

Mr Nigel Owen Singleton

The Limes Training Centre

Quality Report

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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this ambulance location

Emergency and urgent care services	
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Summary of findings

Letter from the Chief Inspector of Hospitals

The Limes Training Centre is operated by Mr Nigel Owen Singleton. The service mainly provides care and treatment within the confines of a public event site which is not a regulated activity. However, the provider does occasionally transport patients off site and as such requires registration with the Care Quality Commission. This regulated activity is reported under emergency and urgent care services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 23 January 2018 at the provider's main headquarters location. We were unable to observe the delivery of the regulated activity during this inspection.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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.

The service provides emergency and urgent care. It also provides first aid services at public events, which is not inspected by Care Quality Commission (CQC) because this falls outside of the scope of CQC registration.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- There were no never events or serious incidents reported in this service between December 2016 and November 2017.
- Staff we spoke with had a good understanding about duty of candour.
- There was an effective system in place for staff to report safeguarding incidents, staff were knowledgeable, trained appropriately and had good access to designated professionals trained to level five in safeguarding and protection of vulnerable adults.
- Infection prevention and control processes were in place and equipment had been checked in line with the service policy.
- Staffing levels were planned, implemented and reviewed to ensure patients received safe care and treatment at all times.
- Emergency equipment was readily available, maintained and serviced.
- Staff assessed and responded appropriately to potential risks to patients. Staff had access to a 'medical-prompt' application on their mobile phones. This had been 'custom built' and provided guidance on for example, first aid, pain assessment and a rapid trauma assessment.
- There were effective processes in place for mandatory and additional training with very good opportunities for staff to access these.
- Services were planned and delivered in a way which met the needs of the events they covered.
- Staff we spoke with were positive about local leadership.
- Staff morale and culture was high and there was an obvious emphasis on staff engagement.

Summary of findings

- Staff told us that managers were both visible and accessible and that they would have no concerns in raising any issues regarding the service.

However, we also found the following issues that the service provider needs to improve:

- The reporting of incidents was low and the inspection team was not assured some incidents had been reported appropriately.
- Processes were not in place to manage the ongoing monitoring of a member of staff's professional registration.
- Seven out of 25 members of self-employed staff did not have a valid Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.
- In addition to the registered manager there were nine sub-contracted staff employed by the service, of these, only two had two references provided. This was not in line with the provider's recruitment policy.
- Drivers had not been appropriately trained to drive under blue lights as reflected in the provider's 'Emergency Driving' policy. The inspection team noted, however, driving under blue lights had not taken place in the year preceding this inspection.
- Information was not readily available for people who use the service to know how to make a complaint or raise concerns nor were processes in place to collect and/or monitor positive feedback.
- Practices at the service did not always follow the provider's policies. For example, the 'Compressed Gas' policy stated gas cylinders should not be stored on vehicles when the vehicle was not in use. During our inspection oxygen cylinders were noted on the vehicles.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected emergency and urgent care services. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the Chief Inspector of Hospitals

The Limes Training Centre

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to The Limes Training Centre

The Limes Training Centre is a small event medical company and has been providing event medical services for approximately five years.

The service mostly covers non-regulated events providing first aid services. However, in the last 12 months the service has provided a regulated activity at 25 public events during which the service transported a total of five patients to hospital.

All ambulance staff are either self-employed contractors or are employed by Singleton Training Services Ltd, from whom staff are subcontracted.

The Limes Training Centre is operated by Mr Nigel Owen Singleton. The service registered with the Care Quality Commission (CQC) in 2015. It is an independent ambulance service in Lincoln, Lincolnshire and provides services across England, Scotland and Wales.

The service has had a registered manager in post since registration.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

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

During the inspection, we visited The Limes Training Centre. We spoke with four staff including the registered manager. Due to the limited amount of regulated activity taking place at this service we were unable to speak with patients and/or relatives. During our inspection, we reviewed five sets of patient records and inspected three vehicles.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

With the exception of the registered manager there were no staff directly employed by the service.

Activity

The activity for the service between December 2016 and November 2017 was:

- Five emergency and urgent care patient journeys.

Track record on safety

The track record on safety for the service between December 2016 and November 2017 was:

- Zero Never events.
- Zero patient safety incidents and one vehicle incident.
- Zero serious injuries.
- One complaint.

Summary of findings

The Limes Training Centre is operated by Mr Nigel Owen Singleton. We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 23 January 2018.

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Patients were protected from avoidable harm and abuse. Staff were aware of how to report incidents. Processes were in place to ensure relevant safety information was shared appropriately. There was an effective system in place for staff to report safeguarding incidents, staff were knowledgeable, trained appropriately and had good access to relevant policies and procedures.

Patients received effective care and treatment that met their needs; patient's care and treatment was planned and delivered in line with evidence-based guidance, standards, best practice and legislation. Staff received comprehensive training on a weekly and annual basis to provide the skills and knowledge required for their role.

Patients were supported, treated with dignity and respect and were fully involved in their care. Staff demonstrated to us an understanding of ensuring dignity in public places and for those in vulnerable circumstances. This included adopting a respectful and caring attitude to relatives and carers travelling with the patient.

Emergency and urgent care services

Patients' needs were met through the way services were organised and delivered. The service consulted local and national guidance when planning and delivering services during public events.

The leadership and culture promoted the delivery of high-quality patient-centred care; leadership was effective and all staff were fully engaged and committed to providing a good service.

Are emergency and urgent care services safe?

Incidents

- An incident reporting procedure was available to staff providing guidance on types of incidents and the reporting process. Staff we spoke with told us they understood the process to follow when raising an incident.
- The reporting of incidents was low and the inspection team was not assured incidents had been reported appropriately. We learned that a member of staff had damaged a vehicle following a collision with a tree, causing damage to the lights on the vehicle. Whilst the member of staff had informed the registered manager of the damage, this had not been recorded as an incident, which it should have been according to the organisation's policy. However, this was an isolated incident and the inspection team were assured staff were aware of the process to follow when raising an incident.
- Incidents were reported using incident report forms which were available to all staff. Staff were also able to report incidents electronically. Investigation of incidents was the responsibility of the registered manager. There was one incident reported from December 2016 to November 2017. This was not a patient safety incident and related to a vehicle fault.
- Processes were in place to ensure relevant safety information was shared appropriately. This included quarterly team meetings, weekly training events and through a secure social media page.
- There were no never events reported in this service between December 2016 and November 2017. 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 Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety

Emergency and urgent care services

incidents' and provide reasonable support to that person. Staff we spoke with were familiar with the duty of candour and the concepts of openness and transparency.

Mandatory training

- Mandatory training was delivered through a comprehensive five-day programme in addition to a weekly Wednesday evening session.
- The provider did not have a target for mandatory training compliance however, 24 out of 25 self-employed staff and nine out of nine sub-contracted staff had completed the five-day programme.
- The provider did not have a process in place to identify drivers who were appropriately trained to drive under blue lights. However, there had been no 'blue light' transfers of patients in the year preceding our inspection. Blue lights are displayed by emergency vehicles. When activated, they may rotate or flash to warn other road users.
- Driving assessments were carried out by a qualified driving instructor. The provider had 14 'regular' drivers. At the time of this inspection four assessments had been completed with plans in place to complete the remaining ten before April 2018.

Safeguarding

- There was an effective system in place for staff to report safeguarding incidents, staff were knowledgeable, trained appropriately and had good access to relevant policies and procedures.
- The service transported adults and children and as such appropriate safeguarding training was in place. Safeguarding training level two (adults and children) was provided to all staff. At the time of this inspection 24 out of 25 self-employed staff and nine out of nine sub-contracted staff had completed this training.
- Prevent Duty training was not mandatory for staff. However, the registered manager had provided a link for staff to access should they wish to complete the training. The aim of Prevent is to give staff an awareness and knowledge of what extremism and radicalisation are and how people may be drawn into terrorism.
- Systems were in place to allow frontline staff to report safeguarding incidents appropriately. Staff could raise safeguarding concerns on paper or electronically. The registered manager was responsible for referring to the local authority if deemed appropriate.

- The registered manager, trained to level three, was the service lead for safeguarding and was supported by three sub-contracted staff who were trained to level five safeguarding training.

Cleanliness, infection control and hygiene

- The service had an infection prevention and control policy in place which provided staff with appropriate advice and support and included for example, the laundry of staff uniforms.
- Infection prevention and control training was provided to all staff. At the time of this inspection 24 out of 25 self-employed staff and nine out of nine sub-contracted staff had completed this training.
- Vehicles and equipment were cleaned daily and after patient use. Cleaning schedules demonstrated compliance. Vehicles were routinely (on a daily basis) emptied of all equipment to ensure a deep clean could take place. We observed this during our inspection.
- Our observation of three vehicles demonstrated sterile consumables were stored correctly, personal protective equipment was readily available and hand sanitiser gel provided.
- Decontamination cleaning wipes were available on vehicles to ensure vehicles and equipment were appropriately and safely cleaned after patient use.
- Body fluid spillage kits were readily available on each vehicle for the clean-up of bodily fluids.
- Infection prevention and control audits were carried out quarterly and included for example, the vehicles, waste management and sharps. Overall compliance for January 2018 was 89%. This was better than the provider's target of 80%.
- Hand hygiene audits were not undertaken to measure compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene'. These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene in order to reduce risk of cross contamination between patients.

Environment and equipment

- The service had five vehicles. We checked three vehicles and although there was obvious signs of repair to vehicles, found that all were well maintained. All vehicles had a current MOT, service and were properly insured.

Emergency and urgent care services

- An on-site maintenance manager was sub-contracted to provide the day to day maintenance and repairs of vehicles and equipment. The service used a local garage for further management of the vehicles.
- Fire extinguishers on vehicles we inspected were stored securely but did not have an out of date sticker on them. We raised this immediately with the registered manager. Following our inspection the provider purchased 'service-free' fire extinguishers for all the vehicles.
- On-site servicing, calibration, maintenance and repair of equipment was carried out through an external company. We saw where the last annual check had been completed in June 2017.
- Essential emergency equipment including for example an automated external defibrillator (AED) was available for both adults and children.
- Appropriate harnesses were available on the vehicles to ensure patients were safely restrained whilst they were being conveyed to hospital. However, none of the ambulances were equipped to carry bariatric patients or a patient in a wheelchair. If there was a need to convey a bariatric patient or a patient in a wheelchair, the crew would call the local ambulance service to request this type of vehicle.
- If there was a need to carry a child to hospital and additional equipment were required. For example, a child safety seat, the crew would call the local ambulance service to request a transfer for this patient.

Medicines

- Medical gases (oxygen and nitrous oxide) were stored safely for use on vehicles. However, when vehicles were not in use, medical gases were not stored within the main office building in line with the provider's 'Compressed Gas' policy.
- Controlled drugs were not stored on any of the vehicles we inspected. The registered manager told us these would remain on the person, and the responsibility of, a registered paramedic. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. All other medicines were stored securely.
- All medicines we saw were in date and had an additional prompt included highlighting the expiry date of the medicine.

- Protocols were in place giving authorisation for the administration of 'over the counter' medicines by identified staff. Protocols included for example, simple pain medicines.

Records

- Individual care records (patient report forms) were stored securely.
- Patient report forms were digitised and stored securely on a password protected computer. The registered manager told us the length of time records were held was indefinite. Paper copies were destroyed by crosscut shredding as soon as possible following an event, typically within two weeks.
- We reviewed five patient record forms which were signed and dated; they were legible and mostly fully completed. However, on one record we were unable to determine if the patient had been transported to hospital. Following our inspection, the provider amended the patient report form template to make it clear when a patient was not transported.

Assessing and responding to patient risk

- Monitoring of patients for the early detection of deterioration was carried out using the National Early Warning Score (NEWS). An early warning score (EWS) is a guide used by medical services to quickly determine the degree of illness of a patient. Our review of five patient report forms demonstrated where EWS had been used appropriately.
- Paramedics and technicians assessed patients against Joint Royal Colleges Ambulance Liaison Committee (JRCALC) protocols. In addition, the provider had developed a phone application (App) that staff could refer to for guidance on for example, cardiac arrest, EWS, pain management, rapid trauma assessment and suicide assessment.
- Crews had access to clinical advice through the registered manager and paramedics within the team. This included advice on dealing with disturbed or violent patients. Emergency support was obtained through the NHS emergency ambulance services.

Staffing

- Staffing consisted of one registered manager who was also the director of the service, nine staff sub-contracted from an external training company (owned by the provider) and 25 regular self-employed staff.

Emergency and urgent care services

- Staffing requirements were aligned to demand and determined by event organisers and the registered manager following health and safety legislation and guidance. During inspection we saw where staffing levels had been planned appropriately.

Anticipated resource and capacity risks

- A medical plan was developed by the registered manager for each event covered and would detail the resources, including number and skill of staff, required.

Response to major incidents

- The service was not included as part of local NHS trusts major incident plans. However, staff were part of a local social media group that involved an NHS resilience officer and would be able to offer support if required.

Are emergency and urgent care services effective?

Evidence-based care and treatment

- The service had a range of policies and procedures which were available in paper version in a folder in the office. We reviewed 24 policies, found that all were up to date and referenced to current best practice and national guidance. However, practices at the service did not always follow the provider's policies. For example, the 'Compressed Gas' policy stated gas cylinders should not be stored on vehicles when the vehicle was not in use. During our inspection oxygen cylinders were noted on the vehicles. The 'Recruitment and Selection' policy and procedure stated two references were required pre-employment. Only two out of nine sub-contracted staff had two references provided.
- Staff were aware of the national guidance relevant to their practice. For example, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical practice guidelines.
- New or updated policies were discussed at team meetings, during training events and through the service's secure social media account.

Assessment and planning of care

- Where staff suspected the patient may have had a heart attack or stroke staff would contact the nearest hospital before transportation to ensure the patient was transferred appropriately to the nearest specialist unit.

- Staff had received mental health awareness training to assist them in identifying patients with mental health problems. However, where there was a requirement to transport a patient experiencing a mental health crisis the crew would call the local ambulance service to request a transfer for this patient.

Response times and patient outcomes

- The service did not complete any formal benchmarking and was not commissioned to provide services to NHS organisations.
- The registered manager monitored patient outcomes by reviewing completed patient report forms. Any concerns were discussed with staff at team meetings.

Competent staff

- Staff received comprehensive training on a weekly and annual basis to provide the skills and knowledge required for their role.
- Assessment against training included a 'first person on scene (FPOSi)' examination following the five-day course provided by the service.
- A one-day mandatory induction was provided to all staff new to the service. Content included for example, health and safety, incident reporting, manual handling and infection prevention and control.
- An annual training programme offered to staff one evening a week included training on for example, safeguarding and mental health, anaphylaxis, sepsis, catastrophic bleeding and tourniquets and advanced airway management.
- Appraisals were carried out for sub-contracted staff only. At the time of our inspection 100% of sub-contracted staff had received an appraisal.
- Pre-employment checks included for example, an application form, evidence of professional registration (if applicable), evidence of a valid Disclosure and Barring Service (DBS) check, a driving licence check and two references (for sub-contracted staff). We reviewed the registered manager's records for pre-employment checks and found there was not a process in place for the ongoing monitoring of an individual's professional registration, seven out of 25 members of self-employed staff did not have a valid DBS check and there were nine sub-contracted staff employed by the service, of these, only two had two references provided. This was not in line with the provider's recruitment policy.

Emergency and urgent care services

- Following our inspection the registered manager provided us with information that demonstrated processes had now been put in place to address our concerns. As of 24 January 2018 all professional registrations had been reviewed and all staff without a DBS had been told to apply with four outstanding. In the interim, the registered manager told us no regulated activity was due to be carried out before 22 April 2018.

Multi-disciplinary working

- Handover of care followed the 'CASMEET' acronym (call sign, age, sex, mechanism, examination, ETA, treatment) to communicate the details of a patient over to the receiving hospital.

Access to information

- Staff could access clinical guidelines through an application on their phones. Other company information could be accessed through the service's secure social media account or the service's website.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Policies and procedures were available to staff as guidance when making decisions about consent.
- The service had not transported any patient experiencing a mental health crisis in the year preceding our inspection. However, staff were knowledgeable and told us they had access to a 'suicide assessment' through an application on their phone.
- Mental health awareness and consent training was included in the service's annual training programme and as part of the five-day training programme. At the time of our inspection 24 out of 25 self-employed staff and nine out of nine sub-contracted staff had completed the five-day programme.

Are emergency and urgent care services caring?

Compassionate care

- Due to the low level of regulated activity provided by this service and none occurring at the time of our inspection we were unable to observe the delivery of care.

- Patient feedback was not formally measured. Following our inspection the registered manager had developed a 'credit card' to be given to patients and relatives explaining how they could feedback to the service.
- Staff demonstrated to us an understanding of ensuring dignity in public places and for those in vulnerable circumstances. This included adopting a respectful and caring attitude to relatives and carers travelling with the patient. One member of staff gave us an example of where they had preserved a patient's dignity when the patient had a seizure by using their coat.
- The service had a 'patient charter' that described what patients and/or relatives could expect from the service and what was expected of staff working within the service. This included for example, respecting modesty and dignity and taking into account religious beliefs of patients.

Understanding and involvement of patients and those close to them

- Explanation of treatment options was included as part of the service's patient charter. Where a patient refused treatment or conveyance to hospital this was documented on the patient report form.

Emotional support

- We spoke with staff about providing emotional support for patients. Staff felt they were able to signpost patients appropriately if necessary and saw recognising and providing support to patients as an important part of their job. Staff gave examples of encouraging relatives to travel in the vehicle with the patient to alleviate emotional distress and giving appropriate advice following the patient's injury.

Are emergency and urgent care services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- Services were provided for the whole population and included children.
- The service consulted local and national guidance when planning and delivering services during public events. This included for example, relevant health and safety guidance, and local knowledge of the area where an event was due to be held.

Emergency and urgent care services

Meeting people's individual needs

- Translation support was available for staff in the treatment of patients who could not speak English.
- Services were mostly delivered in a way that took into account the needs of different people. For example, a multilingual phrase book, a picture book and access to internet services was available as guidance for staff when dealing with patients with complex needs including those living with a learning disability or dementia. However, we did not see any distraction therapies available for children.

Access and flow

- Details of event cover that included delivering a regulated activity were recorded electronically and were used to monitor and inform the resource required in order to effectively fulfil the booking.
- Ambulance vehicles were appropriately placed at events in order to ensure a timely response to and transfer of the patient.

Learning from complaints and concerns

- The service had a complaints policy in place to ensure all complaints received a thorough and timely investigation, appropriate and effective responses were provided and that learning took place, and action taken where necessary to improve the delivery of patient care.
- In the reporting period October 2016 to September 2017 the service had received one complaint. We saw the complaint had been handled effectively and a formal record kept. Lessons had been learned, and shared with others, from the complaint, and action was taken as a result to improve the quality of care.
- Information was not readily available for people who used the service to know how to make a complaint or raise concerns. Following our inspection the registered manager had developed a 'credit card' to be given to patients and relatives explaining how they could feedback to the service.

Are emergency and urgent care services well-led?

Leadership of service

- The service was a small business and the leadership team consisted of one director (registered manager).

- The registered manager demonstrated a good understanding of the service and concerns we identified during this inspection were acted on either immediately or within days of the inspection.
- Staff we spoke with described the registered manager as appreciative, supportive, visible and "very approachable."

Vision and strategy for this this core service

- The aim of the service was to provide pre-hospital care to any patient requiring assistance at any event that the service had been hired to cover and to offer a level of care in a way that was appropriate to each individual patient.
- A patient charter supported the aim of the service and was visibly displayed in the main office area. Staff were aware of the patient charter and committed to providing a service that met the aim of the service.

Governance, risk management and quality measurement

- Pre-employment checks included evidence of a valid Disclosure and Barring Service (DBS) check. At the time of our inspection seven out of 25 members of self-employed staff did not have a valid DBS check. Following our inspection the registered manager provided us with information that demonstrated processes had now been put in place to address this. As of 24 January 2018 there were four staff without a DBS and had been told to apply immediately. In the interim, the registered manager told us no regulated activity was due to be carried out before the end of March 2018.
- The registered manager monitored medicines management, infection prevention and control and patient records. Whilst there was not a governance framework in place to monitor performance, results were discussed with staff at quarterly team meetings and minutes we saw confirmed where this had taken place.
- The service did not have a 'written' risk register. The registered manager told us, as the only director of the service, they did not feel a risk register was required. During this inspection we were assured the registered manager was sighted on the risks within this service and told us the age of the vehicles was their only risk.

Culture within the service

Emergency and urgent care services

- Through talking with staff and the registered manager we sensed a positive culture across the service. Staff were proud of the work they did and without exception spoke positively about the registered manager.
- The registered manager spoke with pride about the staff and told us how important it was to them to ensure staff felt appreciated and involved.
- Staff told us they were involved in changes within the service and gave us many examples of where they had been consulted on change. For example, changes to patient report forms had been made as a result of staff consultation.
- The registered manager placed a strong emphasis on promoting the safety and wellbeing of staff. All staff new to the service were given a 'staff handbook' that included guidance on for example, stress, ill-health, health and safety at work and terms of employment.
- The culture of the service encouraged candour, openness and honesty and staff told us they would feel comfortable raising concerns. A 'whistle blowing' policy was available to guide staff on the procedure to follow should they have any concerns about the service or individuals working within the service.

Public and staff engagement

- The service did ask the public to provide feedback. However, details were only provided on the service's public website therefore, the response from the public was not as good as the service would have liked.
- Following our inspection the registered manager had developed a 'credit card' to be given to patients and relatives explaining how they could feedback to the service.
- Quarterly team meetings took place for staff. Minutes we reviewed demonstrated a good attendance.

Innovation, improvement and sustainability

- The registered manager was committed to developing the service. Concerns we had identified during our inspection were acted upon almost immediately.
- Future plans for the service included upgrading the vehicle fleet and developing further opportunities for education and development.
- The service was in the process of recruiting a medical lead.

Outstanding practice and areas for improvement

Outstanding practice

- The provider had developed a phone application (App) that staff could refer to for guidance on for example, cardiac arrest, EWS, pain management, rapid trauma assessment and suicide assessment.
- The service had a 'patient charter' that described what patients and/or relatives could expect from the service and what was expected of staff working within the service.

Areas for improvement

Action the hospital MUST take to improve

The provider must take prompt action to ensure all self-employed staff has a valid Disclosure and Barring Service (DBS) check.

The provider must take prompt action to ensure all sub-contracted staff, employed by the service, have two references provided in line with the provider's recruitment policy.

Action the hospital SHOULD take to improve

- The provider should ensure staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them appropriately.
- The provider should ensure all policies and procedures are reviewed to reflect the current status of regulatory activities carried out at this service.
- The provider should ensure there is a process in place to identify drivers who are appropriately trained to drive under blue lights.
- The provider should ensure all relevant staff have undertaken a driving assessment and have a policy and/or procedure in place to provide ongoing assessments.
- The provider should consider undertaking hand hygiene audits in order to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene'.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed:</p> <p>Persons employed for the purposes of carrying on a regulated activity must be of good character. Recruitment procedures must be established and operated effectively to ensure DBS and references are available in relation to each person employed.</p> <p>Regulation 19 (1)(2)(3)(a)</p>