly appraisals and told us they were useful. We viewed appraisal records which showed that all staff had up to date appraisals. The appraisal involved discussions around job knowledge and skills, quality of work, team work, general conduct, discipline and absence records. Staff told us if they wanted to take up any additional training courses, the registered manager supported them.
- The registered manager carried out informal supervision sessions with crew and went on some jobs with the crew as part of this to assess staff competencies.
- All staff we spoke with told us they had received a comprehensive induction. The induction programme included ambulance and equipment familiarisation training.
- Mandatory training was online and refresher training was undertaken yearly. Online training included training in dementia awareness, learning disabilities and mental health.
- The registered manager kept a training schedule to monitor staff members' training compliance rates.
- The service did not provide driving assessment training. However, driving licence checks were conducted regularly and the service had a computer system which monitored staff driving.
- Disclosure and Barring Service (DBS) checks were conducted for each staff member as part of the service's recruitment process in line with service policy. The registered manager used an online update service to check staff members' certificates when they were due for renewal.

Multidisciplinary working

- **Staff worked together as a team to benefit patients.**

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- Staff worked well together. We spoke with crew who said they would often be paired up with different members of the team which they enjoyed and there was good team working with the fellow crew members and control room staff.
- Staff told us they had team meetings every two months at the office. They said that this was a good opportunity to feed back any issues but also to come together as a team.
- We observed crew communicate well with hospital staff when carrying out patient transfers.
- The service had a comprehensive handover policy which explained how staff were required to get a clinical handover which should include details of patient history.
- The registered manager had worked with providers to ensure that more detailed information about the booking was relayed to allow crew to know what to expect and what equipment was required. The registered manager had incorporated tabs within the electronic booking form so that a comprehensive record could be recorded and standardised for all bookings that were made.

Consent, mental capacity act and deprivation of liberty safeguards

- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients who lacked the capacity to make decisions about their care.
- The Mental Capacity Act and consent formed part of mandatory training and staff we spoke with showed a good understanding of mental capacity and deprivation of liberty safeguards. All staff were up to date with Mental Capacity Act training.
- Staff understood the need for consent when supporting patients and we observed staff seeking a patient's consent when transferring them into a wheelchair.
- The service did not routinely transport patients detained under the Mental Health Act 1983 or patients experiencing a mental health crisis. However, staff told

us if they had to transport a patient experiencing a mental health crisis, a registered mental health nurse from the hospital would accompany that patient on the transfer. The service did not use restraints.

Are patient transport services caring?

Good



We rated caring as good.

Compassionate care

- **Staff cared for patients with compassion.**
- Feedback from patients confirmed that staff treated them well and with kindness. We observed episodes of care on patient journeys and saw that staff were compassionate and respectful with patients. We saw that crew members had developed a rapport with patients whom they regularly transported. We observed staff engaging in conversation with patients during transfers and journeys.
- Staff ensured patients' privacy and dignity was maintained. We saw that the crew ensured patients were appropriately covered during transfer. Staff checked with patients if they were comfortable and warm enough throughout the journey.
- We observed staff taking the time to move at the patient's pace when walking a patient to the ambulance. During a journey, we observed a crew member adjust their positioning to communicate with a patient who was hard of hearing.
- The service collected patient feedback through feedback forms and emails received by the office. Comments were stored in a folder at the office. Comments included, 'staff were very understanding of my situation and very caring' and 'very kind, helpful and efficient'.
- All patients we spoke with commented positively about the service. One person told us the crew were 'wonderful' and 'respectful'. Another patient told us that they enjoyed the journey with the crew and appreciated

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the professionalism of the service. For example, they described that the service never had loud music on the radio and staff were always happy to talk to them throughout the journey.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff we spoke with described how they would often reassure patients who were worried about going into the ambulance. They told us they would describe the transfer to the patient beforehand, so the patient knew what to expect and to reduce any anxieties they had. We saw crew checking with patients if they were ready before setting off on the journey.
- We saw a crew member using encouraging language to help a patient who was nervous about transferring from their wheelchair to the chair on the ambulance. The crew member reassured the patient and allowed them to take as much time as they needed during the transfer.
- We saw patients at ease, laughing, smiling and making jokes with the crew during their journeys with the crew and it was clear that the crew quickly developed a rapport with patients they transported.
- We observed staff making sure patients had their belongings with them at the beginning and end of the journey. We observed staff reassuring patients that their belongings were safe and helped them carry their bags.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff communicated with patients well and supported patients who chose to walk to the ambulance rather than use a wheelchair. They empowered and supported the patient to move independently when transferring from the wheelchair to a seat on the ambulance.
- We observed staff supporting a patient to their front door and ensuring they were received by their relative. The staff member described to the relative that no issues were encountered during the journey.

Are patient transport services responsive to people's needs?

Good



We rated responsive as good.

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- Exora International Limited transported patients across London and undertook longer journeys across the United Kingdom which meant the service did not only serve an immediate local population.
- The service took non-emergency bookings on an ad hoc basis from private customers, private hospitals as well as other private ambulance services through a service level agreement. Referrals were risk assessed by the service and the referring provider to establish individual requirements such as the type of equipment required for the transfer.
- The service did not have any contracts and therefore only accepted bookings they knew they had the capacity and the skills to fulfil.
- The service had a customer information pack which was sent out to customers who enquired about transfers.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- All vehicles had equipment to transport bariatric patients. Paediatric harnesses were also available for transporting children.
- The service was able to provide a flexible service for patients and give precise pick up times. The service specialised in accommodating short notice bookings and all three vehicles were multi-purpose which meant that a range of patient transfers could be undertaken with suitable equipment.
- There was a comprehensive booking process in the service's electronic booking system which contained information such as whether the patient had any

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additional needs and details of the transfer journey including whether there were steps at the patient's home. Control room staff told us they would discuss the individual needs of the patient at the point of booking to ensure that a crew with the right skill mix could be sent to carry out the job. The booking form included details of patients' additional needs including medical conditions, mental health needs, and if the patient had any infections, mobility and considerations such as whether there were any steps at the home address. Based on the information, the control staff would decide whether the job could be fulfilled and allocated it to a crew. Information would be sent through the mobile application and control staff would also phone the crew ahead of the job.

- The service did not use a translation service for patients whose first language was not English. Staff told us patients who did not speak English as their first language, were often accompanied by a relative or interpreter provided by an embassy for example. Staff also told us that they were multilingual and would assist where possible if they were able to speak the same language.

Access and flow

- **People could access the service when they needed it.**
- Patients could access the service provided by Exora International Limited in a timely way as the service only booked jobs that they had the capacity and skills to fulfil. The registered manager told us that patients did not experience delays in pick up times. However, the service did not monitor their own response times and did not monitor key performance indicators.
- Control staff were able to track vehicles and allocate bookings effectively according to the proximity of the vehicles to the job. We observed that during patient journeys, crew regularly kept in touch with control staff for updates on bookings including last minute changes in bookings.
- The service did submit their response times to providers for whom they carried out subcontracted jobs but did not receive feedback from these providers.

- The service took bookings 24 hours a day and jobs were booked throughout the week Monday to Sunday as required by phone.

Learning from complaints and concerns

- **The service had not received any complaints since it started operations in 2017.**
- There was an up to date complaints policy which stated that the service acknowledged complaints within 48 hours and would respond within 25 days of receiving a complaint.
- Ambulances had posters of how to make a complaint which detailed that patients could complain by phone, email, in writing or through the service's website. There had been no complaints to the service since the service started operations in 2017. The registered manager handled complaints and said that any complaints would be fed back to the crew at team meetings.
- At the end of the journey, the mobile application contained a feedback form where patients could select a rating for their journey, whether they were likely/unlikely to recommend the service to others and any other comments.

Are patient transport services well-led?

Requires improvement 

We rated well-led as requires improvement.

Leadership

- **Managers in the service had the right skills and abilities to run a service providing high-quality sustainable care.**

The registered manager of the service was also the managing director and provided the overall leadership of the organisation. They were supported by a medical director and an accountant who was also part of the control room staff. The registered manager coordinated day to day operations from the service's office and carried out staff supervision and appraisals. The managing director was also responsible for strategic planning for the organisation and leading the clinical

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governance and risk management committee meetings. The medical director provided clinical support or advice and attended clinical governance and risk management committee meetings.

- Staff spoke highly of the visibility and involvement of the registered manager and told us that he frequently attended jobs with them. Staff told us they felt supported by the organisation and could approach the registered manager with any issues that they had.
- Team meetings were held every two months and staff said this was a good opportunity to feed back on any issues and told us that the registered manager always listened their concerns.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action. However, staff were not aware of the vision or values of the service.**
- The service had a documented strategy and the registered manager was able to articulate the vision of the service which was to grow the business and increase the number of vehicles.
- Staff we spoke with were unaware of the vision of the service and the values which were 'responsibility in action, excellence in service' and 'difference in delivery'. We did not find any evidence of the leadership engaging staff in the vision and strategy of the service. Staff told us that the strategy was the responsibility of the management and did not feel involved in this area of the organisation.

Culture within the service

- **The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff spoke of good teamwork, and an open, honest, patient-focused culture within the organisation.
- All staff we spoke with were knowledgeable about the duty of candour and aware of their responsibility to be open and honest with service users.

- Staff told us they felt supported by the registered manager and felt valued by the service. They told us they enjoyed their work and the flexibility the service offered around shifts.
- We saw crew members interacting with one another in a respectful manner and staff told us they enjoyed working in a small close-knit team.

Governance

- **The service did not have systems in place to improve service quality systematically and safeguard high standards of care by creating an environment for excellent clinical care to flourish.**
- The registered manager was responsible for arranging the servicing of vehicles and equipment and maintaining the paperwork pertaining to vehicle checks and servicing. The registered manager also completed staff appraisals, monitored mandatory training compliance and undertook informal supervision of crew.
- The service had some systems to monitor the quality and safety of the service. For example, deep cleaning audits, monthly internal vehicle spot checks and equipment checks. However, in some records we reviewed we found that there were sometimes gaps in recording for deep cleans or paper documentation not matching servicing stickers on equipment.
- Clinical governance meetings were held on an 'as needed basis' according to the service's policy. This meant that without a formal governance meeting schedule, the service might not be able to track issues and risks that were raised at the meeting. The meeting was attended by the registered manager, medical director and accountant. The meetings discussed clinical and operational issues as well as training rates and audits. The meetings were minuted but minutes we reviewed showed that there was little detail recorded. Some months repeated items or actions with no evidence of the actions having taken place or reasons for repeated items.
- The service did not have an incident reporting policy and we were not assured that all incidents were being reported. There was no formal record kept of incidents that were low risk, no harm or near misses which limited the service's ability to look for themes and change

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practice as a result. Due to no incidents being reported we were unable to see if incidents were discussed at governance meetings and whether learning would be fed back to staff. The service also did not have an incident reporting policy.

- Team meetings took place every two months. We viewed minutes of the meetings which showed good attendance and discussions involved the whole team. The meetings discussed topics such as company guidelines, feedback from patients and infection control. Minutes were circulated to staff by email.

Management of risk, issues and performance

- **The service did not have a system to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The registered manager described the main risks to the service being mainly around not getting full information from people booking transport, sickness within a small team and loss of revenue in the event a vehicle breaks down and is taken out of service. However, these risks were not recorded within a risk register with risk reviews or mitigating actions.
- The service did not routinely record risks. There were several risks we identified which were not recorded, for example the storage of medical gases, blue lights not being deactivated on vehicles, the lack of infection prevention and control audits, gaps in monthly deep cleans for vehicles and equipment servicing logs which did not match the servicing stickers on the equipment on the ambulances. Therefore, we were not assured that the service was aware of the level of risk within the service or had effective governance structures in place to identify risks within the service.
- The service had a business continuity plan which set out plans in the event of loss of communications with the office or crew, damage or loss of vehicles and damage or loss of utilities at the office. However, the plan still referred to the service's old address within the recovery plan detailing actions in the event of damage or loss of utilities at the office. We were told during the inspection that patient information and bookings would not be lost in such an event because they were stored on cloud-based software and not stored on computers.

Information management

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- Staff used their personal mobile phones and had downloaded the service's mobile application to receive patient bookings. Patient information was kept secure on the mobile application which only authorised staff had access to. The information would only be available on the application during a booking and once completed, would automatically be deleted from the mobile application and replaced with a new booking.
- The service had an up to date satellite navigation system and had a system where vehicles could be tracked and monitored.
- We viewed leaflets about the service which were out of date and mentioned services that the service no longer provided such as high dependency transfers.
- The service carried out Disclosure and Barring Service (DBS) checks as part of the recruitment process. However, not all DBS certificates had been processed in line with data protection legislation. We found that the provider had retained two hard copies of DBS certificates which should have been returned to staff following the recruitment process.

Public and staff engagement

- **There was limited engagement with patients.**
- The service used a feedback form which included a set of questions for crew to ask at the end of the journey. However, we saw few responses and it was not clear how the service used the feedback to improve the service.
- There were examples of social activities organised by the registered manager for the operational staff. Staff described that team meetings would often be followed by team meals.

Learning, continuous improvement and innovation

- **There was limited evidence of improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- Staff told us they were supported by the service to apply to courses for their development.

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- There was no evidence that the provider used audit results to make improvements to the quality of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must ensure all staff are trained to the appropriate level for children and adult safeguarding.
- The provider must update the safeguarding policy to reflect current national guidance.
- The provider must ensure policies reflect service provision.
- The provider must ensure that there is a medicines administrations protocol for medical gases such as nitrous oxide with oxygen. The provider must ensure there are clear guidelines detailing when staff would be required to use nitrous oxide with oxygen. Members of staff trained to administer nitrous oxide with oxygen must undergo competency assessments.
- The provider must take expert advice about the storage of medical gases at the service's office.
- The provider must ensure risks to the service are documented with risk reviews and mitigating actions.

- The provider must formally record incidents and ensure lessons learned are shared with staff.
- The provider must ensure all vehicles are deep cleaned on a monthly basis as per company policy.
- The provider must ensure equipment servicing logs accurately show servicing sticker dates on equipment on vehicles.
- The provider must ensure there is a comprehensive audit programme.

Action the hospital **SHOULD** take to improve

- The provider should engage and involve staff in the strategy, vision and values of the service.
- The provider should review arrangements for translation services and not rely on carers to translate for patients.
- The provider should review their compliance with data protection legislation in relation to Disclosure and Barring Service (DBS) checks.
- The provider should review their leaflets are up to date and reflect current service provision.

This section is primarily information for the provider

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
<p>Transport services, triage and medical advice provided remotely</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Safeguarding service users from abuse and improper treatment</p> <p>The regulation was not met because:</p> <ul style="list-style-type: none">• Staff were not trained to the appropriate level of safeguarding training for children and adult safeguarding.• Guidance from the Intercollegiate Document for Healthcare Staff (2014) is that all ambulance staff including communication staff should be trained to level 2. This applies to all clinical and non-clinical staff that have contact with children/young people and parents/ carers. The guidance also states that the safeguarding lead must be trained up to level four.• In relation to adult safeguarding, the safeguarding lead was not trained to the appropriate level. A safeguarding lead would normally have a level of knowledge relating to safeguarding which exceeds the level required for operational staff, enabling the provision of advice and access to support across a safeguarding network in the event of difficult cases.• The service's safeguarding policy referenced an old version of national guidance and did not reference current national guidance. <p>This was a breach of Regulation 13 (1), 13 (2), 13 (3)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Safe care and Treatment – the proper and safe management of medicines

The regulation was not met because:

- There was no medicines administration protocol for the administration of medical gases such as nitrous oxide with oxygen. There was no evidence of competency assessments for staff who were trained in the administration of nitrous oxide with oxygen.
- The provider did not have clear guidelines detailing when staff were required to use nitrous oxide with oxygen.
- Medical gases were stored inappropriately, and the provider had not notified the appropriate authorities of the presence of medical gases at the property.

This was a breach of Regulation 12 (2) (g).

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance

Good governance

The regulation was not met because:

- Systems and processes were not established to ensure the service assessed, monitored and improved the quality and safety of the service. The service did not carry out infection prevention and control audits.
- Risks to the service had not been documented.
- Equipment servicing logs did not match equipment servicing stickers on vehicles. Vehicle monthly deep cleaning logs showed gaps.

This section is primarily information for the provider

Requirement notices

- There was no formal record kept of incidents that were low risk, no harm or near misses. Due to no incidents being reported, incidents had not been discussed at governance meetings and there was no evidence of learning as a result.

This was a breach of Regulation 17 (1), 17 (2) (a)