Devon Ambulance And First Aid Services CIC

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Inspection report

3-4 Bridge House
Courtenay Street
Newton Abbot
TQ12 2QS
Tel: 01803315251

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Overall summary

Devon Ambulance and First Aid Services CIC (AmbFas) operates a patient transport service from event venues to the local emergency department. This service is referred to as AmbFas.

The service has been previously inspected in November 2017 and April 2018, when it was known as the Colin Sully Centre, and we have not previously rated this service. At the time of these inspections, we did not rate independent ambulance services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inadequate 	We rated it as inadequate because: • There was no evidence of a structured mandatory training programme for staff. Safeguarding processes were not clear therefore staff would not understand what to do if an allegation of abuse was made. • There was no evidence of a structured induction programme for new staff. Policy and procedures had not been reviewed regularly and did not contain current national guidance. • Staff records were incomplete and did not provide assurance all staff were recruited following a safe recruitment procedure to safeguard patients. The systems and processes did not give assurance that staff employed were of good character and were able to fulfil all the duties they were employed for. • There was no assurance staff had regular supervision and appraisals to demonstrate they were competent to carry out their role. • The service did not have a clear competency framework to make sure staff were able to undertake their roles safety and effectively. • We found that infection control was poor. There were no infection control processes in place to keep patients safe. • All waste was not handled appropriately and there was no evidence that the provider was protecting staff against chemical hazards. • We found that there was no audit of medication, and the medication policy did not reflect national guidance. • The delivery of high-quality care was not assured by the leadership. Effective governance processes were not being operated and risks, issues and performance were not well managed, identified and mitigated. There was no evidence of an effective incident reporting and review framework. There was no structured audit process. • Response times and quality outcomes were not kept.

Summary of findings

- The effectiveness of multidisciplinary working was not regularly reviewed.
- The service was not inclusive to take account of patients' individual needs and preferences. It was not easy for people to give feedback and raise concerns about care received.
- Patient records had not been stored securely.

Summary of findings

Contents

Summary of this inspection

Background to Devon Ambulance And First Aid Services CIC

Devon ambulance and First Aid Services CIC is a community interest company, and they provide an event ambulance service. AmbFas is operated by Devon Ambulance and First Aid CIC and provides a patient transport service specifically where there is an actual or identified need to provide off-site transportation to a local hospital.

We inspected the service in November 2017 when a warning notice was issued for not having complete staffing records and no evidence of employment checks and manager oversight of the recruitment process. We next inspected in April 2018 and on both occasions the service was not rated. Since the last inspection the service has moved location to offices in Newton Abbot while the ambulances continue to be stored at the previous location in Buckfastleigh.

The service provides staff and 2 ambulances for non-emergency patient transport services from events to local hospitals. The provider also provides non-regulated activities which are out of the scope of CQC registration and are therefore not included as part of this inspection as these are event medical care and treatment.

The service is registered to provide the following regulated activity.

Transport services, triage and medical advice provided remotely.

We were told that there had only been 2 occasions, in the past 12 months, when the provider had facilitated the transport of patients from an event venue to a local hospital, and that the previous planned transport service was currently unavailable due to lack of vehicles and staff.

What people who use the service say

We were told that the service did not have records for the two patients that had been transferred from an event to the local hospital. The provider did not have a patient satisfaction survey or record of feedback from patients or commissioners of the service.

As a result of this inspection 2 warning notices were issued. These were for, 1, failing to maintain accurate employment records, and 2, failing to keep securely patient records, failure to operate an effective system for the management of medicines, no effective risk management, and governance system, not following national guidance for infection control.

The service informed us on 30 June 2023 that they had suspended all AmbFas services until further notice.

How we carried out this inspection

The team that inspected the service comprised of a CQC lead inspector and a specialist adviser with experience in patient transport services.

During this inspection we visited the Colin Sully Centre location where the ambulances are stored after each event. We visited the offices of Devon Ambulance and First Aid in Newton Abbott and we spoke with 4 members of staff including a patient transport driver and the registered manager.

Summary of this inspection

We reviewed 4 sets of staff employment files and after inspection we requested and reviewed further information.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that medicines are managed safely and in line with guidance. They must introduce systems to conduct comprehensive medicines audits, and that the medication policy is reviewed to include national guidance. (Regulation12(2)(g))
- The service must undertake an infection control audit in line with guidance from Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The service must ensure it has ongoing systems and processes, including regular audits, to identify, monitor, escalate and mitigate infection control risk. (Regulation 15(2)) (Regulation 17(2)(a)).
- The service must ensure it has systems and processes to assess, monitor and drive improvement for the quality of the service. This includes undertaking regular health and safety audits and producing an action plan to address shortfalls. This ensures that staff are made aware of lessons learnt from incident investigations and know how to escalate risks to a relevant external body as appropriate. (Regulation 17(b)).
- The service must record and maintain records of response times to ensure that the service has effective systems and processes in place to respond to the changing needs of people who use the service. (Regulation 17(1))
- The service must record, maintain, and safely store its own patient records and risk assessments for the provision of regulated activity. (Regulation,17(1)).
- The service must ensure that all staff receive a structured induction programme that includes safeguarding. That the company policy reflects the intercollegiate guidance for Adult and Child safeguarding, and that staff are trained to the level set out in the intercollegiate guidance. (Regulation 13(1))
- The service must ensure that when it handles, stores, transports, and disposes of domestic, hazardous, and clinical waste that it is complainant with current legislation and guidance (Regulation 15(1(a)
- The service must ensure that effective recruitment and selection procedures are carried out. And that the information about candidates set out in Schedule 3 of the regulations must be confirmed before they are employed. (Regulation 19(2))
- The service must ensure there is a process for the supervision and appraisal of staff and that all staff receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained. Regulation 18(2)(a)

Action the service SHOULD take to improve:

- The service should consider introducing training evaluation forms to monitor the quality of the training provided.
- The service should ensure they store control of substances hazardous to health (COSHH) securely and in line with regulations and have the required information available to staff. Regulation 15(1)(d)(e)
- The service should ensure information about how to make a complaint is readily accessible in different formats to meet the needs of all patients. (Regulation 16 (2))

Summary of this inspection

- The service should review how to obtain regular patient feedback to enable improvements made to the service to be reflective of the local population and meet patient needs.
- The service should ensure there is a process in place to alert them when staff training is due. (Regulation 18(2)(a))

Our findings

Overview of ratings

Our ratings for this location are:

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

Inadequate

Patient transport services

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

Is the service safe?

Inadequate

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

This is because there is limited assurance about the safety of the service.

Mandatory training

The service provided mandatory training, but the training compliance records did not clearly show if the records covered all staff, all staff had received appropriate training and completed it, and if the training provided was up to date.

The service did not have a process or training matrix to monitor when staff training was due. We were informed by the registered manager that staff could bring over their training records from their substantive employee as evidence of having completed training. We saw 1 employment file containing this. We were not assured that staff could safely care for a patient if their condition deteriorated during transit.

Training certificates were kept in staff employment folders. 1 staff member had 2 certificates where white correction fluid had been used over the certificate holders name and another name was written on top. The registered manager explained it was to correct a spelling mistake.

Safeguarding

Staff spoken with understood how to protect patients from abuse. However, the safeguarding training provided to staff did not fully meet the safeguarding training requirements for staff as outlined by the intercollegiate guidance for Adult and Child safeguarding.

The service could not evidence that they were following the intercollegiate guidance for adult and child safeguarding in the training requirements for all staff. This meant staff may not be able to act appropriately regarding safeguarding

concerns which could put people being transported at risk of harm. We did not see evidence of a structured induction programme that included safeguarding. We were informed that all staff were trained to level 2 safeguarding for adults and children. The chief executive officer (CEO) was the safeguarding lead and was trained to level 3 adult and children as required by the intercollegiate guidance.

Staff spoken with, which included the Registered Manager, stated that they would refer all safeguarding queries to the lead. We reviewed 2 staff files; 1 had evidence they had completed safeguarding children level 2 safeguarding training dated February 2021 and safeguarding adult training in February 2018. This report had no record of the level of training, which did not provide evidence that the training had been completed at the level stated in the intercollegiate document for adults.) The other staff file had evidence of completing safeguarding adults and children level 2 training in April 2023.

There were no posters in the patient transport vehicle advising staff of how to report a safeguarding issue.

The service did not provide sufficient safeguards to ensure that patients were not cared for by inappropriate staff that would compromise their safety and wellbeing.

Service leaders did not ensure all staff had undergone the appropriate recruitment process to ensure they were of good character and suitable for working at the service. There was no evidence of Disclosure and Barring Service (DBS) checks being undertaken / evidenced. We were informed by the registered manager that staff performed their own checks and showed them to the manager, but no record was kept of renewals and DBS reference numbers.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Control measures were not followed to protect patients, themselves, and others from infection. The vehicles and the premises where they were stored were unclean..

The service did not comply with the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance (updated December 2022). The service did not have systems to manage and monitor the prevention and control of infection, provide a clean and appropriate environment, have policies designed to prevent and control infections.

The infection control policy had not been regularly reviewed. The last review date was recorded as April 2016. The policy did not include an audit tool and schedule to ensure it was up to date and infection, prevention and control audits were regularly completed.

Cleaning records did not reflect the state of the vehicle. We inspected 1 patient transport vehicle and we reviewed 7 pre-vehicle check lists for June 2023. We found that the vehicle had dirty floors, there was a small rip in one of the attendant seats which presented an infection control risk and there were no stretcher harnesses which would secure the patient safely during transport. The review of the checklists found no comments regarding these areas which needed addressing.

There was no evidence that staff followed infection control principles including the use of personal protective equipment (PPE). Therefore, staff and patients may be at risk of acquiring and transmitting infections. We were told by staff that no handwashing, donning and doffing of personal protective equipment and infection prevention control audits had been undertaken or scheduled. The registered manager confirmed that no audits had been undertaken and there was no system to monitor compliance and to implement any actions where staff were not compliant.

Inadequate

Patient transport services

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles, and equipment did not always keep people safe. There was no evidence that all staff were trained to use them. Staff did not manage clinical waste well.

The service had not undertaken any health and safety audits. Post inspection we were provided with a health and safety policy dated July 2023. The policy did not contain an audit and there was no schedule of audit. This would mean that equipment, policies and procedures maybe unsafe to use, not be complainant with current legislation and pose a risk to patients, staff and visitors.

We visited the location where the patient transport vehicles were kept and maintained at the Colin Sully Centre, Buckfastleigh. We were informed by the operations manager that the patient transport vehicles were cleaned at this location using chlorine tablets. The wastewater was then carried approximately 25 yards to a public drain and poured down. We asked for the risks assessments and evidence that this practice met legal requirements but were informed that there was no risk assessment in place. There was also no documented evidence of permission/advice from the environmental agency or the water company regarding safe and legal disposal of chlorine wastewater. This practice within the service is not in line with the relevant regulations and posed a risk to the public from contaminated wastewater.

We visited the location where the patient transport vehicles were kept and maintained. we observed there were no clinical waste bins. We were informed that all waste was taken by private car to the home of the Chief Executive Officer who had a clinical waste bin and it was collected from there by a waste disposal company. This address was a private address in Torquay and was approximately 15 miles from the patient transport vehicle base. The transport of hazardous and clinical waste in this way is an unsafe practice and is not compliant with national environmental legislation. This posed a risk to staff handling clinical waste and there was no evidence correct procedures were followed to ensure clinical waste could be tracked.

We were informed by the registered manager that there were no Control of Substances Hazardous to Health (COSHH) sheets kept at the storage facility at the Colin Sully Centre. There was no COSHH signage, no evidence of appropriate PPE for handling chlorine tablets and no evidence of staff having received training in COSHH. This was not in line with the Control of Substances Hazardous to Health Regulations 2002 and posed a risk to staff handling these substances.

Assessing and responding to patient risk

Staff did not complete and update risk assessments for each patient to remove or minimise risks. It was unclear how staff identified and acted upon patients at risk of deterioration.

We were unable to check whether staff completed risk assessments for each patient using a nationally recognised tool, and if they had been reviewed regularly, including after any incident due to records not being available. We were told that the patient records had been lost. We were therefore unable to assess if staff could identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies, or behaviour that challenges.

Staffing

The registered manager adjusted staffing levels daily according to the needs of patients. We were told by staff that extra staff could be employed should more staff be required for an event.

We were told that the service had a pool of staff that it could call upon should it be a larger event. There were no rotas available giving exact staff numbers used. We were informed that AmbFas employed 4 staff. We were informed by the registered manager these staff would work for a sub company of Devon Ambulance and First Aid CIC called Devon EMS and Southern Event Solutions. Should staff be needed for patient transfer they would then come under the company Devon Ambulance and First Aid Services CIC (AmbFas).

Records

Staff did not keep detailed records of patients' care and treatment. Records were not stored securely.

We were unable to check on the quality of staff recording in patient notes as they were unavailable during the inspection. We were told that the patient records for the past year were missing and there were no earlier records.

We were informed by the registered manager that there had been 2 patient transfers using the service for transfer between the event venue and Emergency Department of a local hospital over the past year. The registered manager told us that he could not find these records.

We were told by the registered manager that in the moving process to the new registered location some documents were discovered to have sustained water damage and were destroyed. These documents were described as information leaflets and blank administrative forms. An incident form had been completed for the damage to these documents. No incident form had been completed in respect of the missing patient records, and there is no record of investigation.

We reviewed the Devon EMS Information Governance Policy, dated as revised 20/08/2016. No reference was made to the requirements of General Data Protection Regulation (GDPR) or actions to be taken, such as contacting the Information Commissioner's Office (ICO), should documents be lost, and there was no record of referral to the ICO. A document titled: Data protection and GDPR dated June 2023 was submitted post inspection. This document does not reference the record management code of practice, identify the information controller, or provide an information audit tool as required.

Medicines

The service did not follow best practice when administering, recording, and storing medicines.

We saw portable Oxygen and a gas used to relieve pain, on the patient transport vehicle. These were safely stored. Staff told us that event staff would accompany the AmbFas driver to the hospital to carry out any treatment or observations required.

We found no evidence that staff completed medicines records accurately and kept them up to date. There was no evidence of a medication audit being undertaken to identify if staff were administering, recording and storing medicines appropriately and to implement actions where improvement was needed.

The medicines policy lacked detail and did not include details of how good governance around medicines would be maintained, including safe storage.

Incidents

Inadequate

Patient transport services

The service did not manage patient safety incidents well. Incident investigations were not thorough and did not identify actions to prevent recurrence.

Staff we spoke to knew what incidents to report and how to report them. Staff told us that there was a weekly staff call during which any incidents were discussed. Staff told us managers debriefed and supported staff after any serious incident. However, there were no records of these meetings.

The service had an incident reporting and management policy which staff could access at the office. 1 incident had been recorded which was the loss of files. The incident / near miss report form referred to the water damage of patient information sheets and blank copies of administration documents, and the disposal of the damaged documents. However, there was no reference to the loss of patient records.

Is the service effective?

Inadequate

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

Evidence-based care and treatment

Care and treatment were not provided based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.

There were no patient records to assess whether staff had completed risk assessments. There was no evidence staff had assessed patient's physical, mental health and social needs or their care and support had been delivered in line with legislation, standards, and evidence-based guidance.

There were policies and procedures but no mechanism for monitoring compliance with these and they did not reference national guidance. Managers did not regularly review policies and procedures and did not ensure staff applied these in practice.

There was no evidence that staff routinely in their handovers referred to the psychological and emotional needs of patients, their relatives, and carers.

Nutrition and hydration

There was no evidence that staff assessed patients' food and drink requirements to meet their needs during a journey.

We were informed that staff carried a bottle of water on the patient transport vehicle which was available on request by the patients.

Pain relief

Staff did not keep a record to show they assessed and monitored patients regularly to see if they were in pain.

Inadequate

Patient transport services

We were not provided with evidence that patients pain was assessed using a recognised tool. There were no patient records to review this. We were shown a poster of a pain assessment tool but no completed records. A member of staff told us that event staff would carry out any required observation and treatment on the journey to the hospital.

Response times

The service did not monitor, response times so they were unable to use the findings to make improvements.

No records are kept by the service on response times.

Competent staff

There were no processes to appraise staff work performance and provide observations for support and development. It was not clear how service leaders ensured that supervision and appraisal was undertaken for all staff to ensure they were competent for their roles.

We reviewed 4 staff files. We found 3 had no induction record. Staff told us that they had received an induction but there was no record of this. There was no structured induction programme. Post inspection we were sent a document titled induction cover list detailing all information and required learning aims. This was dated July 2023 and gave the heading of the subject areas covered but provided no detail of what was covered, or competency tools used to assess staff were competent for their roles.

We reviewed 4 sets of staff files. There was no evidence of regular staff supervision taking place. 1 set of notes had an appraisal dated April 2018. Staff told us supervisions were not regularly held with 1 member of staff stating they had supervision 3 years ago; another member of staff told us they had a supervision 1 year ago. These were not recorded in staff files.

Multidisciplinary working

Staff worked together and with the local event organisers to deliver services to transfer patients. However, the effectiveness of this was not reviewed and information was not effectively shared. There was no evidence of working with local healthcare services.

The service was unable to ensure consistent, coordinated care was provided and were unable to demonstrate that they were able to identify areas for improvement.

We were informed that service leads do not conduct customer satisfaction service or service level agreement reviews with their commissioners of their services.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

There was no evidence that staff supported patients to make informed decisions about their care and treatment or followed national guidance to gain patients' consent. There was no evidence staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Inadequate

Patient transport services

Due to the absence of patient records, there was no evidence that staff had gained consent from patients for their care and treatment in line with legislation and guidance.

There was no evidence for patients who could not give consent, and that staff made decisions in their best interest, considering patients' wishes, culture and traditions.

There was no evidence that staff clearly recorded consent in the patients' records.

There was no evidence to show the managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

The service did not provide a mental capacity act policy and its associated code of practice.

Is the service caring?

Insufficient evidence to rate

We were unable to observe any patient transport during the inspection timeframe and there were no notes available for previous patient transports to review.

Is the service responsive?

Inadequate

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

Service delivery to meet the needs of local people.

There was no evidence that the service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services for events. We were informed that should a minor casualty require transport to hospital then AmbFas would convey. We were provided with a policy for this eventuality but there was no evidence of risk assessment and management planning when these incidents arose. This would place the patient at risk should their condition deteriorate during the transfer to the local emergency department.

Meeting people's individual needs

The service was not inclusive and took no account of patients' individual needs and preferences. Staff were unable to make reasonable adjustments to help patients access services.

Inadequate

Patient transport services

Staff were not supported to ensure they were able to meet the needs of patients living with mental health problems, learning disabilities and dementia and to ensure they received the necessary care to meet all their needs. There was no evidence that staff supported patients living with dementia and learning disabilities by using such tools as the 'This is me' document and patient passports which are used to record details about a person who can't easily share information about themselves.

There was no evidence people with specific communication needs were supported to communicate. The provider did not have information leaflets available in languages other than English. There was no evidence staff could access interpreters and signers when needed.

In the patient transport vehicle inspected by us we found that there were no communication aids available to help patients become partners in their care and treatment.

Access and flow

People could not access the service when they needed it, in line with national standards, and received the right care in a timely way.

We were informed that the service had only undertaken 2 transfers in the past year. The service had lost patient records and did not monitor in detail the journeys completed to review patient experience for example timeliness of journeys, disruptions, or cancellations.

Learning from complaints and concerns

It was not easy for people to give feedback and raise concerns about care received.

There was a process and policy for complaints which was incomplete, did not reference the appeals process and the complainants' rights to contact the ombudsman and the CQC and was a joint policy with another company.

We were told by the registered manager that there had been no complaints received since the provider registered with the CQC in 2015.

The service did not clearly display information about how to raise a concern. The patient transport vehicle we inspected did not have details on how to complain or raise a concern. We did not see information posters or leaflets for patients and their relatives or carers on how to complain or raise concerns.

Is the service well-led?

Inadequate

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

Leadership

Inadequate

Patient transport services

The delivery of high-quality care was not assured by the service's leadership team. Leaders were not always aware of the risks, issues, and challenges in the service. Leaders were not always clear about their roles and their responsibilities to ensure safe care was provided.

We reviewed the staff file of the registered manager. The employment file was incomplete. Employment checks were not evidenced and training, supervision and appraisal records did not reflect the needs of the role and did not evidence that they had the skills, knowledge experience and integrity to safely run the service.

Our review of the governance structure found that the provider was not monitoring the quality of their service effectively. There was no evidence that governance and senior manager meetings were held regularly to discuss the performance of the service. A review of the available meeting records did not show evidence of action planning and the escalation of risk.

Staff spoken with stated that they felt supported by the manager giving the weekly video call meetings as an example of the support they received. The manager was described by staff as being visible.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Progress against delivery of the strategy and plans was not consistently or effectively monitored or reviewed and there was no evidence of progress.

We saw a copy of the provider's vision statement, mission, and core values, but did not find evidence this had been developed in collaboration with staff and people who use the services and external partners and that these had been shared with staff. We were provided with a document titled 'Induction cover list' post inspection which had a heading 'Values and Mission'.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care.

There was no clear process for staff to be supported in raising concerns. Staff told us of the regular weekly meetings that were held, but there were no records of regular staff meetings or individual meetings with staff.

Service leads did not ensure all staff had regular supervisions and appraisals to demonstrate they were competent to carry out their role and to discuss career development.

Staff told us that they felt supported by their manager and said they were proud of the service they provided.

Governance

Leaders did not operate effective governance processes. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service. There had been no recent review of the service's governance arrangements, the strategy, or plans.

There was no effective recruitment process in place which meant staff may be employed who may not be suitable or capable to safely care for patients. In the 4 staff files seen, there were no interview notes in the files, and there were no references. We were informed by the registered manager that references were not kept as they are destroyed after being received. No evidence of staff identification such as a utility bill were seen in staff files. However, 2 of the 4 staff files we checked did have copy of a driving licence and all had a photograph.

Governance meetings were not being held regularly or used effectively to identify and share learning. There was no evidence that action had been taken to address shortfalls that had been identified through the governance meetings. This meant there is a risk of harm to individuals using the service from staff who do not have the relevant competencies to fulfil their role.

We were informed by the registered manager there was an overarching company governance meeting held, but they had not met since January 2022.

We were informed by the registered manager that governance meetings were not held regularly and were provided with minutes of the November 2018 governance meeting. In this it referred to a review of patient report forms. This revealed a number of forms which were incomplete or had inadequate information, including 2 cases where a patient's vital signs were not checked. The meeting minutes stated it was a training need however no further reference was made in the subsequent minutes.

Management of risk, issues, and performance

Leaders did not manage risk, issues, and performance effectively. Risks were recorded but actions were not identified to reduce their impact on the safety of patients. There were no processes for monitoring and improving the quality of the service.

We asked to see the company's risk register and business continuity plan. We were informed that the company does not have a risk register and were shown a blank template of a business continuity plan. We were sent post inspection, a copy of a risk register (undated) and a business continuity plan (dated July 2023). We found insufficient evidence to suggest that the leadership were aware of the risks and challenges in their service, and they did not demonstrate that it had robust contingency planning in place.

There were no systems or processes to assess, monitor and drive improvement for the quality of the service. There was no programme/schedule of audits to monitor service provision and to help identify any risks.

The Registered Manager told us no audits, such as infection control, handwashing, health and safety had been carried out which posed risks to patients and staff.

Information Management

The service did not collect reliable data and analysed it. Staff could not find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated or secure.

We were informed by the Registered Manager that there had been 2 patient transfers using the service between venue and the emergency department over the past year. We asked to look at the records for those two patients and the registered manager told us they could not find these. We were also informed that when the service moved locations,

some documents were discovered to have sustained water damage and were destroyed. No incident forms have been completed regarding this. No register of records was kept and there was no record of investigation. There was no assurance that records were stored securely to protect personal identifiable information. This had not been reported to external agencies as required under legislation.

Engagement

There was a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders.

We were told by staff there were no staff satisfaction surveys for them to complete.

We saw no evidence of the service obtaining the views of event organisers to use to improve their service.

Staff told us there were regularly meetings when they discussed cases/issues. These meetings were not recorded.

Learning, continuous improvement and innovation

There was limited evidence the service was continually learning and making improvements.

There was limited understanding of quality improvement methods to support and encourage innovation and service development.

Learning was not being shared to enable the development of the service. The minutes of the operations and governance meetings or action plans were not shared with the staff.

There was no evidence of networking or involvement in national peer frameworks.

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	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines. (Regulation 12 (2)(g))

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The service had not ensured there was a process for the supervision and appraisal of staff and that all staff received appropriate ongoing or periodic supervision in their role to make sure competence is maintained. Regulation 18(2)(a)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes had not been established and where not operating effectively to prevent abuse of service users. Their policies did not reflect the intercollegiate guidance for Adult and Child safeguarding, (Regulation 13(1)(2)).

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

- The service had not ensured infection control audit were undertaken in line with guidance from 'Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance'. (Regulation 15(2)).
- The service had not ensured handling, storage, transportation, and disposal of domestic, hazardous, and clinical waste complied with current legislation and guidance (Regulation 15(1(a)).

This section is primarily information for the provider

Enforcement actions

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	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured systems or processes were established and operated effectively to ensure good governance, in particular Regulation 17(1)(2).

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Section 33 HSCA Failure to comply with a condition We have issued a fixed penalty notice to Devon Ambulance and First Aid Services CIC on 7 August 2023 for carrying out the regulated activity of treatment of disease, disorder and injury on board the transport for which they have not been registered for.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had failed to maintain accurate employment records. Regulation (19)