Cartello Adams Ltd

Cartello Ambulance

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

Summary of findings

Overall summary

Cartello ambulance is operated by Cartello Adams. The service was first registered with CQC in September 2014. It is an independent ambulance service in Hednesford, Staffordshire. The service primarily serves the communities of the West Midlands. The current registered manager has been in post since 2017. The service is registered for the regulated activities of patient transport services.

The service is registered to provide the following regulated activities:

- Patient transport service

During the inspection, we visited Hednesford (Staffordshire) location. The service provides regular

services, such as taking and picking up children with complex medical needs from school or day centres; however, since the pandemic of COVID 19, school run services have currently ceased until further notice.

Cartello ambulance main service is to supply ambulance vehicles to other private ambulance providers on a sub-contractor basis, transporting NHS patients discharged from hospital or attending outpatient appointments. The service was also contacted on an ad-hoc basis if other patient transport services were not able to meet patient demand. During the inspection, we visited the Hednesford location, where the office and garage, which housed the vehicles, were situated.

Cartello ambulance was last inspected on 15 and 22 October 2019. Following the inspection, the service was issued with two requirement notices which related to Regulation 13 HSCA (RA): Safeguarding service users from abuse and improper treatment and Regulation 17 HSCA (RA): Good governance. The service was also given five areas where they must improve, and additionally six areas where the service should improve. The provider shared their action plans with CQC.

In the reporting period of November 2020 and February 2021, CQC received information of concern about Cartello ambulance. A decision was made to carry out a focussed inspection of the safe and well led domains to investigate the concerns.

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 for this service had improved because: • The service provided mandatory training in key skills to staff and made sure everyone completed it. • 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. • The service-controlled infection risks. Staff used equipment and control measures to protect patients, themselves and others from infection. • The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe • Staff completed and updated risk assessments for each patient. Staff identified and quickly acted upon patients at risk of deterioration. • The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm. Managers regularly reviewed and adjusted staffing levels and skill mix. • The service managed patient safety incidents. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support. • 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 and take on more senior roles. • The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

Summary of findings

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- 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.
- 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 collected 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 submitted to external organisations as required.
- 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.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation.

However:

- The service did not have a completed policy in place around Disclosure and Barring Service (DBS) checks
- Not all records were stored securely.
- Oxygen cylinders were not stored upright, and empty and full cylinders were not kept separately, this was against the service policy.
- We were provided with a sample of governance meeting minutes. However, governance meeting minutes lacked evidence of recordings

Summary of findings

around risks. Risks and concerns were not rated or prioritised against a set of indicators. However, managers could describe the key risks and their area of responsibility.

- Some of the service offered by Cartello on their website was out of date and was no longer available.
- Risks and issues were identified however, these were not well documented within a risk register.

Summary of findings

Contents

Summary of this inspection

Background to Cartello Ambulance

We inspected this service using our focused inspection methodology. We reviewed two of the five questions, are they safe and well-led.

We did not review the questions caring, effective and responsive to people's needs. This inspection was to follow up concerns from our inspection in October 2019 and other concerns raised through our intelligence and monitoring.

The main service provided was a non-emergency patient transport service (PTS).

The inspection was undertaken on 31 March 2021 as a short announced focussed inspection followed by an announced visit on the 7 April 2021.

The provider employed 30 patient transport service staff. The staffing consisted of a managing director, CQC and compliance manager, two team leaders who also carried out all in house training and one ambulance coordinator.

On inspection we reviewed 14 staff files and inspected four operational ambulances used for PTS. We spoke with two managers, one team leader, ambulance coordinator and seven staff members.

How we carried out this inspection

The team that inspected the service included a CQC lead inspector and a specialist advisor with expertise within ambulance services. An inspection manager oversaw the inspection team along with Head of 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 to improve:

- The provider must ensure the service has a policy in place around disclosure and barring requirements. Regulation 17.
- The provider must ensure that all staff follow the infection prevention and control policy.

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The provider should ensure oxygen cylinders are kept safe and secure on all vehicles and at the premises. Regulation 15.
- The service should ensure all vehicles are kept clean and maintained. Regulation 15.

Summary of this inspection

- The service should ensure that all records are stored securely. Regulation 17.
- The provider should include risk as an agenda item during management meetings. Regulation 17.
- The provider should record actions and when they were completed on the minutes of management meetings. Regulation 17.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Not inspected	Not inspected	Not inspected	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Patient transport services

Safe	Requires Improvement
Well-led	Requires Improvement

Are Patient transport services safe?

Requires Improvement

Mandatory training

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

The service had two trainers who held relevant training qualification, who covered the region and delivered face to face training as well as ad hoc training.

The mandatory training was comprehensive and met the needs of patients and staff. Training consisted of a mix of face to face and online training; compliance rates were at 100%. Prior to starting work with Cartello, all successful candidates were needed to complete an online assessment followed by corporate induction.

Training courses included manual handling, dementia, capacity to consent, infection prevention and control including personal protective and equipment, first aid, safe use of oxygen, driving assessment, safeguarding, Duty of Candour, vehicle equipment and bariatric training. Staff told us training was useful and relevant for their roles.

Team leaders managed and monitored mandatory training and alerted staff when they needed to update their training. The service had a robust process in place to monitor staff compliance with mandatory training through the provider online system. Staff who were drivers undertook a driving assessment to ensure they were competent. We saw that all staff had training for undertaking vehicles safety checks. This ensured staff were competent to undertake the vehicle checks required. Vehicle checks were completed daily on each vehicle by the crew before leaving for a job.

During our inspection we reviewed 14 staff record files and found evidence that staff had completed all mandatory training and those staff who failed any assessments, were offered more support to ensure they passed all assessments. Once staff completed their assessments, staff needed to complete a minimum of two shadow shifts with their trainer to be considered as competent to carry out their duties safely.

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. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding concerns were monitored within the services incident and complaints guidance as needed. Significant concerns were monitored directly by the service leads who would then contact their providers and local authority for guidance and support as needed.

Requires Improvement

Patient transport services

The service had a safeguarding policy which covered both adult and children's safeguarding, which was in date at the time of our inspection. This was accompanied by separate adults and children's procedures to provide easy to follow guidance for staff on how to make a referral.

Following the inspection of 2019, the service was issued with two requirement notices relating to Regulation 13 HSCA (RA): Safeguarding. Requirement notices was issued due to lack of a safeguarding lead and not all staff were trained to the correct level of safeguarding. We received an action plan around the concerns raised, during this inspection we found significant improvements. All staff have completed both safeguarding children and adult up to level three, the safeguarding lead had completed their level four safeguarding training with further plans to develop the team leaders up to level four safeguarding to provide additional support.

The provider has also implemented a mobile phone app for all staff to access. This allowed staff to view to all relevant information on their mobile phone. Safeguarding guidance was also available on this app.

Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded. However, the service did not have a policy in place around the process to follow if a staff member was found to have a conviction. We raised this with the service leaders who informed us that work around this was underway and will share evidence of this once completed.

Cleanliness, infection control and hygiene,

The service sometimes controlled infection risks. Staff used equipment and control measures to protect patients, themselves and others from infection.

Some staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to appropriate personal protective equipment and there were procedures and guidance in place to manage patients who had been identified as Covid-19 positive. There were adequate handwashing facilities available with hand gel available in all vehicles.

We saw samples of random quality checks carried out on 14 staff which included, hand hygiene, vehicle exterior/interior cleanliness checks, vehicle equipment checks, patient handling assessment, correct usage of PPE, correct manual handling, crew presentation and company image, crews identification visibility and patient handovers. The provider also provided staff with the most up to date COVID 19 policy and ensured that all staff were made aware of any changes to the government guidance. However, we saw some crew members wearing their own face coverings which is not fluid repellent and not in line with COVID 19 policy.

There was evidence of audit activity to ensure staff were compliant with wearing of PPE. Staff were issued with level two PPE to reduce the risk of contracting Covid-19 when transporting COVID-19 positive patients. Staff carried out regular COVID-19 testing and all eligible staff had received their first vaccinations with some able to access their second vaccine.

We reviewed the service infection prevention and control policy; the policy was in date. We saw that crew staff had infection control and prevention training during their induction followed by annual updates, this was to ensure that all staff received right training.

Some staff we spoke with were not bare below the elbows. We saw two crew members wearing nail varnish, five staff wearing watches and one staff member wearing a bracelet, this was not in line with the providers infection prevention and control policy. Management team told us they would carry out staff quality spot checks to ensure this was rectified.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.

The service had enough equipment to help them care for patients. However, we inspected five ambulance vehicles and found some equipment such as oxygen cylinders were not securely fitted, and some equipment had not been serviced. We raised this with the management team who told us they will review and rectify this as a matter of urgency.

We saw the linen cupboard was full of clean packaged linen; however, some linen packages were open and exposed to the floor.

Cleaning schedules were documented electronically, vehicles were cleaned between each patient, many crews cleaned their vehicles at the nearest hospital stop.

Coloured coded mops and buckets were used appropriately with a chart specifying which colour should be used to minimise the risk of cross infection. There were arrangements in place for laundering dirty and contaminated linen. We saw that staff wore uniforms, which were clean and smart.

All staff were responsible for washing their own uniform and if they required a new uniform, they would complete a request uniform form.

All staff we spoke with said that they had access to the equipment they needed.

Records for vehicle servicing, maintenance and MOTs were robust and available electronically and flagged when service checks or MOT was due. A third party undertook vehicle MOT checks and we saw evidence that vehicles met compliance with MOT testing. Vehicle servicing was up-to date with effective processes in place to ensure they were well maintained.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. Staff identified and quickly acted upon patients at risk of deterioration.

Staff shared key information to keep patients safe when handing over their care to others. There was an exclusion and inclusion criteria for staff to follow. This provided guidance about which patients the service

was able to transport safely. The online patient booking system had the eligibility questions built in which allowed staff to see quickly and easily who was eligible for transport.

Staff booking the journey would share information about the patients on an electronic booking form which was accessible for staff on handheld devices. This included their name, age, where they were being transported to and if they had any other requirements.

Requires Improvement

Patient transport services

All staff we spoke with had a good awareness and understanding of when it would be appropriate to call an NHS ambulance and when a patient should be transported to an emergency department.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough staff to keep patients safe. Managers could adjust staffing levels daily according to the needs of patients. Managers made sure all staff had a full induction and understood the service.

The service employed 30 staff in total including office and management staff. Of those, 26 were patient transport drivers/assistants. During our inspection we saw the required numbers of staff were available to transport and care for patients safely. Planned and actual staffing levels were reviewed daily.

As part of our monitoring, we undertook a review of 14 staff employment files and action plan based on information sent by the provider to CQC. All records we reviewed contained evidence that recruitment checks were undertaken prior to employment. These included proofs of identification, references and with the appropriate criminal records checks through the Disclosure and Barring Service (DBS). The service had a recruitment policy that set out the standards it followed when recruiting staff. This was a significant improvement since the last inspection of 2019, in which the provider was issued with a requirement notice around Regulation 17 HSCA (RA): Good governance.

Staff were employed on a 'zero hours contract', some staff had no other employment and worked solely for Cartello. The four staff who worked in the office were also trained to drive ambulances and support patients and colleagues when required.

The service had a staff member in the office who worked solely as a scheduler who used an electronic system to identify patient transport jobs and the availability of staff to ensure all jobs were staffed to the correct level. We saw the scheduler documented all jobs on the new electronic system app, which all staff had access to.

Staff were provided with their working rota two weeks in advance, any changes made to the rota was alerted to staff as early as possible.

Managers informed us that they were able to offer staff their regular contractual hours but if they had an ad-hoc request and were unable to meet the staffing requirement, they would not accept the job, but this was rare for the service to decline. The service had recently implemented a core of experienced crew who were named as the "sweep crew" in which these crews would be working solely for certain last-minute transfers. This ensured the service had crew members available if additional job arose from their customers.

Managers told us that all drivers had their driving licence and availability to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency. We saw evidence that the provider checked staff driving licence every six months.

Records

Staff kept detailed records of patients' care and treatment. However, not all records were stored securely.

Requires Improvement

Patient transport services

During our inspection, we found some patients and staff records left unattended in the training room with open access to confidential information. We raised this with senior team member who rectified the situation.

Crews received job information via the app or hand-held tablet before conveying the patient. Staff told us that they received information about the patient's name, date of birth, and if they required any equipment. Transport bookings were made either through an online booking system or over the phone.

When we spoke with scheduling staff and patient transport service staff, they informed us that they had access to information, such as end of life care or a patient's preference regarding 'do not attempt cardio pulmonary resuscitation' decisions (DNACPRs). Front line staff demonstrated a clear understanding of how to respond to end of life care should they be presented with or told of a DNACPR decision. Staff were aware that original copies of DNACPRs should travel with the patient to hospital or their final destination.

Medicines

The service did not always follow best practice when storing oxygen cylinders.

Staff told us they had training in how to administer oxygen and the records showed that 98% staff had received the training. We reviewed the providers oxygen therapy policy and found it to be in date. However, during our inspection visit, we found the designated area for oxygen cylinders was outside in the yard and found the cage to be unkept, unlocked and the cylinders were not stored upright, with empty and full cylinders not kept separately. This was against their own policy.

Oxygen was carried on the providers PTS ambulances. A third party handled delivering and pick up of the oxygen cylinders when need replacing.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff were open and transparent and gave patients and families a full explanation if or when things went wrong.

The provider reported zero never events between January 2020 and April 2021. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service reported zero serious incident between January 2020 and April 2021. The service had an incident reporting and investigation policy with an accompanying serious untoward incident investigation policy. The registered manager handled duty of candour incidents within the service, there were zero duty of candour relating incidents from January 2020 and April 2021. Information on duty of candour was contained in the statutory notifications policy. Duty of candour is a statutory (legal) duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

Requires Improvement

Patient transport services

Staff were aware of their responsibilities in raising concerns, recording safety incidents, and near misses. Staff were able to give us examples that if there were any incidents, they would phone the office to inform management and would fill out a reporting incident form electronically. Most staff we spoke with told us that incidents and further information was disseminated down to the front-line staff.

Are Patient transport services well-led?

Requires Improvement

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 and take on more senior roles.

The management team consisted of a managing director, a CQC compliance manager, two trainers also the team leaders and an ambulance coordinator.

We were assured the leaders had the skills and abilities to run the service because we saw evidence they understood and managed the priorities and issues the service faced which included the importance of carrying out relevant audits in the middle of a global pandemic and having policies to support and underpin the service provided.

Staff felt supported by both their immediate line managers and the senior leadership team. Staff we spoke with were proud of the work that they carried out.

The provider had produced action plans in response to the previous inspection, these actions had been implemented and we saw some improvements had been made. There was evidence to show the provider understood and had insight into the actions needed to mitigate and protect patients from risk of harm and to ensure that services were carried out in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leaders understood the challenges around quality and sustainability and were able to identify the actions needed to address them through gathering relevant information on which to base any decisions on where the service needed to improve.

Staff told us they felt supported to develop and staff told us this process was open and fair.

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. Leaders and staff understood and knew how to apply them and monitor progress.

Cartello's business continuity plan stated their vision was to offer fast, responsive and quality experience to all service users, and their mission was to provide an effective and efficient patient transport service in the community. We saw this on display at the head office and on vehicles.

Requires Improvement

Patient transport services

Staff we spoke with felt respected, supported and valued by the provider. Staff we spoke with were aware of Cartello vision and values.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Over a period of three months we received information of concern on the culture of this service. The information alleged that some staff were unable to raise concerns with the leadership team and felt not listened to. At this inspection, we found no immediate concern. Staff we spoke with told us they were able to raise concerns and felt listened to, and that leaders and management were approachable.

Staff we spoke with showed compassion and care for the roles they performed and the people they cared for. It was also clear there was a genuine commitment from staff to improve the service.

Staff told us of a good team working culture, staff helped each other and felt they were able to raise concerns without fear of retribution. Staff told us morale was positive.

There was an open culture where staff were encouraged to report concerns and incidents. Throughout our conversations with staff they displayed how they were focused on the needs of patients and told us that the Cartello's main focus was the patient.

Governance

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. However, the service did not address all the issues outlined from 2019 inspection.

The provider did not address all the issues we outlined in our previous inspection report of 2019. Our previous inspection found concerns around their governance systems and processes. However, we did find some improvements. Managers were able to describe the governance systems and processes but lacked some documented evidence to support this to show their understanding of what constituted governance. The management team told us they understood the impact of not having effective evidence of documentation around systems and processes, but this was something they were working towards with new electronic system to ensure they capture all information on one system.

We were provided with a sample of governance meeting minutes, which at the previous inspection we were told the meetings held were informal and not documented. However, there was very little recorded that could be used as enough evidence of a functioning governance meeting, systems or processes. There was no set agenda, we raised this during our inspection and the managers informed us they were developing an agenda led meeting. In the three sets of management meeting minutes for January, February and March 2021, risk was not on the meeting agenda.

Information about the safety and quality of the service was collected, collated and reviewed because they now have a formal auditing processes in place. This meant the provider could be assured of the quality of service and prevent safety incidents by reviewing incident and safeguarding information.

Staff were aware of the roles and responsibilities and who they could go to for advice and support.

Requires Improvement

Patient transport services

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 introduced an electronic application incident reporting system which staff used via their phones. Staff had access to information relating to risk management, information governance and how to raise concerns. Staff were knowledgeable about the service's incident reporting process.

There was evidence to show that staff were made aware of the learning from incidents. We found evidence to suggest actions resulting from incident management were completed. There was a system in place to monitor and implement the agreed actions from incidents and process for analysing trends and themes to prevent recurrence.

We saw evidence the service had devised a system to audit patient transfer information, staff training, staff recruitment, infection control, performance targets, and reviews of complaints to improve the service.

The service conducted several vehicle internal audits to ensure that it was providing a safe quality service for their patients. The service collected, analysed, managed and used information to support all its responsive job activities. The information used for responsiveness to job calls, performance management and monitoring was valid, reliable, prompt and relevant.

The service had an electronic monitor fitted to each of the company's ambulances providing managers with evidence on the way the driver had been driven. Monitoring included feedback about acceleration, braking and speed. This encouraged drivers to practice safe driving techniques and improved safety and comfort for patients and other staff.

Risks and concerns were not rated or prioritised against a set of indicators. However, managers could describe the key risks and their area of responsibility. They were able to describe how risks were kept under review and updated but there was not a risk register to update. Senior managers had oversight of the areas for development affecting front line staff and patient safety and experience, although documentation of reviewing risks was weak, managers were able to vocalise the risks and were aware that documentation and evidence of risks being reviewed for the organisation required attention.

The provider carried out risk assessments for staff working more than their contracted hours; staff we spoke with told us this was not a regular occurrence.

The provider had a remote and lone working policy. Staff we spoke with were aware of this policy and how to access it through the staff portal.

Information Management

The service collected 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 had access to the intranet to gain information relating to policies, procedures, guidance and training.

Patient transport services

The service had computer-based business management systems to support the business and its operations. These systems were set-up with individual password protection for each person. This allowed staff access to the parts of the system they needed to fulfil their role and enabled the service to restrict access to systems people did not need. The provider also had an information security system to protect all private and confidential data. The leadership team told us there was a staff member who held a lead role on data protection.

Data or notifications were submitted to external organisations as required such as clinical commissioning groups or local NHS ambulance providers. We saw evidence that Cartello had regular meetings with their customers including regular inspections carried out by NHS ambulances.

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.

Staff told us they receive regular emails from managers informing them of any changes or working arrangements. Staff said they were listened to and had regular contact with senior staff. They told us that sometimes senior managers acted upon their comments and recommendations or gave a rational where action could not be immediately taken.

The service used a suggestion box to give staff opportunities to share their opinions, registered managers reviewed comments on a weekly basis. Staff we spoke with said they felt valued and senior staff recognised their contribution to the service.

The provider had a system to collect patient feedback. This was collected in two ways, electronically and handwritten comment cards.

Cartello worked closely with local charities. Cartello made sure local people were supported, one example given was that Cartello provided transport for some individuals who were not able to drive to a COVID-19 vaccination centres. We heard many positive stories throughout our inspection.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Since our 2019 inspection, we found significant improvements within the service. The service and its staff demonstrated a willingness to develop and improve the service they provided. The service now use data to improve the service. The service identified and escalated risks and issues and identified actions to reduce their impact;

The service had implemented an electronic system that captured live performance of staff, this data was used as part of their audit regime. Management team showed us how they captured data such as incidents on their electronic system, this gave them a service overview of any theme or trends and identified staff that may require additional training or support.

Staff we spoke with reported that the service developed staff and supported their training needs, staff told us they received regular appraisals and supervision and felt supported by all at Cartello.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider must ensure the service has a policy in place around disclosure and barring requirements. Regulation 17. • The provider must ensure that all staff follow the infection prevention and control policy.