

ION Ambulance Care Ltd

# ION Crawley

## 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?	Good	
Are services effective?	Good	
Are services caring?	Inspected but not rated	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

This was our first inspection of this location. 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. Staff assessed risks to patients and acted on them. 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 assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. 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. People could access the service when they needed it.
- 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.

However:

- The service needed to review its service level agreement with regard to patient records and the ability to audit records completed and updated by staff.

# Summary of findings

## Our judgements about each of the main services

### Service

**Patient transport services**

### Rating

**Good**



### Summary of each main service

The main service was patient transport services (PTS). It was our first inspection of this service. We rated it as good.

# Summary of findings

## Contents

### Summary of this inspection

Background to ION Crawley

Page

5

Information about ION Crawley

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

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# Summary of this inspection

## Background to ION Crawley

iON Crawley is operated by iON Ambulance Care Limited. It is an independent ambulance service based in Oxford, Oxfordshire. iON Crawley provides patient transport services (PTS) across the Southeast of England region and urgent and emergency care services under contract with a local NHS Ambulance Trust. iON Crawley also provides ambulances and staff to support the local NHS ambulance services with their patients' transfer needs. It is registered with the Care Quality Commission (CQC) for the regulated activities of transport services, triage and medical advice provided remotely and the treatment of disease, disorder or injury.

The only service operated by the provider is patient transport. iON Crawley includes a fleet of 11 ambulances, and one bariatric support vehicle. The service employs 30 permanent staff members, and two bank staff members to support patients who require transport to attend hospital appointments. They also provide a service for patients who are discharged from hospital to alternative living accommodation such as care homes, nursing homes or other hospital accommodation. The service does not provide high dependency transfers or mental health secure transfers.

The registered manager has been in post since 2017 and covers several sites.

This was our first inspection of the service at this location.

## How we carried out this inspection

The inspection team included two lead inspectors, two specialist advisors with expertise in paramedic services and one assistant inspector.

We looked at all of the key questions: safe, effective, caring, responsive and well-led.

Whilst on site we reviewed five patient transport (PTS) vehicles and one bariatric support vehicle, staff records including training and competencies and the environment of the base. Off-site we reviewed policies and procedures, incidents, training, audits, 50 patient and carer feedback forms and contract information.

At the base we spoke with the registered manager, the governance & compliance lead, the quality and continuous improvement director, the staff compliance/recruitment officer, the station manager, and three ambulance crew members.

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

## Areas for improvement

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

### **Action the service MUST take to improve:**

# Summary of this inspection

- The service must review the service level agreement with its contracting trust in regard to recording, information sharing and auditing patient records. (Regulation 17 (2) (3) – Good Governance).

**Action the service SHOULD take to improve:**

- The provider should maintain a contemporaneous record of the care they provide to individual patients, including identified risks and mitigation to reduce the impact of the risk identified.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Patient transport services

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

## Are Patient transport services safe?

Good 

It was our first inspection of this service. We rated it as good.

### Mandatory training

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

Managers monitored mandatory training and alerted staff when they needed to update their training. The governance and compliance team monitored training compliance using an electronic system. Training compliance data was shared regularly with the staff, clients and contracting trust.

Staff received and kept up to date with their mandatory training. Records showed 100% of staff had completed their training.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training included 18 different modules and included topics such as mental health awareness and dementia training. Staff who had not completed their mandatory training could not be assigned on shifts using the electronic rota system.

### 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 knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the safeguarding lead for the service and had completed level three safeguarding training for adults, children and young people.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Data provided by the service showed all staff had completed level 2 safeguarding adults training. The service had up to date policies for safeguarding which reflected with national requirements outlined in *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019*

# Patient transport services

We reviewed five recruitment files showing that the service had processes for checking all staff were fit to work with adults and children and essential checks had been carried out.

Clinical staff also followed the safeguarding policies of the trust they were contracted to work for and completed any safeguarding referral paperwork, which was submitted to the contracting trust.

## 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 and the premises visibly clean.**

Cleaning records were up-to-date and demonstrated vehicles were cleaned regularly. During our inspection we reviewed five vehicles, including four patient transport service (PTS) vehicles. All of these vehicles were visibly clean. The service used check lists for vehicle cleanliness which were signed off by managers or team leaders to indicate the vehicles met the required standards.

Infection and prevention control audits from February to July 2022, hand hygiene audits from December 2021 to June 2022 and deep clean schedules from the previous three months, demonstrated compliance with the service policies.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to personal protective equipment (PPE) for example disposable aprons, face masks and gloves on all the vehicles we reviewed.

During our inspection we observed a box of newly delivered face masks which were out of date. We raised this with the provider on the day of our inspection and they addressed it immediately and liaised with their supplier.

## Environment and equipment

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

Staff carried out daily safety checks of specialist equipment. Vehicles were checked, equipped and prepared for daily jobs in line with the provider's policy. Checklists for the five vehicles inspected were complete and there were no gaps. The service ensured all equipment on its vehicles displayed up to date service dates.

The service had enough suitable equipment to help them to safely care for patients. All the vehicles inspected were visibly clean and contained the required equipment according to national guidelines.

Staff disposed of clinical waste safely. The base included facilities for the storage and disposal of clinical and these were labelled correctly. All the sharps bins were labelled correctly and kept clean and tidy.

The service had systems to track vehicle servicing. Documentation showed all vehicles were compliant with road tax, MoT inspections and insurance cover.

## Assessing and responding to patient risk

**Staff reviewed risk assessments for each patient to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.**

# Patient transport services

Staff shared key information to keep patients safe when handing over their care to others. Staff reviewed risk assessments completed by hospital and care home staff for each patient. Staff described how they would carry out dynamic risk assessments prior to each patient journey to reduce risks.

Staff and leaders explained that they assessed patients' needs at booking point and entered these on the electronic devices issued by the contracting trust.

Staff responded promptly to any sudden deterioration in a patient's health. The service had a deteriorating patient standard operating procedure which was in date. Staff could describe what they would do in the event of an emergency during a journey. Staff completed life support training appropriate to their roles.

Ambulance care assistants (ACA-s), technicians and paramedics also completed a Level 3 Certificate in First Response Emergency Care (FREC) with an external training provider. Staff also had access to clinical advice through the client dispatch line when working for the contracting trust.

Staff formally reported when a patient had deteriorated as an incident. We reviewed 22 incidents, and these showed staff had identified and quickly acted upon patients at risk of deterioration.

Staff knew how to support patients who had a do not attempt cardiopulmonary resuscitation (DNACPR) decision in place. Staff told us the DNACPR process was part of the risk assessment with hospital or care home staff.

## Staffing

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

The manager could adjust staffing levels daily according to the demands of the service. Managers regularly reviewed and adjusted staffing levels and skill mix. The service used an electronic scheduling system. Staff accessed this from their smartphones or through a laptop available in the staff room. The system was also used to send instant electronic updates alerting staff when additional cover was needed.

Managers checked staff had the appropriate training before allocating them to journeys.

Managers made sure all bank and agency staff had a full induction and understood the service. The service used four bank staff members and had systems to plan staffing levels based on demands within the service. Rotas observed confirmed appropriate numbers of staff for the shifts needed to be covered.

Staff had access to managers through a 24-hour call line if they had any issues regarding resources or staffing for journeys.

## Records

**The service kept records of patient journeys undertaken. However, they did not keep detailed records of any care given to patients'. Staff accessed patient information relevant to the journey they needed to provide.**

Crews accessed limited but relevant patient information on the personal digital assistant (PDA) tablets provided by the contracting trust. Once crews completed the dynamic risk assessment, they called through to the contracting trust dispatch in relation to any changes in patients' details.

# Patient transport services

Staff told us patient booking information on the PDA included the pick-up and drop off address, mobility needs and any additional information such as whether the patient was living with dementia.

The service maintained records of journeys completed. Daily log sheets documenting the journeys, including timings and if any key performance indicators (KPI-s) had been missed.

In agreement with the service level agreement with the contracting trust, the log sheets did not contain any patient information.

This meant any specific patient care given, and potential treatment, provided by crews could not be audited by the service.

We raised this with the provider, who explained they relied on the NHS trust ambulance provider having all the responsibilities and their contract with the NHS Trust did not allow them to keep such information. There was a risk that the service was not fully aware of the care being provided by crews. It was not clear if the service level agreement between the provider and the contracting trust allowed for the sharing of such information.

## Medicines

**The service did not administer and store any medicines.**

Staff had systems and processes to store and administer medical gas safely. Records showed all staff had completed medical gas training. Staff followed the contracting trust standard operating procedure (SoP) for the administration of oxygen. When the SOP was reviewed, changes were communicated to staff electronically.

Oxygen cylinders were stored securely on ambulances, the base and were in date.

## Incidents

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

Staff knew what incidents to report and how to report them. Records showed 22 incidents were reported in the last six months, demonstrating staff were actively reporting in line with the providers policy.

Managers investigated incidents thoroughly and staff understood the duty of candour. Records showed managers investigated incidents and shared the learning with staff. When things went wrong, staff could describe actions they would. For example, apologising and providing patients suitable support.

Managers debriefed and supported staff after any serious incident. Managers encouraged staff to reflect on practice following any incident. We looked at one serious incident from the past six months and saw it had been reported to the relevant organisations. Managers communicated learning from this incident to all staff.

Staff told us they received feedback from investigation of incidents.

## Are Patient transport services effective?

# Patient transport services

It was our first inspection of this service. We rated it as good.

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance.**

Most service policies and procedures were in date, version controlled and accessible to staff via an application they accessed from their work phones. Two policies were outside of their review date, the sickness policy and the equality and diversity policy. We raised this with the provider, who gave assurance these would be reviewed urgently.

The service had recently implemented an electronic audit of medical gases, as an action to improve monitoring and compliance. This was a recent initiative, so there were no audit results to review.

## Nutrition and hydration

**Staff assessed patients' food and drink requirements to meet their needs during a journey.**

Due to the nature of the service food was not provided to patients.

Staff told us they would make arrangements to ensure patients on long or delayed journeys had access to food and drink. Bottled water was available on vehicles.

## Response times

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

Staff worked collaboratively with the commissioning contractor and other providers to ensure patients needs were met.

The service recorded journey times for Patient Transport Services (PTS) services for discrepancies when invoicing the contracting trust. The contracting trust held bimonthly meetings with the provider and key performance indicators (KPI-s) were discussed and monitored. Formal meeting minutes showed regularly interactions with the commissioning trust.

Messages were sent to staff and recorded in the dedicated human resources system to flag any required improvements, such as updating the PDA on arrival.

For example, managers said timely transfers of renal patients had been identified as a concern. The service took action and worked with the contracting trust and figures improved in the following months.

## Competent staff

**The service ensured staff were competent for their roles. Managers appraised staff's work performance.**

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

## Patient transport services

Managers supported staff to develop through yearly appraisals of their work. Managers said all staff had received appraisals in the 12 months prior to our inspection. Data recorded on the electronic staff records system confirmed this.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. There was a staff competency booklet which was used for continuous professional development and to assess competencies on a regular basis.

The management team had oversight of the operational staff rota. They identified staff with the right skill mix and allocated staff shifts based on patient needs and demands within the service.

Managers gave all new staff a full induction tailored to their role before they started work. All staff completed a full induction to the service, and this was documented in staff files.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care. They followed national guidance to gain patients' consent.**

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

The provider had an up to date mental capacity act (MCA) policy and guidelines for staff to follow.

Staff received patient information in advance of each journey, including if the patient required additional support due to living with dementia, or if they lacked capacity. This enabled them to carry out risk assessments with hospital or care staff to manage the patient's safety during any patient transport journey.

Mental health awareness and consent training were part of the mandatory training modules. Some staff we spoke with gave examples of informed and implied consent and how they supported patients who may lack capacity. Although, some staff told us they had not received training for this.

### Are Patient transport services caring?

Inspected but not rated 

It was our first inspection of this service. We inspected Caring but were unable to rate as we did not observe any patient interactions.

### Compassionate care

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

Due to the ad hoc nature of the service, we were unable to observe any interaction between patients and staff. The service did however seek feedback from patients, families and service commissioners.

## Patient transport services

Staff told us they gave patients a feedback form at the end of their journey. We reviewed 50 patient and carer feedback forms. Examples of patient feedback included, “The crew have impacted on my Mother’s Day which has made a huge positive difference.”. Another family member said, “The crew and service was outstanding”, and another patient said “The crew adapted to every need and situation that I had, crew kept me company throughout the journey and are lovely to talk too.”

Staff told us it was important to make a good first impression. They were focused on making patients felt at ease, listening to their needs and maintaining their dignity.

### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress.**

Staff told us they enjoyed working with patients. It was important to staff they recognised both the emotional and physical needs of their patients.

Staff built positive relationships with patients who regularly used the service. They told us they built good relationships with the patients and some patients specifically asked for certain staff when they booked in for journeys.

Staff gave us examples of how they supported patients who were visibly upset. They told us they would take time to listen to the patients and provide emotional reassurance. If staff felt a patient was vulnerable or needed more support, they would report this to their manager for escalation back to the service commissioners.

### Understanding and involvement of patients and those close to them

**Staff supported and involved patients, families and carers to make decisions about their care.**

Managers and staff kept patients and their families informed about transport pick up and drop off times.

Staff told us the journeys were pre-planned and the patient’s information was handed over to them in advance by hospital or care home staff. They spent extra time to explain the journey to the patient and keep them informed of any unexpected delays, their expected time of arrival, either at their home or the location of their appointment.

Staff we spoke with said when they handed a patient over at a care home, they would pass all the paperwork to the carers. If staff dropped the patient at their home, they would run through what the patient had eaten, or if they have had any medicines before leaving to ensure the patient was safe.

## Are Patient transport services responsive?

It was our first inspection of this service. 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.**

# Patient transport services

Managers planned and organised services so they met the changing needs of the local population. The registered manager had regular, formal meetings with commissioners of the service to discuss demand and flow in the local area. The service provides patient transport services (PTS) through NHS contracts to relieve pressure on those services as well as providing specialised services such as bariatric care.

## Meeting people's individual needs

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

The service relied on the service commissioners to provide information in relation to the patient journeys. Staff used patient care records that included specific details in relation to the patient care. For example, if a patient needed a wheelchair, a trolley or additional care support on the journey. Staff liaised with managers to ensure they had the right vehicle and equipment to meet the patient's needs.

The service had a new bariatric support vehicle on site which had been designed and fully equipped to meet the needs of bariatric patients. Staff had access to guidance on how to use the equipment on the vehicle.

Staff did not have access to communication or aide materials to support patients living with dementia, patients with learning disabilities or patients whose first language was not English. Staff told us they would use their experience to support such patients. We raised lack of aide materials with the provider, who subsequently provided evidence that communication folders had been placed in all the vehicles following the inspection.

The service did not have information leaflets available in languages spoken by the patients and local community. Staff told us they could access translation services, but they were often able to act as interpreters themselves, as they were bilingual. Whilst this is not best practice, it is acceptable in emergency situations. Staff also used mobile phone apps and pictorial cards inside the vehicles, and one member of staff told us they had used pen and paper sometimes to draw pictures or hand gestures to encourage interaction with patients.

Staff we spoke with showed a good understanding of equality and diversity and were able to give examples of supporting patients from the LGBT+ community.

## Access and flow

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

The commissioning ambulance service managed the allocation of journeys to the provider. Crews logged onto their allocated shift using the system provided by the commissioning service. Crews were then allocated to journeys and deployed based on demand. Journeys included transporting patients to and from hospital appointments and hospital discharges.

Crews completed daily log sheets which allowed journey times to be monitored and reviewed. The service and commissioning service reviewed these against the agreed key performance indicators.

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. All vehicles carried patient feedback forms and gave the opportunity for relatives and patients to give feedback on their experience of care. The service had recently moved to electronic feedback forms to make feedback easier for those who had access to smart devices.

## Patient transport services

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaint and compliment records showed information had been shared with staff. The service maintained a spread sheet of complaints, including actions taken to -minimise future recurrence and improve patient experience.

Staff understood the policy on complaints and knew how to handle them. Staff told us about the complaints process and said managers gave feedback when things had not gone right.

### Are Patient transport services well-led?

Good 

It was our first inspection of this service. We rated it as good.

#### Leadership

##### **Local leaders were visible in the service for staff and patients.**

The service was led by the registered manager, supported by a newly appointed director of compliance, a quality and continuous improvement lead and a governance and compliance lead. There was an operations base manager and a staff compliance and recruitment officer located at the site.

Staff we spoke with described the local leadership team as visible, willing to support them and available if they had any concerns.

#### Vision and Strategy

##### **The service had a coordinated strategy or vision.**

The service vision was to become the best private ambulance provider for local hospitals and to improve recruitment and training of new staff.

The vision was displayed on the providers website. Some staff we spoke with during our inspection were aware of the vision for the service.

The service had established a partnership to achieve innovative technology solutions to deliver audits and information. Further, leaders planned to expand the patient transport service side of the business. The main priority was to support the health and wellbeing of staff and take action on recruitment and retention. The provider had introduced new in-house training programmes allowing staff to develop their careers to support this aim.

#### Culture

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

# Patient transport services

Staff told us they liked working for the service and enjoyed the work they did. The provider had an up-to-date grievance policy, and disciplinary processes involving an independent third-party organisation for transparency. We also reviewed the whistleblowing and allegations policies, which were detailed and up to date.

Staff explained the importance of providing the right care for patients and ensuring they were given good care and the journeys were enjoyable.

Staff told us leaders were generally approachable and available to discuss any concerns.

## Governance

### **Leaders operated effective governance processes, throughout the service.**

The service had systems for auditing the quality of the service, such as hand hygiene audits, Covid-19 passport audits, ambulance spot check audits, uniform and appearance audits, patient feedback reviews.

We reviewed two sets of minutes for governance meetings and two sets of minutes for the staff meetings. They included discussions regarding incidents or any sharing of learning from incidents.

## Management of risk, issues and performance

### **Leaders and teams used systems to manage performance effectively, identify and escalate relevant risks and issues to reduce their impact.**

The provider had an up-to-date risk register, which was detailed and the actions had been recorded in a timely way. For example, the service had recently updated the risk register to include the increase in fuel prices and impact on business costs.

The service captured key performance indicators such as journey times, the cleaning of vehicles, and servicing of equipment. The service used this data to inform improvements. This was discussed in governance meetings and actions taken. Minutes from meetings confirmed these discussions took place.

The service had plans to cope with unexpected events and an up to date business continuity plan.

## Information Management

### **The service collected data relevant to their service and analysed it.**

The service collected key performance indicators in relation to its journey times on individual spread sheets. The service had developed embedded quality and improvement processes to join information together and drive improvements.

The information systems were integrated and secure. Staff used mobile phones and an IT portal and desk-based computers to access information in relation to the service, these were password protected.

## Engagement

### **Leaders had an engagement strategy for staff, patients or other stakeholders.**

Leaders and staff engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

## Patient transport services

The registered manager described how they had organised staff meetings in the twelve months prior to our inspection, including remote meetings, whenever face to face was not possible. Staff meetings were minuted and these showed there were detailed and constructive discussions held.

Staff told us they saw managers or team leaders on a day-to-day basis when they signed on for duty, and they shared feedback and information during this time. The leadership team shared updates by email and staff had access to the employment handbook where they accessed policies, shift rotas and information on the service. The service had developed a staff newsletter which had recently been launched, to keep staff updated.

A recent staff survey had been completed. Most staff shared positive feedback about working for the organisation. The main concerns were around communication from management and from the contracting trust and progression within the organisation. Positive feedback was mostly focused on making a positive difference for the patients and teamwork. As the survey was very recent, the provider had not yet developed action plans to tackle the concerns.

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

### **Learning, continuous improvement and innovation**

Some staff we spoke with were not aware of all the quality improvement initiatives within the service. Senior leaders told us they make staff aware of initiatives to improve the business through the audits conducted by team leaders and managers and encouraging staff to suggest ways of improving the business. Leaders described incentives for staff performance, such as employees of the month and mentions in the staff meetings and newsletter.

The provider had plans to expand the patient transport services and open a new location. The location had recently been praised for the high number of patient feedback collected.

The service had recently acquired new training courses for managers and team leaders to improve knowledge around equality, diversity and inclusion, managing people and performance, dealing with workplace problems, bullying and harassment, or discipline and grievance.

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
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>The service must review the service level agreement with its contracting trust in regard to recording, information sharing and auditing patient records. (Regulation 17 (2) (3) – Good Governance).</li></ul>