Medicmart Ambulance Service Limited

Medicmart Ambulance Service

Inspection report

Unit 1A Broadway Business Park
Broadway, Yaxley
Peterborough
PE7 3EN
Tel: 07415476057

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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as requires improvement because:

Not all staff competed mandatory training.

The service did not keep equipment and vehicles visibly clean and the maintenance of equipment did not always keep people safe.

The service did not always use systems and processes to safely administer and store medicines.

Managers did not appraise staff's work performance and did not hold supervision meetings with them to provide support and development.

The service had a mission statement for what it wanted to achieve but no coordinated strategy or vision.

Leaders did not operate effective governance processes throughout the service. Systems for monitoring the effectiveness of care and treatment were not fully embedded.

Leaders and teams did not use systems to manage performance effectively or identify and escalate relevant risks and issues to reduce their impact.

Leaders had no engagement strategy for staff.

However:

Staff understood how to protect patients from abuse.

Staff assessed and managed risks to patients and themselves well and the service had enough staff to provide services.

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.

The service provided care and treatment based on national guidance.

Staff assessed patients' food and drink requirements to meet their needs and provided pain relief where appropriate based on their competency and skills level.

The service planned and provided care in a way that met the needs of local people and the communities served.

The service was inclusive to take account of patients' individual needs and preferences.

Summary of findings

People could access the service when they needed it and received the right care in a timely way.

It was easy for people to give feedback and raise concerns about care received.

Leaders were visible in the service for staff and patients.

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	Our rating of this location stayed the same. We rated it as requires improvement because: Not all staff competed mandatory training. The service did not keep equipment and vehicles visibly clean and the maintenance of equipment did not always keep people safe. The service did not always use systems and processes to safely administer and store medicines. Managers did not always appraise staff's work performance. The service had a mission statement for what it wanted to achieve but no coordinated strategy or vision. Leaders did not operate effective governance processes and had no engagement strategy for staff. However: Staff understood how to protect patients from abuse. They assessed and managed risks and the service had enough staff to provide services. Staff kept detailed records of patients' care and treatment. Staff offered food and drink to meet patient needs and pain relief where appropriate. People could access the service when they needed it, received the right care in a timely way and it was easy for people to give feedback and raise concerns. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care

Summary of findings

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Summary of this inspection

Background to Medicmart Ambulance Service

Medicmart Ambulance Service Limited provides patient transport services (PTS) across the East of England region and urgent and emergency care services under contract with a local NHS Ambulance Trust. It is registered with the Care Quality Commission (CQC) for the regulated activities of transport services, triage and medical advice provided remotely and the treatment of disease, disorder or injury. The service also covers events; however, these are currently not regulated by the CQC unless patients are transported off site for urgent or emergency care. The provider had transported patients from events for urgent or emergency care in the twelve months prior to our inspection. We last inspected Medicmart Ambulance Service Limited on 30 October and 12 November 2019 as part of our routine comprehensive inspection schedule. We rated the service as requires improvement for safe, effective and well led. We rated caring and responsive as good, with an overall rating of requires improvement. We told the service it should ensure all staff have training in key skills, all staff have an annual appraisal and routinely audit the quality of the service and use this to drive improvement. On the 5 October 2021, we carried out a responsive comprehensive inspection following concerns we received regarding leadership and culture within the service, the maintenance and cleanliness of vehicles, and concerns relating to finances. Following our inspection on 5 October 2021, we served a Warning Notice under Section 29 of the Health and Social Care Act 2008 against the provider based on the concerns identified during our inspection. Section 39 of the Heath & Social Care Act 2008 requires us to send copies of Warning Notices to specified bodies. We shared the Warning Notice with local bodies who commissioned services from the provider.

How we carried out this inspection

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a 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 all staff complete mandatory training and complete staff appraisals on an annual basis. Regulation 17 Good Governance 17. - (1) (2) (a) (b).

The service must ensure the relevant authorisations are in place for supplying and/or administering medicines in a specific clinical situation. Regulation 17 Good Governance 17. - (1) (2) (a) (b).

The service must put in place a policy to support staff on patient transport services when administering medical gases. Regulation 17 Good Governance 17. - (1) (2) (a) (b).

The service must ensure it has a robust process for auditing vehicle cleanliness and that all equipment is asset tagged and has appropriate review dates in place. Regulation 17 Good Governance 17. - (1) (2) (a) (b).

Summary of this inspection

The service must develop an overarching governance strategy for managing risk, performance and driving improvement. Regulation 17 Good Governance 17. - (1) (2) (a) (b) (e).

The service must develop a mission and vision for the service and link it to an improvement strategy. Regulation 17 Good Governance 17. - (1) (2) (a) (b) (e).

Action the service SHOULD take to improve:

- The service should ensure it formally records medication audits into a central register.

- The service should ensure it continues to develop its staff personnel records process.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Inadequate	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Inadequate	Requires Improvement

Requires Improvement

Patient transport services

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Inspected but not rated
Responsive	Good
Well-led	Inadequate

Are Patient transport services safe?

Requires Improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Mandatory training

Not all staff completed mandatory training Not all staff had completed mandatory training. Only 68% of staff had completed mandatory training. Although the service had a system in place to identify when staff training was due, managers did not make sure staff completed it. Staff had access to a wide range of training in order to meet patient needs.

Safeguarding

Staff understood how to protect patients from abuse. The registered manager was the safeguarding lead for the service and had completed level three safeguarding training for adults, children and young people. Data provided by the service following our inspection showed that 76% of staff had completed level 2 safeguarding adults training and 74% level 2 safeguarding children.

The service had up to date policies for safeguarding which reflected with national requirements outlined in; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019. Staff we spoke with knew how to identify adults and children at risk of, or suffering, significant harm. The service had processes for checking all staff were fit to work with adults and children and essential checks had been carried out.

Cleanliness, infection control and hygiene

The service did not keep equipment and vehicles visibly clean. During our inspection on 5 October 2021, we reviewed nine vehicles including four emergency and urgent care and five patient transport service (PTS) vehicles. None of these vehicles were visibly clean. The service assured us following our inspection that they would implement a new system for managers and team leaders to check cleaning standards were followed by the staff. We carried out an unannounced visit to the service on 14 October 2021 and found they had implemented a new system to review vehicle cleanliness.

Requires Improvement

Patient transport services

We reviewed an additional four PTS vehicles and found these were visibly clean. The new check lists for vehicle cleanliness were signed off by managers or team leaders to indicate the vehicles met the required standards. Staff used personal protective equipment (PPE) for example disposable aprons, face masks and gloves. Hand sanitizer, clinical wipes and PPE was available on all the vehicles we reviewed. The service used a spread sheet showing they reviewed staff hand hygiene on an annual basis by using a spot check system. However, annual spot checks were not enough to provide assurances that all staff were following appropriate hand hygiene techniques.

Environment and equipment

The maintenance of equipment did not always keep people safe. During our inspection on 5 October 2021, we found medical gas cylinders were not stored safely or securely. Free standing medical gas cylinders were leaning against shelves and were not secured. We carried out an unannounced inspection on 14 October 2021 and the service had taken action to make this area safe and implemented a new routine for checking this area daily.

The service did not ensure all equipment on its vehicles displayed up to date service dates. For example, we found two patient trolleys, one wheelchair and four sets of wheelchair clamps without review dates or asset tags in place. The service told us this was due to them purchasing equipment and vehicles from another provider and they were in the process of updating their assets register. Following our inspection, the provider supplied their asset register which demonstrated they had processes in place to review all equipment and a planned review date for all assets.

The service had processes in place to track vehicle servicing, documentation we reviewed during our inspection showed all vehicles were compliant with road tax, MoT inspections and insurance cover.

Assessing and responding to patient risk

Staff assessed and managed risks to patients and themselves well. Staff followed risk assessments completed by hospital and care home staff for each patient and carried out dynamic risk assessments prior to each patient journey to minimise risks. Staff identified and quickly acted upon patients at risk of deterioration. The service had a dedicated policy for deteriorating patients which staff were aware of. Staff completed life support training appropriate to their roles. Data supplied by the provider following our inspection showed that 89% of staff had completed level one resuscitation training and 89% had completed level two. The registered manager had identified resuscitation training for events staff was low and had a plan to ensure all of the staff had completed this within six months.

Staffing

The service had enough staff to provide the services. The service did not use agency or bank staff and had effective systems to plan staffing levels based on demands within the service. Managers regularly reviewed and adjusted staffing levels and skill mix. Managers made sure all staff had a full induction and understood the service before starting their shift. Managers checked staff had the appropriate training when allocating them to journeys. Staff shared key information to keep patients safe when handing over their care to others. There was a handover at the start of each shift and staff had access to managers through a 24-hour call line if they had any issues regarding resources or staffing for journeys.

Records

Requires Improvement

Patient transport services

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care. The provider had systems and processes in place to record patient information and staff could access this information in a timely way.

Patient booking information included the pick-up and drop off address, mobility needs and any additional information such as whether the patient was living with dementia. We reviewed 20 patient transport service booking forms and noted all forms were fully completed, signed and dated. Staff kept patient records in folders on the vehicles during their shifts. At the end of each shift, staff handed these to their manager or posted them through a letterbox to the managers' office. Staff filed the records in locked filing cabinets inside a locked office.

Medicines

The service did not always use systems and processes to safely administer and store medicines. There was a medicines management policy which detailed the management of medicines however, it failed to describe how the service managed patient group directions (PGD). The service did not have any PGD's available which are the required authorisation for paramedics to administer certain additional medicines.

Medicines were organised and stored in a locked cupboard. Medicine bags were prepared separately for technicians and paramedics and stored securely. The batch number and expiry date of medicines were recorded with a running total of the amount medicines available. A sign in and a sign out register was kept ensuring each medicine bag could be tracked. However, the service did not carry out routine medication storage audits and we were not assured the service had arrangements in place to safely monitor medicines within the service. The service did not have a standard operating procedure in place to support staff working in the patient transport service (PTS) to administer medical gases. We were therefore not assured safe processes were in place should a patient require therapeutic oxygen whilst being transported on PTS vehicles.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Staff followed a clear process for reporting and investigating incidents. Staff knew what incidents to report and how to report them. They followed clear guidelines and could describe the process for reporting incidents. Staff reported serious incidents clearly and in line with the service policy. Managers debriefed and supported staff after any serious incident. Managers encouraged staff to reflect on practice following any incident. Managers investigated incidents and patients, external providers and patients, and families were involved in these investigations. Staff received feedback following the investigation of incidents, both internal and external to the service. Staff we spoke with understood the duty of candour. They were open and transparent and records we reviewed showed the service gave patients and families a full explanation when things went wrong.

Are Patient transport services effective?

Requires Improvement

Our rating of effective stayed the same. We rated it as requires improvement.

Evidence-based care and treatment

Requires Improvement

Patient transport services

The service provided care and treatment based on national guidance. Service policies and procedures were in date, version controlled and accessible to staff. Emergency and urgent care staff had access to The Joint Royal Colleges Ambulance Liaison Committee (JRCALC, 2019) guidelines to provide additional guidance when managing emergency patients.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. Due to the nature of the service food was not prepared for patients. When travelling long distances, the location from where patients were collected, were asked to provide food based on the needs of the patient, or refreshment stops could be added to the journey. Bottled water was available on vehicles. If a patient was hungry or the journey was extended due to traffic or other circumstances, staff told us they would stop and get the patient something to eat.

Pain relief

Staff provided pain relief where appropriate and based on their competency and skills level. Staff on patient transport services (PTS) did not provide any pain relief for patients. There were clear processes in place for staff to follow regarding patient's own medicines. Staff providing urgent and emergency care services carried a range of medicines but did not carry controlled drugs. The service liaised with the local NHS Ambulance trust to ensure staff were deployed on these vehicles with the correct competencies and skill level. Should staff arrive at the scene and require additional pain relief for patients they would call for additional support from the NHS Ambulance trust and request a qualified paramedic or additional staff.

Patient outcomes

Systems for monitoring the effectiveness of care and treatment were not fully embedded. The service recorded journey times for PTS services but did not use this information to make improvements. The service reviewed its response times for providing urgent and emergency care services. The service provided feedback to the local NHS Ambulance trust based on its performance, however the service did not have an embedded system to review these or make improvements.

Competent staff

The service did not ensure staff were competent for their roles. Managers did not appraise staff's work performance and did not hold supervision meetings with them to provide support and development. The registered manager told us no staff had received appraisals in the 12 months prior to our inspection. This was due to a combination of the impact of the COVID-19 pandemic and the registered manager focusing on the business management due to the expansion of the service. The operational staff rota was overseen by the management team. They identified staff with the right skill mix and allocated staff shifts based on patient needs and demands within the service. For urgent and emergency care journeys, the service always deployed an emergency care assistant and an emergency care technician. All staff completed a full induction to the service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. The provider had an up to date mental capacity act (MCA) policy and guidelines for staff

to follow. Staff received patient information in advance of each journey, including if the patient required additional support due to living with dementia, or if they lacked capacity. This enabled them to carry out appropriate risk assessments with hospital or care staff to manage the patient's safety during any PTS journey. MCA and consent part of the services mandatory training. Staff we spoke with gave examples of informed and implied consent and how they supported patients who may lack capacity. For example, patients who may have a temporary loss of capacity due to injury in an emergency, or those patients living with dementia or cognitive impairment.

Are Patient transport services caring?

Inspected but not rated

Inspected but not rated

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Due to the adhoc nature of the service, we were unable to observe any interaction between patients and staff. The service did however seek feedback from patients, families and service commissioners.

Staff told us they would give the patient a feedback card at the end of a journey, with the contact details for the office, to provide feedback. The feedback cards were also available at the reception desk of the main building for visitors to the service. Staff explained sometimes they only met a patient or family once and first impressions counted. It was important they made the patients feel at ease and placed them at the centre of the journey, making sure they listened to their needs and always respected their dignity.

Examples of patient feedback included, "I wanted to thank you and the crew of the transport for such a wonderful job". Another family member said, "I wanted to thank you for being so helpful in getting the booking sorted assuring all of my concerns".

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. Staff we spoke with told us they enjoyed working with patients and recognised some patients may be living alone. Staff told us they had some patients they regularly transferred. These patients needed regular dialysis, orthopaedic or oncology appointments. They told us they built good relationships with the patients and some patients specifically asked for certain staff when they booked in for journeys. Staff explained sometimes patients would get upset during the journey, and they would listen to the patients and provide reassurance. If staff felt a patient was vulnerable or needed more support, they would report this to their manager for escalation back to the service commissioners.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Managers and staff kept patients and their families informed about transport pick up and drop off times. Staff told us the journeys were pre-planned and the patient's information was handed over to them in advance by hospital or care home staff. They spent extra time, particularly if the patient was living with dementia, to explain the

Requires Improvement

Patient transport services

journey to the patient and keep them informed of any unexpected delays, their expected time of arrival, either at their home or the location of their appointment. Staff we spoke with said when they handed a patient over at a care home, they would pass all the paperwork to the carers. If staff dropped the patient at their home, they would run through what the patient had eaten, or if they have had any medication before leaving to ensure the patient was safe.

Are Patient transport services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. The registered manager had regular meetings with commissioners of the service to discuss demand and flow in the local area. The service also provided events cover, for example motocross meetings and worked with the event organisers to provide staff and resources for the events. The registered manager told us they were in the process of planning to move their location as they recognised the service was outgrowing its current location.

Meeting people's individual needs

The service was inclusive to take account of patients' individual needs and preferences. The service relied heavily on the service commissioners to provide information in relation to the patient journeys and staff used patient care records that included specific details in relation to the patient care. For example, if a patient needed a wheelchair, a trolley or additional care support on the journey. The staff would then liaise with the services leaders to ensure they had the right vehicle and equipment to meet the patient's needs.

Staff we spoke with knew how to support patients who had a do not attempt cardiopulmonary resuscitation (DNACPR) or recommended summary plan for emergency care and treatment (RESPECT) decision in place. Staff told us the DNACPR and RESPECT process was part of the risk assessment with hospital or care home staff. Patient record forms we reviewed referred to patients transported with a DNACPR or RESPECT decision in place and staff told us they would always carry out risk assessments with hospital staff to ensure the patient was well enough for the journey.

Staff we spoke with explained how they supported patients living with dementia and how they liaise with hospital and care home staff and family to ensure they understood the patient's needs. Patient records flagged patients with additional needs to ensure staff were aware of any additional support required. Staff we spoke with told us the service had communication aids to support people, and they could access translation services. One member of staff explained English was their second language and they had interpreted for patients where English wasn't their first language to help hospital staff understand their needs.

Staff could also use mobile phone apps and pictorial cards inside the vehicles, and one member of staff told us they had used pen and paper sometimes to draw pictures or hand gestures to encourage interaction with patients.

Access and flow

Requires Improvement

Patient transport services

People could access the service when they needed it and received the right care in a timely way. Staff were allocated to journeys by NHS site management teams and deployed based on demand. If journeys were late the manager would discuss this with the teams to identify why there was a delay. For example, heavy traffic, or road works, then make changes to the next journey to reduce waiting times. Journeys included transporting patients to and from hospital appointments, hospital discharges as well as providing urgent and emergency care support as part of front-line resilience for a local NHS Ambulance trust.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. All vehicles carried patient feedback forms and gave the opportunity for relatives and patients to give feedback on their experience of care. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. We reviewed records of complaints and compliments within the service which showed information was shared with staff.

The service maintained a spread sheet of complaints, including actions taken to minimise any further similar complaints. However, the service as unable to establish how this feedback fed into wider improvements in the service as the service had no quality improvement plans or governance framework. Staff we spoke with knew the service had a complaints process and said managers gave feedback when things had not gone right.

Managers praised staff when they did well, and we reviewed feedback from families and commissioners showing where staff had made the patient journey enjoyable and patients felt well cared for and safe.

Are Patient transport services well-led?

Inadequate

Our rating of well-led went down. We rated it as inadequate.

Leaders were visible in the service for staff and patients

The service was led by the registered manager, supported by a service director, operations manager and two team leaders. At the time of our inspection the registered manager had not completed their mandatory training, they explained this was due to the demands of the day-to-day management duties and the recent expansion of the business.

The registered manger had focused on the growth of the business and not considered the wider risk this created, for example ensuring all staff had received an appraisal and ensuring that mandatory training was completed by all staff. We were not assured that the manager understood and managed the priorities and issues the service faced.

The registered manager told us they had employed additional office staff and a sessional trainer to address shortfalls in the service including training, managing performance and quality, as they recognised these had fallen behind during the last year. Due to the lack of appraisal we were not assured that managers encouraged staff to develop their career or take on more senior roles. Staff we spoke with described the leadership team as visible within the service, willing to support them and available if they had any concerns.

Vision and Strategy

Requires Improvement

Patient transport services

The service had no coordinated strategy or vision. The service mission was to become the main private ambulance provider of choice for local hospitals and maintain and grow their event provision and develop and grow their training provision. The mission was displayed on the providers website. Staff we spoke with during our inspection were unaware of the mission or vision for the service. The registered manager and director told us they were in the process of updating this at the time of our inspection. There were no systems for putting the mission into a strategy to improve the service or a vision for the service in the future.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff we spoke with during our inspection told us they liked working for the service and enjoyed the work they did. One member of staff said, “Recruitment here is much better than the previous place I worked, they won’t let you do anything unless you’re trained and checked”. Another member of staff said, “Yes they made me wait for a while until all my checks were done, they wouldn’t let me start and I had to wait a long time until they were ready”.

Staff explained the importance of providing the right care for patients and ensuring they were given good care and the journeys were enjoyable. Staff told us leaders were approachable and available to discuss any concerns.

Governance

Leaders did not operate effective governance processes, throughout the service The service had some systems for auditing the quality of the service, but no overarching governance process to drive quality, or draw learning from incidents or complaints together to make improvements within the service. This was an issue at our last inspection in October 2019 and demonstrated the service had failed to make additional improvements in governance and quality monitoring processes. The infection control, vehicle cleanliness and mandatory training concerns would have been identified if the manager used robust governance and audit processes. Management of risk, issues and performance Leaders and teams did not use systems to manage performance effectively, identify and escalate relevant risks and issues to reduce their impact.

At the time of our inspection the providers risk register contained generic risks related to the day-to-day operations within the service, for example, fire risks, office risks and medication risks amongst others. There was no evidence the provider had a process to capture risks as they emerged within the service for example the lack of governance, audits and safety monitoring over time.

The service did capture some key performance indicators for example urgent and emergency care journey times, the cleaning of vehicles, and servicing of equipment. However, leaders were unable to demonstrate how they coordinated this information to improve performance or safety over time. The service was unable to provide any up to date records of management or staff meetings. The registered manager told us during the COVID-19 pandemic this had been difficult to manage, and they were reintroducing these back into day-to-day business. The service had plans to cope with unexpected events and an up to date business continuity plan.

Information Management

Requires Improvement

Patient transport services

The service collected some data and analysed it. The service collected some key performance indicators in relation to its journey times and collected these on individual spread sheets. The service did not have embedded quality and improvement processes to join information together and drive improvements. The information systems were integrated and secure. Staff used mobile phones an IT portal and desk-based computers to access information in relation to the service, these were password protected.

Engagement

Leaders had no engagement strategy for staff. Leaders and staff did not actively and openly engage with patients, staff, equality groups, the public and local organisations to plan and manage services. The registered manager told us they had not held staff meetings in the twelve months prior to our inspection, they had tried remote meetings using IT systems, but these had proved unsuccessful. The staff did see the registered manager, director or team leaders on a day-to-day basis when they signed on for duty, and they could share feedback and information during this time.

The leadership team shared updates by email and staff had access to an IT portal where they could access policies, shift rotas and information on the service. We reviewed evidence of positive patient feedback shared with the service by its Commissioners.

Learning, continuous improvement and innovation

Staff we spoke with were not aware of any quality improvement initiatives within the service and mangers were unable to demonstrate how they used quality improvement tools to drive improvement. The registered manager told us they were in the process of planning to move their location as they recognised the service was outgrowing its current location. They had increased the number of vehicles within the fleet, increased the number of staff employed within the service and felt the premises were no longer suitable for their needs.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Action the service MUST take to improve: The service must ensure all staff complete mandatory training and complete staff appraisals on an annual basis. The service must ensure the relevant authorisations are in place for supplying and/or administering medicines in a specific clinical situation. The service must put in place a policy to support staff on patient transport services when administering medical gases. The service must ensure it has a robust process for auditing vehicle cleanliness and that all equipment is asset tagged and has appropriate review dates in place. The service must develop an overarching governance strategy for managing risk, performance and driving improvement. The service must develop a mission and vision for the service and link it to an improvement strategy.