RAMSS Ltd

RAMSS Ambulance Operations Centre

Inspection report

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

Summary of findings

Overall summary

This was the first time the service had been inspected. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services.

However:

- Staff did not always assess risks to patients and act on them.
- The service did not always keep good care records.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good	

Summary of findings

Contents

Summary of this inspection

Background to RAMSS Ambulance Operations Centre

RAMSS Ambulance Operations Centre is operated by RAMSS Ltd and is an independent ambulance service. The service's head office is based in High Wycombe, Buckinghamshire.

This service first registered with CQC in July 2020. The service registered its current location in July 2022 and operates exclusively from this location.

RAMSS Ambulance Operations Centre provides the regulated activity:

- Transport services, triage and medical advice provide remotely

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service, and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. RAMSS Ambulance Operations Centre provides services to patients attending sport or cultural events across the UK. The service also offers repatriation of patients under arrangements of an insurance policy, where the provider is not responsible for the clinical care and treatment of those patients. These types of arrangements are exempt by law from CQC regulation and were not inspected.

RAMSS Ambulance Operations Centre had transported 10 patients from an event to a hospital and had conducted 5 patient transport service (PTS) journeys in the 12 months preceding the inspection. These are activities which are regulated by CQC and were looked at as part of the inspection.

The service has 4 ambulances which are used as part of its regulated activity.

The service has had a registered manager since it first registered with CQC in 2020. A registered manager is a person who has registered with CQC to manage the service. They have a legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008.

This was the first time the service had been inspected.

How we carried out this inspection

During the inspection visit, the inspection team:

- Visited RAMSS Ambulance Operations Centre
- Inspected 3 ambulances which were used to carry out CQC regulated activity
- Looked at 5 sets of patient records which related to treatment carried out under CQC regulated activity and a sample of patient records which were not related to CQC regulated activity.
- Spoke with the registered manager of the service, the operations manager and the business director of the service. The registered manager and the business director both were part of the core group of staff who worked on the PTS arm of the service, undertaking CQC regulated activities.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of 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.

Outstanding practice

We found the following outstanding practice:

- The service was in the process of being accredited by a national ambulance charity, to be on their list of approved suppliers.
- The service had developed innovative methods of storing consumables, by vacuum packing sets of consumables and clearly marking the last expiry date on each pack.
- The service had developed an employee app, which gave staff easy access to all policies and necessary documents where-ever and whenever they needed.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOUD 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 records are accurate, contemporaneous, and stored securely so that they can be accessed when needed. (Regulation 17(2).
- The service must ensure that there are systems and processes in place to fully assess risks to service users on booking transport. (Regulation 12(2).

Action the service SHOULD take to improve:

- The service should ensure that medical gases are stored appropriately, with segregation of oxygen cylinders and nitrous oxide with oxygen cylinders and segregation of full and empty cylinders. (Regulation 12)
- The service should consider supporting staff to gain qualifications which are suitable for their role.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Patient transport services

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

Are Patient transport services safe?

Requires Improvement

This was the first time the service had been inspected. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Training included, but was not limited to, health, safety and welfare, manual handling, preventing radicalisation, equality, diversity and human rights, infection prevention and control (IPC) and adult and paediatric resuscitation. Mandatory training followed the core skills framework which sets out 11 mandatory training topics for all staff working in a health and social care setting.

Clinical staff had completed training on dementia. They were due to complete training on recognising and responding to patients with mental health needs, learning disabilities and autism. From 1 July 2022, all health and social care providers registered with CQC needed to ensure that staff had received training in learning disabilities and autism, at a level appropriate to their role. This training had been scheduled for all staff for the week following the inspection.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training was completed via e-learning. Emails were sent to staff members when training was due to be renewed by the training company. The service kept a spreadsheet of all mandatory training that staff had completed. Staff would not be deemed as compliant if any training was outstanding.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. This included training in both adult and children safeguarding. All clinical staff had received safeguarding training to level 2. Level 2 training provides staff with the necessary skills to participate in a safeguarding enquiry and report and record their concerns to assist

safeguarding enquiries. The service's safeguarding lead was not a permanent member of staff but acted as a clinical mentor and offered training to staff members. The safeguarding lead and the registered manager were both trained to level 4 and supported staff with safeguarding issues. The service's business manager was trained to level 5. Non-clinical staff who worked within the office had all received at least level 1 safeguarding training. This was in line with the intercollegiate document which identifies the competencies required for safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff accessed safeguarding advice on the RAMSS employee app. Advice included advising staff members to call 999 if necessary and included the contact number of the safeguarding lead. The safeguarding lead was the first point of contact, but the registered manager and the business manager supported the role. Staff accessed and completed a safeguarding form on the RAMSS employee app. The form was sent to a dedicated safeguarding email address. Safeguarding referrals were dealt with as a matter of urgency by the registered manager and the business director of the service, who referred cases to the relevant local authority.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They would refer their concerns to the local authority in which the safeguarding took place. The service had made 1 safeguarding referral in the last 12 months. They were able to describe what staff members had done to raise the safeguarding enquiry and keep those members of the public safe. The service was not aware of its obligation under Care Quality Commission (Registration) Regulations 2009: Regulation 18(2) ((e), where providers must notify CQC of all incidents of abuse or allegation of abuse to a service user. The safeguarding incident that was reported by the service occurred whilst carrying out un-regulated activities.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained in line with the National Standards of Healthcare Cleanliness 2021 and the Health and Safety at Work Act 1974. The service had a sluice area, where chemicals and materials used for cleaning ambulances were stored. Cleaning materials and equipment were colour coded according to the National Colour Coding Scheme. This scheme reduces the risk of cross contamination between different areas. The service followed the Control of Substances Hazardous to Health (COSHH) regulations, and staff had received training in COSHH.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Make ready staff were responsible for cleaning and stocking the ambulances. Vehicles were deep cleaned at least every 6 weeks, but during the event season, deep cleans were carried out weekly. Deep cleans involved removing all stock from the ambulance and cleaning all surfaces with appropriate disinfectants. Staff followed instructions on a deep clean form, which highlighted each area to be cleaned. Stickers were placed in the front window of the vehicle after each deep clean. They included the date of the last deep clean, when the next deep clean was due and the person responsible for the deep clean. A notice board within the head office was updated with deep clean dates. The service employed a full time make ready staff member during the summer, but other staff carried out the make ready duties during winter.

Staff placed 'I am Ready' signs on the dashboard of the vehicle to indicate that a vehicle had been cleaned and restocked after each shift.

Clear guidance was displayed prominently in the rear of each ambulance, which instructed staff how to clean surfaces and equipment within the ambulance whilst out on shift. If a vehicle was seriously contaminated, it would be returned to the head office for a deep clean. The service always planned to take an extra vehicle to events to compensate for this. Staff had received training in IPC to level 2.

Laundry used whilst on shift was cleaned at temperatures over 60 degrees by an external company. The service was looking at using single use blankets and sheets in the future.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service carried out a make ready audit, which allowed for scrutiny of the deep cleans. This involved taking swabs of certain points within the vehicle and testing it with an adenosine triphosphate (ATP) testing kit. The service's ATP swabbing system document stated; 'ATP is an organic molecule that is used by living cells as the main source of energy. The higher the levels of ATP on a surface, the less clean it is, and microbes can grow and thrive.' Scores between 0 and 10 indicated that the surface was clean. A deep clean audit showed ATP scores of 0[PC1] on the gear stick, driver window switches and stretcher handrail, and a score of 1 on the linen cupboard. The staff member responsible for carrying out ATP audits had received training on using the system in April 2022.

The service carried out a weekly station cleaning audit, which assured the service that the cleaning of the station was to an acceptable standard.

The service's business director had a postgraduate certificate in infection control. They carried out quarterly IPC audits. Both audits in January 2022 and in July 2022 stated that the inspection was unannounced, as a new full time IPC technician had recently been employed. Areas of concern were outlined in the report, with corrective action outlined. Both the January and July audits had identified that mops were resting on buckets. Mops should be clear of buckets and buckets should be upside down in drip trays. Corrective action in the January audit stated that re-training of IPC operatives was required to ensure the correct storage of mops and brushes, but this was still an issue in July.

The service's IPC lead had recently left the service and a new IPC lead was due to be appointed.

Staff followed infection control principles including the use of personal protective equipment (PPE). All vehicles gave staff access to PPE, including gloves, aprons, masks and hand gel. Staff had received mandatory training in IPC, including donning and doffing of PPE and safety equipment. They could access the service's infection control policy and the PPE on the RAMSS employee app. Any changes to IPC procedures were communicated to staff by email.

The service's business director carried out hand hygiene audits of all staff who had patient contact. These observational audits looked at handwashing technique and if staff were bare below the elbow. Bare below the elbow improves the effectiveness of hand hygiene. Five staff members were audited at an event in May and all were compliant. Another hand hygiene audit carried out on 5 staff members in November saw that some staff member only became compliant after questioning on some of the parameters, such as turning the tap off with their elbow. One staff member who required prompting to be compliant was given a personal copy of a guide to help them.

Environment and equipment

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

Good

Patient transport services

The design of the environment followed national guidance. The service followed fire safety recommendations in line with the Regulatory Reform (Fire Safety) Order 2005. Fire exits were clearly marked, and fire extinguishers were secured to the wall and tagged with servicing dates. Visitors to the head office were required to sign in and were told where the fire escapes and meeting points were.

Vehicles were stored securely within a locked yard. Keys to the vehicles were stored within the head office but were not locked away. The head office was secure, and no-one could enter without authorisation from a member of staff.

Ambulances used for CQC regulated activities had been purchased from an NHS ambulance trust. The ambulances were compliant with the European Committee for Standardisation (CEN), which specified the requirements for the design, testing, performance and equipping of road ambulances. Satellite navigation systems and black box technology were present on the ambulances. Closed circuit television (CCTV) had been removed from the vehicles.

It was not clear if staff carried out daily safety checks of specialist equipment. Vehicle Daily Inspection (VDIs) logs were expected to be completed by staff members at the start of each shift. These looked at whether the ambulance was in good working order and fully stocked. We asked to see the VDIs for 5 PTS journeys carried out in the 12 months preceding the inspection. The service could only find 2 out of the 5 VDIs relating to these shifts. Some of the VDIs were not dated, so it was unclear when the inspection took place. The registered manager told us that there had been an issue with the app on which the VDIs were located, but this had since been resolved.

Staff reported defects with equipment or vehicles on a defect reporting form which was accessed on the RAMSS employee app.

Faulty equipment was marked with a red tag and stored in the stock room in a designated quarantine area. The service had a contract with a clinical engineering company, who serviced, calibrated, and repaired equipment twice a year. Stickers indicated when equipment had been serviced or calibrated. We saw servicing and calibration stickers on 4 different sets of equipment, which indicated that the equipment had been calibrated in April 2022. We saw 1 nitrous oxide and oxygen giving set had a damaged valve. This had been serviced by the clinical engineering company and not used since. The registered manager was informed, and it was removed.

The service's make ready audit looked at key performance indicators (KPIs) in respect to the cleaning and equipping of ambulances.

The service kept a log of all vehicles on a notice board which detailed when deep cleans, MOT and tax were due for each vehicle. The service relied on the garage which carried out the servicing of the vehicles to notify them when the next service was due.

The service had suitable facilities to meet the needs of patients' families. Ambulances had built-in booster seats to transport children. Harnessing systems were available in 3 different sizes if needed to transport children on the stretcher. Ambulances had a range different sized blood pressure cuffs which were suitable for children.

The service had enough suitable equipment to help them to safely care for patients. The service had 4 ambulances which were used for CQC regulated activities. For events, the service took an extra vehicle, so if a vehicle was required to transport a patient to hospital from an event, sufficient vehicles were left on site. Vehicles were fully stocked from a kit

list. The kit list was comprehensive and detailed what items should be stored in each locker. The kit included spares for busier shifts and included spare oxygen cylinders. The service was developing a new system where kit for certain procedures, for example dressing kits, would be grouped together in vacuum packed bags. These bags were clearly labelled with the first expiry date.

Staff disposed of clinical waste safely. Clinical waste bins and sharps bins were stored securely on each ambulance. Clinical waste was emptied into a locked clinical waste bin, which was secured behind locked gates. The service had a contract with a waste management company to collect the clinical waste.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. The service's assessment, treatment and conveyance of patients' policy gave staff information on identifying sepsis and using national early warning scores (NEWS2), which improves the detection and response to clinical deterioration in adult patients. This policy was available on the RAMSS employee app and staff members were required to confirm that they had read and understood it to be compliant. The policy gave guidance on when to pre-alert hospitals for seriously unwell patients.

Staff did not always complete risk assessments for each patient when booking a PTS service. Booking forms included a section where risks for the journey could be documented. The service did not have clear systems or processes in place for the booking process, so staff were unclear about the service's acceptance or refusal criteria when booking in a patient. We looked at 5 booking forms, 3 did not include a date for the transfer. Staff told us that they had refused a bariatric transfer as the service did not have bariatric vehicles.

Staff knew about and dealt with any specific risk issues. The service would communicate any specific risks to staff members via memos and on the RAMSS employee app. At the time of inspection, this included updates on streptococcus A infection and monkey pox. Staff used minor injury and major injury record forms to record patient allergies and medications. The major injury form prompted staff to record the modified early warning score (MEWS) which assesses clinical deterioration of a patient.

The service did not have access to mental health liaison and specialist mental health support. Staff would refer patients needing support with their mental health to other services. The service did not carry out secure mental health transfers.

Staff shared key information to keep patients safe when handing over their care to others, but it was not always accurate. Records were on carbonless copy paper. Copies of the records were given to hospital staff or other healthcare professionals when handing over patient care. However, we saw that not all records were contemporaneous and accurate. One record stated that paracetamol had been administered, but no time was recorded. This meant that hospital staff could not know when the paracetamol had been given.

Staffing

The service had enough staff with the right skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction. Not all staff had received formal qualifications after their training.

Good

Patient transport services

The service had enough staff to keep patients safe. The service used a core group of 7 staff members to cover events and PTS journeys which were under scope for CQC regulation. Five of these staff members were classed as ambulance care assistants (ACAs), 1 was an emergency care assistant (ECA) and 1 was an ambulance technician. Two ACAs had certificates in first response emergency care (FREC) to level 3, and 1 had FREC 4. The 2 other ACA's had completed training in First Aid at Work. They had received training to FREC 3 level but had not sat the exams, and therefore did not have formal qualifications to this level. The ECA and the ambulance technician had both received training in driving with blue lights.

The registered manager of the service was the ambulance technician, with training in blue lights, and the business director was an ACA trained to FREC4. Both were part of the 7 core members of staff who worked on CQC regulated activities for the service.

The service was following guidance from The Purple Guide, which is a guide written by the events industry forum, which states that staff working on events should be trained to 'FREC 3 or equivalent'.

The manager could adjust staffing levels accordingly. The service was busier in the summer months, providing medical cover to events. To accommodate for the busier months, the service had a total of 61 freelancers on file, but only used between 16 and 20 of those staff members on a regular basis. During the summer months, the service employed a full time make ready staff member, who was responsible for cleaning and stocking the vehicles.

In addition to the registered manager and the business manager, the service employed an additional 3 office staff; an operations manager, health and safety executive and a human resources manager. The human resources employee had left the service the week before the inspection.

Records

Staff did not keep detailed records of patients' care and treatment. Not all records were clear and up-to-date. Records were stored securely but were not easily accessible.

Patient notes were not comprehensive. We asked to look at patient record forms (PRFs) for journeys which were regulated by CQC. The registered manager did not have good oversight of how many regulated journeys that the service had completed in the last 12 months, but estimated it was approximately 10 transfers to hospitals from events and 5 non-event PTS journeys. We looked at 4 PRFs which related to CQC regulated activity, and a selection of other PRFs from events which were not part of CQC regulated activity. We saw 1 PRF where paracetamol had been administered and the patient had been transported to hospital. The PRF did not include the time that the paracetamol had been administered. Administering of medicines was carried out as part of the non-regulated activity (as on an event), but when the patient was transferred to hospital, that becomes a regulated activity. As there was no time of when the paracetamol had been administered, this could cause confusion for hospital staff.

We looked at a booking form, a PRF and a patient belongings and medical record form for a repatriation. The name on the PRF did not match the name on the patient belongings and medical records form. The crew member did not sign the patient belongings and medical records form. The crew had used a minor injury PRF and not a major injury PRF which would be indicated as the patient was repatriated to a hospital. The booking form stated that the patient was to be taken to one hospital, but the PRF stated another hospital.

Not all PRFs were legible or had all sections completed.

Good

Patient transport services

The service had identified that there was a problem with record keeping and had started to audit records in March 2022. We saw 5 PRFs with substandard areas highlighted. The service aimed to audit a minimum of 20 percent of records from each event or each month. Key themes identified from these audits included missing patient details, missing time of arrival or presentation and clinical report was not complete. The service was providing a training day the week after the inspection. The registered manager assured us that further training in record keeping would be included in the training day. Guidance on completing PRFs was available to staff members on the RAMSS employee app.

Although records were stored securely, staff could not access all records easily. Records were returned to the head office and placed into a secure box after a shift. Records were then stored in a locked filing cabinet. We were told that the service had transported a patient experiencing cardiac pain to hospital from an event. Staff could not locate the PRF for this patient. It was not clear if there was no PRF for this patient or if it had been lost.

When patients transferred to a new team, there were no delays in staff accessing their records. As records were carbonless copy paper, a copy of the records was given to other healthcare professionals when handing over care.

Medicines

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

The service did not store and manage medical gases in line with guidance.

The service provided oxygen as part of its CQC regulated activity. Medical gases were placed in a locked cage outside, which although covered was still exposed to the elements. The cages were labelled 'empty' and 'full' and both sides were labelled as oxygen. We saw oxygen tanks in the 'empty' side of the cage and nitrous oxide and oxygen in the 'full' side of the cage. The gas cylinders were not secured in an upright position. The station was in a farm area and the gas storage facility did not have a solid bottom which meant that rodents could get access into the cage. Health Technical Memorandum (HTM02) guidance states that 'cylinders should be stored under cover, preferably enclosed and not subjected to extremes of temperature, be kept dry, and be large enough to allow for segregation of full and empty cylinders and permit separation of full and empty cylinders'.

Staff did not always complete medicines records accurately. We saw 1 PRF which did not state the time a medicine had been administered. One PRF relating to repatriation of a patient from an airport to a hospital did not indicate if oxygen had been administered, but the booking form for this journey stated that oxygen was required, and the registered manager told us that oxygen had been administered.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They would report incidents on forms which were accessed on the RAMSS employee app. These included accident and injury forms, near miss and cause for concern reports. The service actively encouraged reporting of all incidents. The service had no lost time because of injuries in the last 12 months.

Good

Patient transport services

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff reported serious incidents clearly and in line with the service's policy. The service's serious incident policy outlined the steps which should be taken, and who to report to. It stated that all incidents would be investigated thoroughly, with a root cause analysis carried out and any learning shared with the wider company.

The service had no never events in the 12 months preceding the inspection. A never event is a serious incident that should not occur if proper safety procedures are followed.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. All staff had received training in duty of candour. The importance of duty of candour was discussed in the service's serious incident policy. The service had no duty of candour incidents in the 12 months preceding the inspection.

Staff received feedback from investigation of incidents and there was evidence that changes had been made as a result of feedback. We saw evidence of investigations into incidents in the 12 months preceding the inspection. All incidents were internal to the service. One incident involved a member of staff who had attended hospital following getting disinfectant spray into their eye whilst deep cleaning an ambulance. The investigation found that the member of staff had not worn protective eye goggles in line with training as they found them uncomfortable. The member of staff was involved in choosing and purchasing new goggles which were lighter and more comfortable to wear.

Staff were informed of feedback following incidents. Following any incident, the service aimed to carry out a hot debrief session. Any changes to processes were communicated on memos. These were displayed in head office and distributed to all staff via the RAMSS employee app. Dealing with incidents was covered in depth within the health and safety training of staff.

We were unsure of the accuracy of these ATP audits as most scores were 0 or 1. Under a score of 30 is acceptable from my understanding. The SPA said he was suspicious as getting a score of 1 on a gear stick is unliklely. I asked for further info and it may be due to the system the use – 0-10 is clean with this system.

Are Patient transport services effective?

Good

This was the first time the service was inspected. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All staff followed the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) guidelines and the service's policies included information based on National Institute for Health and Care Excellence (NICE) guidelines. Staff accessed JRCALC guidelines from an app on their phone.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. They followed guidance on the mental Health Act which was contained within the service's consent policy. This was accessed on the RAMSS employee app.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink. As the service attended many events, they provided welfare equipment, such as water bottles, for patients if required. Staff assessed the length of PTS journeys and would plan a toilet and refreshment stop if required. Ambulances had bed pans to use if required.

The service had provided an all-female crew for a patient who requested this due to religious reasons. The service's booking form asked service users if there were any specific requirements to accommodate for religious or cultural needs when booking PTS transfers.

Response times

The service did not monitor response times. The registered manager had just started to collect data on PTS response times. They had introduced a patient transport log sheet which collected details on arrival time, pick up time, appointment time, and destination arrival time. If the journey included a wait and return, the service would collect what time the patient was cleared. This was a new initiative, as the service wanted to expand the PTS arm of the service. The information would be used to monitor performance, with a non-performance review being carried out where necessary and lessons learnt communicated to other staff.

For patients transported to hospital from events, the onset of symptoms, the call time, the time on scene, time left scene, time at destination and time of handover was recorded on the major injury patient record form, but the service did not monitor these.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced and had the right skills and knowledge to meet the needs of patients.

Staff had received training in basic life support, and the use of automated external defibrillators. The service ensured that staff were competent in certain skills, for example being able to manage airways, haemorrhage and administering oxygen.

Managers gave all new staff a full induction tailored to their role, but this was not always before they started work. The service's induction policy stated that all staff should attend corporate induction before commencing clinical duties. Corporate induction included an overview of the service's values and training in basic life support. The induction policy stated that corporate induction sessions would be arranged every 3 months. Local induction included training specific

to the job role and staff were required to complete a checklist. Parameters on the checklist included, but was not limited to, fire safety, moving vehicles safely, local vehicle cleaning procedures and health and safety. We saw corporate induction checklists which had all been completed in the week following our inspection, despite the staff members working for the service for more than 3 months.

Managers supported staff to develop through constructive appraisals of their work. Appraisals were carried out and repeated every 6 months. Staff completed a self-appraisal form first, which asked the staff member to rate themselves against different parameters, such as their skills and knowledge to perform their job competently. This was discussed with a manager and an appraisal summary was completed, which included where the staff member had areas of improvement.

Clinical skills were monitored and assessed with individual performance review and supervision sessions. The registered manager and director of the service completed these annually. Individual performance review and supervision forms were comprehensive. They looked at competency in different tasks such as IPC, identifying safeguarding concerns, using the JRCALC app and correct and safe use of equipment.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We saw 3 individual performance review and supervision forms; 1 identified a need for further training in using a stretcher and another identified a need for further training in completing PRFs. They included sections on identifying professional development objectives, with a date that the objectives should be completed by.

The registered manager personally assessed the driving capabilities of staff members annually. The registered manager would refer the staff member to external agencies if there were any concerns with driving standards. The service carried out driving licence checks on all staff every year.

The clinical educators supported the learning and development needs of staff. The registered manager had a certificate in assessing vocational achievement (CAVA) and training in preparing to teach in the lifelong learning sector (PTLLS). This allowed them to deliver in-house training and continued professional development (CPD).

Training sessions were organised during the winter months when the service was not so busy. A training session had been organised for the week after the inspection, which was to include corporate induction and further training in completing PRFs.

Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. Managers of the service had sent out a memorandum to all employed and subcontracted staff in November 2022 outlining the service's views on continued professional development (CPD). All RAMSS employees had received a 1-to-1 session to discuss building a CPD portfolio which was needed to be completed and presented to the service by the end of the first week of January 2023. All subcontracted staff were also required to present their completed CPD portfolio to the service. The aim of the CPD portfolio was to demonstrate competency in their skills and to ensure the service was operating in line with current practices and guidelines.

Managers identified poor staff performance promptly and supported staff to improve. Where areas of poor performance were identified, an employee improvement plan was implemented which listed what the issues were and what actions could be taken to improve those issues. Employee improvement plans were reviewed at 3 monthly intervals. We saw evidence of one employee improvement plan which stated that a review was due on 24 October 2022. We could not see if a review had taken place.

Good

Patient transport services

We saw evidence of a non-conformance and corrective action report for one staff member. Concerns had been raised as the staff member was not wearing the correct uniform. The staff member was immediately reminded of the uniform policy and corrective actions were detailed on the report. The report was signed off by 2 senior members of the management team.

Managers made sure staff received any specialist training for their role. The service had identified that staff working on events required training above the FREC 3 level in certain observations, such as blood glucose monitoring. This training was given to those staff who required it.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

In light of the Kerslake report following the Manchester Arena terrorist attacks in 2017, the service had identified that there was a requirement to have a clear grading structure which was in line with the expectation of all emergency services who provided work alongside RAMSS services. This meant that all staff were required to wear epaulettes or uniform which identified their clinical grades at all times when on duty. The service no longer recognised emergency medical technician as a recognised grade following the report.

Health promotion

It was not always appropriate or feasible for staff to give patients practical support and advice to lead healthier lives.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their mandatory training.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff followed the service's consent policy, which was stored on the RAMSS employee app. They had access to mental capacity assessment forms, which used a 2 stage test to asses a person's capacity.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They service's consent policy set out the standards and procedures expected of staff, which would ensure they were complying with a range of guidance issued by the Department of Health. The service would ascertain if a patient had a do not attempt cardiopulmonary resuscitation (DNACPR) or advanced decision to refuse treatment (ADRT) record for PTS journeys, and would follow the service's policy on DNACPR which was accessed on the RAMSS employee app.

Good

Patient transport services

Staff made sure patients consented to treatment based on all the information available. The service's consent policy recognised that the provision of information was central to the consent process. It stated, 'patients need comprehensible information about their condition, and to understand any risks and benefits of treatment, before coming to a decision about treatment.'

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. The service's consent policy stated 'if a patient who lacks capacity has clearly indicated in the past, while they had capacity, that they would refuse treatment in certain circumstances (an 'advance decision'), and those circumstances arise, you must abide by that refusal.' The policy outlined how the validity of advance decisions could be ascertained, and a checklist for assessing advance decisions was available to staff on the RAMSS employee app.

Staff clearly recorded consent in the patients' records. We saw evidence of parental consent being sought and recorded in a PRF. Guidelines to gaining, recording and documenting consent were outlined in the service's consent policy.

Are Patient transport services caring?

Insufficient evidence to rate

This was the first time the service had been inspected. We did not have enough evidence to rate caring.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff followed the service's dignity and respect policy. This was accessed on the RAMSS employee app, and all staff members were required to confirm when they had read it.

Staff followed policy to keep patient care and treatment confidential. The service's policy set out the standards and procedures expected of staff to ensure compliance with guidance from the Department of Health.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The dignity and respect policy stated that RAMSS staff would respect people's right to privacy, giving personal space when available. The policy expected that areas of sensitivity relating to modesty, gender, culture or religion should be fully respected. Staff were expected to agree with patients how they would like to be addressed, to preserve individual's identity and individuality.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Good

Patient transport services

Staff gave patients and those close to them help, emotional support and advice when they needed it. They followed guidance from the service's dignity and respect policy. It stated that relatives and carers should experience a welcoming ambience and be able to communicate with staff and managers as contributing partners.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. The service's dignity and respect policy outlined that staff should provide people with information in a way that enabled them to make decisions in planning their care.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. They had access to interpreters and communication aids. Staff had used a translator app to communicate with service users when English was not their first language. The service had staff who spoke different languages.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were available in all ambulances. Posters within the ambulances asked service users 'How are we doing?' and gave instructions on how to give feedback, both good and bad. Service users could give feedback through the service's website, by telephoning the duty manager, by completing a feedback form or by sending a letter.

Patients gave positive feedback about the service. One said 'I just wanted to say a massive thank you to your wonderful organisation for the emergency help and care I received at the hands of your teams. Their quick thinking, I am sure saved me from a potential catastrophic event, for which I will be eternally grateful'. Organisers of events provided feedback, which included, 'We really enjoyed working with the team. They definitely feel part of the venue family. It's good to know we have trained professionals at our events keeping people safe.' Another said, 'We felt assured that first aid help was available if required.'

Are Patient transport services responsive?

Good

This was the first time the service had been inspected. 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. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. They worked with safety advisory groups (SAGs) to develop medical management plans for events. The registered manager told us of a Sikh event that the service covered, where 2 female crew members were used to take a member of the public to hospital due to their religious preferences.

The service had plans to expand the PTS arm of the service. They aimed to offer assistance to other providers of PTS at times of peak demand.

Facilities and premises were appropriate for the services being delivered. The service had 4 ambulances which were used to carry out CQC regulated activity. A spare ambulance would be taken to events, so there would be sufficient vehicles and equipment on site if one were to become contaminated or needed to transport a patient to hospital. All ambulances were fully stocked, with spare equipment on board.

Staff could not access emergency mental health support for patients with mental health problems, learning disabilities and dementia. They would refer these patients to another agency when required.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff were in the process of receiving mandatory training in mental health and learning disabilities and had completed training in dementia. The service's equality, diversity and inclusion policy stated that the service was committed to enable equal and fair access to their services by patients, families and carers.

The service did not have information leaflets available in languages spoken by the patients and local community.Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The consent policy stated that RAMSS Ltd was committed to ensuring that patients whose first language was not English received the information they needed. Staff had access to interpreting services and multi-lingual phrasebooks. Staff members had used an online translator app. If required, staff could access a translator service if the translator app was not sufficient.

Staff had access to communication aids to help patients become partners in their care and treatment. Picture communication books were used, were patients could point to the relevant picture which matched their feelings or needs.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

Managers made sure patients could access services when needed. They worked with safety advisory groups (SAGs) in order to plan the medical needs for events. SAG groups provide a forum for discussing and advising on public safety at events and are organised by a local authority. The managers of the service developed medical management plans for events. These included consideration of the nearest hospitals to the events, to not overload the closest hospital. The medical management plans agreed medical deployments and skill mix for the events and the number of ambulances required on site.

The service had started to monitor journey times. The service planned to expand the PTS arm of the service and had started to collect data on journey time and handover times in preparation for the expansion. The service had only provided 5 PTS journeys in the 12 months prior to the inspection.

Good

Patient transport services

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Patients, relatives and carers knew how to complain or raise concerns.The service clearly displayed information about how to raise a concern in patient areas. Feedback forms were available in all ambulances. Posters within the ambulances asked service users 'How are we doing?' and gave instructions on how to give feedback, both good and bad. Service users could give feedback through the service's website, by telephoning the duty manager, by completing a feedback form or by sending a letter. Many of the patients seen by the service were very unwell or intoxicated, as much of the work was carried out at events. This meant that the service did not receive much feedback.

Staff understood the policy on complaints and knew how to handle them. They accessed guidance on complaints handling on the RAMSS employee app. The guidance aimed for consistency in the management and investigation of complaints. Staff were advised to make every effort to resolve matters at the time of the event, and to direct the service user on how to make a complaint.

The policy was to investigate complaints and identify themes. Complaints were graded based on the seriousness of the complaint. The service aimed to provide an initial acknowledgement of the complaint within 3 working days, and a formal written response to the complaint within 28 working days. If complaints could not be resolved locally the service would refer the complainant to the Independent Complaint Advocacy Service (ICAS) or the Health Ombudsman. The service had not received any complaints in the 12 months preceding the inspection relating to CQC regulated activity.

Feedback from complaints would be shared with staff and learning would be used to improve the service. Learning from complaints was disseminated to all staff, with personal, peer and organisational learning arranged accordingly.

Are Patient transport services well-led?

Good

This was the first time the service had been inspected. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The registered manager was the director of the service and had a long history of working in the ambulance sector. They had a business and technical education council (BTECH) qualification to level 3 in ambulance aid. The registered manager worked alongside paramedics on the ground and had blue light training, which meant that they could drive on blue lights in emergency situations. They had received additional qualifications which enabled them to deliver in-house training and CPD.

The business director had a history of turning around failing businesses. They held a postgraduate certificate in infection control, a master of science in environmental health and was a chartered safety and health practitioner. They undertook IPC audits of the service quarterly and was trained as an ambulance care assistant to FREC 4.

Other members of the management team included an operations manager and a health and safety executive. The human resources team member had left the service in the month prior to the inspection.

Staff were given the registered manager's telephone number and were able to contact them at any time if they required help or advice. Staff received appraisals every 6 months and clinical staff received clinical supervision and performance reviews yearly.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

RAMSS had a vision to deliver high quality patient centred services, through a skilled and committed workforce which embraced the service's aims.

The service's aims were to:

- Continue to provide a high quality service by achieving performance and financial targets whilst maintaining excellent clinical and quality care.
- Develop services, where they were financially viable, and integrate them with the other services offered by RAMSS and service partners activities.
- Provide excellent clinical patient care through developing, educating and training staff.
- Ensure patients and clients have a say in services and encourage them to give good and bad feedback equally using feedback systems to ensure all users have an impact on the service.
- Be the event medical cover, patient transport and training provider of choice in the region and within the patient transport services sector.

The service's values were developed in conjunction with the entire team. All new employees were briefed on the values on induction and were expected to work and behave in a way that met the values. The values were:

- Operate with honesty and integrity
- To be committed to quality and excellence
- To value people and treat them with respect
- To have pride in the services that are delivered.

The service aimed to complete its strategic objectives by 2027. These included:

- To meet all NHS, industry and CQC standards, quality standards and performance targets.
- To ensure sound financial management, delivering in year financial balance, economy, effectiveness, efficiency, probity and accountability in the use of resources as well as other financial duties.
- To deliver the recommendations from CQC, professional associations and awarding bodies to improve the speed and quality of service and improve patient satisfaction levels across all services.

- RAMSS will work towards a successful expansion and development and become a comprehensive healthcare provider and work with partners in the private ambulance, NHS and voluntary aid societies sectors.

The service's visions and values were clearly displayed on the RAMSS employee app.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service carried out a staff survey in July 2022. Staff who had participated in the survey were entered into a prize drawer to win a voucher, which increased the response rate. The service had received 13 responses. At the time of the survey, the service had a base of 14 staff members.

The survey asked staff members to rate how strongly they agreed with various statements. Sixty-nine percent of staff responded that they totally agreed, and 31 percent responded that they agreed that the service supported staff. None of the respondents responded that they totally disagreed, disagreed or were neutral to any of the statements. Respondents were asked to rate how much they agreed with statements relating to communication, fleet maintenance, training, and if the service was open and honest.

The survey asked respondents what RAMSS does well? Responses included, 'Provides plenty of PPE, uniform and merchandise', 'I feel that RAMSS is investing appropriately in staff equipment and training to enable staff to carry out the tasks required of them safely and effectively', 'RAMSS encourage you to be involved and offer courses to help you improve. It is a relaxed atmosphere to work in'.

When asked where RAMSS could improve, responses included, 'Having just completed the medic course, the only feedback I would give would be to explain abbreviations' and 'offer a lot of work'.

When asked if they had any other comments, respondents replies included, 'Since office staff have been employed, things have been more organised', 'a brilliant company that has come a long way in the last few years' and 'I just wanted to say that I really love my job. For the first time in my career I am passionate about what I do and I enjoy coming to work. I am always supported in anything I need and I am excited for where the business is going and to watch it grow further.'

The equality, diversity and inclusion policy outlined the service's commitment to promoting a culture which actively valued difference and recognised that people from different backgrounds can bring valuable insights to enhance the way the service worked.

Staff welfare was important to managers. It was discussed in their governance and quality meetings. The service had appointed a freedom to speak up guardian. Freedom to speak up guardians support workers to speak up when they feel that they are unable to do so in other ways. Staff could access the freedom to speak up guardian through a dedicated email address.

The service had an open and honesty policy. All staff were given the registered managers telephone number on induction and were able to contact them at any time if they had any issues.

Staff were actively encouraged to report any incidents via the RAMSS employee app. Managers told us that a member of staff had reported welfare concerns about a colleague. The service investigated and helped that staff member by referring them to a financial advisor.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Senior leaders met on alternate months to discuss matters relating to the business in governance and quality meetings. We saw the last 3 meeting minutes. Each meeting discussed staff training, finance, equipment calibration, strategy, and updates to the risk register. The meetings gave opportunities to discuss safeguarding, near misses or incidents. There had been no safeguarding incidents to report in the last 3 meetings. Meeting minutes from April 2022 showed that a freedom to speak up guardian had been appointed. Action plans were drawn up following the meeting, which included who was responsible for completing each task. The meeting minutes from September 2022 showed that the operations manager was required to organise COSHH training and the registered manager was to organise mental health training.

The service offered regular training sessions to all staff. These training sessions were followed by staff meetings where concerns could be raised and discussed. As the service had expanded, they planned to have training days to include subcontracted staff, which would be recorded and could be watched at a later date. We saw meeting minutes for 2 staff meetings. Staff meetings discussed strategy, staff wellbeing, equipment, IPC and quality assurance. Other matters were also discussed, with the staff meeting in September discussing considerate parking and the provision of branded woolly hats for the colder months.

As the service was busier during the summer months, managers used the winter months to take time to identify areas of improvement and implement changes.

Managers identified poor performance and worked with staff members to identify areas of training. We saw evidence of a disciplinary meeting, non-conformance reports and performance review documents, which demonstrated how the service was helping individual staff members to improve.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register and considered the top 3 real time risks to the service as competition from competitors, achieving and maintaining staffing levels in the summer months and changes within the ambulance sector. The risk register listed what current control measures were in place to mitigate the risk and identified additional measures which would further reduce the risk.

Good

Patient transport services

As the service was regulated with CQC to provide patient transport, triage and medical advice provided remotely, the service's overhead costs were more compared to competitor services who only provided medical cover at events and were not regulated by CQC. The service had plans to register with CQC to provide treatment of disease, disorder and injury, which would enable the service to treat patients on scene and whilst on route to hospital. The service had plans to employ a CQC nominated person to manage the CQC registration and regulations going forward.

Managers had identified that the winter months were a quiet time for the service, so used this time to identify areas of improvement for the service and carry out training. The service leased vehicles to other services which provided additional revenue during the quieter months.

Managers had looked at the strengths, weaknesses, opportunities and threats (SWOT) to the business, analysed them and drew up an action plan. The SWOT analysis identified a number of themes. For example, the onboarding process for new staff was lengthy and the service had lost out on new staff joining the service due to this. The service had implemented a new human resources app and updated the initial registration form to improve this. The SWOT analysis had identified that they wanted to grow the business and they aimed to liaise with larger PTS companies to offer assistance at peak times. This was to commence from December 2022.

Staff were able to access incident forms, including near miss forms, on the RAMSS employee app. Staff were actively encouraged to report incidents. Incidents were investigated, with the service carrying out hot debriefs immediately after them. Lessons learnt following investigation into incidents were fed back to staff, with alerts uploaded onto the employee app, and learning opportunities identified and arranged for staff.

Managers of the service had completed risk assessments for various areas of the service, for example, ambulance operations. The risk assessments identified risks, for example, manual handling and driving ambulances under normal road conditions and under emergency conditions. The risks were calculated based on the severity and the likelihood of the risk occurring. Control measures that were in place were identified. For example, training in manual handling and daily vehicle checks.

The service did not have clear guidance for staff to assess risks when booking PTS journeys.

Information Management

The service was developing systems to collect reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff could access policies, forms and alerts on the RAMSS employee app. The app was user friendly and had all information accessible to staff members wherever and whenever they needed it. The service used the app to collect information from staff, such as incident reporting, vehicle and equipment defect reporting, near miss reporting and staff surveys. Safeguarding referral forms were accessed on the app and emailed to a safeguarding email address.

The service had recognised that record keeping was an issue for the service and had started to audit records in March 2022. They aimed to audit a minimum of 20 percent of records. However, at the time of inspection we identified that some records were incomplete, illegible and 1 record was missing. This indicated that although records were being audited, learning and changes were not being embedded in staff members. The registered manager told us that training in record keeping would be incorporated into the training day planned for the week after the inspection.

Good

Patient transport services

The service looked to benchmark itself against other independent ambulance services. They looked at 4 CQC reports for other services, 2 which had a rating of good and 2 which had a rating of requires improvement. The exercise looked to highlight areas of good practice and areas which they could improve. Any areas of improvement were identified, and an action plan of changes needed was documented on the report, with an expected date of completion. The service had recognised that they wanted to develop a calendar of audits to have an effective method of monitoring outcomes and quality. The service aimed to have this completed by February 2022. The service had implemented a good governance planner after identifying this need.

The 'good governance planner' was split into weekly, monthly, quarterly, bi-annual and annual tasks. Weekly tasks included health and safety and fire safety checks. Governance and quality meetings were held every other month. A review of the asset register, an IPC inspection and stock checks were conducted quarterly. Fire drills, handwashing audits and a review of the risk register were completed bi-annually. Water testing safety certificate, gas safety certificates and waste licences were completed annually

The serious incident policy outlined occasions where the service would be required to notify external agencies, such as the police, CQC or local authorities. The registered manager was unaware of the legal obligation to submit notifications of abuse or suspected abuse to the CQC according to regulation 18 of the Care Quality Commission (Registration) Regulation 2009. The service had submitted safeguarding referrals to the relevant local authorities when treating patients at events, which was not an activity which was regulated by CQC.

The service had a privacy and cookie policy which were in line with General Data Protection Regulation (GDPR).

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service had developed good relations with the local community and had donated to local food banks and charities.

The registered manager sat on safety advisory groups (SAGs). SAG groups provide a forum for discussing and advising on public safety at events and are organised by a local authority. They developed medical management plans for the events which were discussed within the SAGs. These included nearest hospitals to the events, with consideration to not overload the closest hospital, the agreed medical deployments and skill mix for the events and the number of ambulances on site.

The service was in the process of being vetted and approved by a national ambulance charity to be on their approved supplier list. This will mean that the service will work jointly with other providers going forward. The registered manager believed that collaborative working with other services was essential and recommended on the back of the Kerslake report following the Manchester Arena terrorist attack in 2017.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Good

Patient transport services

It was clear that continued professional development (CPD) was a priority for managers of the service. The registered manager had completed Preparing to Teach in the Lifelong Learning Sector (PTLLS) and a Certificate in Assessing Vocational Achievement (CAVA) courses. This allowed them to deliver inhouse training and CPD courses. The head office had a dedicated training space for teaching to take place.

The service was in the process of making it compulsory for all staff members to submit a CPD portfolio. If staff members did not submit a CPD portfolio by January 2023, they would not be deemed as compliant and would not be deployed for work. Staff members were also required to confirm that they had read and understood the policies available to them on the RAMSS employee app in order for them to be compliant.

All staff received appraisals, where they had a chance to discuss their strengths and identify areas of improvement with a manager. Clinical staff received clinical performance review and supervision. This allowed the registered manager to assess their clinical competencies on a yearly basis.

The service carried out training and identified learning opportunities throughout the quieter winter months. We saw evidence of training in intermediate life support which was provided by the registered manager. It was clear that additional training was required in records. The registered manager planned to incorporate training in completing PRFs in the training day which was planned for the week after the inspection.