Inter-County Ambulance Service Ltd

Inter-County Ambulance Service Limited

Quality Report

The Ambulance Station
1 Gravel Hill
Chalfont St Peter
Gerrards Cross
SL9 9QX
Tel: 01753 892999
Website: info@intercountyambulance.com

Date of inspection visit: 11 June 2019
Date of publication: 27/08/2019

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	Requires improvement
Emergency and urgent care services	Requires improvement
Patient transport services (PTS)	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Inter- County Ambulance Service Limited is operated by Inter- County Ambulance Service Ltd. The service primarily provides a patient transport service. However, as part of the service, they provide transfers of patients who required critical care or high dependency care and transfers of patients who were receiving end of life care which is reported on in the emergency and urgent care core service.

The service also provides a repatriation service. Repatriation services are not registered with the CQC, and so this part of the service was not assessed during this inspection. The service is staffed by trained paramedics, ambulance technicians, ambulance care assistants and first responders

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 11 June 2019.

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.

The main service provided by this service was patient transport service. The management and leadership of the service is the same for both the emergency and urgent care service and the patient transport service. All staff deliver both the emergency and urgent care service and the patient transport service. Where our findings on patient transport service – for example, management arrangements – also apply to the emergency and urgent care service, we have not repeated the information but cross-referred to the patient transport service core service.

We rated it as **Requires improvement** overall.

- The delivery of high-quality care was not assured by the leadership, governance or culture.
- Leaders did not demonstrate they fully understood and managed the priorities and issues the service faced. They were not always aware of the risks, issues and challenges in the service. For example, they did not have a process to identify and manage operational risks of the service.
- Leaders did not show they were clear about their accountability for quality. The service did not carry out audits to evaluate the quality of the service they provided.The service did not carry out audits of the quality patient record forms. The service did not review or audit information that had been collected about patient journeys, including time of arrival of pick-up of the patient compared to the booked time for pick up, the length of time the crew had to wait for the patient to be made ready for the journey and time the patient arrived at their destination compared to the planned time. Records of meetings held by the leadership team did not include review of the quality of the service provided.
- The management of medicines was not safe.The process for recording stock management and disposal of medicines was inaccurate and did not provide an audit trail to accurately detail the amount of medicines held at the service.The service had no formal approval of the patient group directions.The management of medicines policy did not support safe administration of medicines.The policy gave incorrect information about which staff could administer medicines.
- Leaders did not operate an effective governance process or use systems to manage performance and risk effectively and support improvements to the service. We identified risks to the environment and running of the service that had either not been identified, or if identified processes had not been put in place for staff to follow to

Summary of findings

lessen the risk.There was no effective process to ensure policies and procedures were reviewed to provide clear guidance. Some policies did not relate to the service provided, describing roles and staff groups that did not exist. The service did not evaluate and use feedback from people who used the service to support improvement of the service.

- There were gaps in the management and support arrangements for staff, such as appraisal and supervision.

However,

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. Staff worked well together for the benefit of patients. Staff assessed risks to patients, acted on them. Staff worked well together for the benefit of patients.
- The service controlled infection risk well.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it. The service was available seven days a week.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

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 two requirement notices that affected emergency and urgent services and patient transport services. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals, London and South.

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services	Requires improvement 	Urgent and emergency services were a small proportion of activity. This included a small number of transfers for patients who required critical care or high dependency care and transfers of patients who were receiving end of life care. In the period 1 June 2018 to 31 May 2019 the service carried out 93 emergency and urgent service patient journeys. The main service was patient transport services. Where arrangements were the same across both urgent and emergency services and patient transport services, we have reported findings in the patient transport services section. Staffing, equipment, vehicles and most processes were the same for both the urgent and emergency services and the patient transport services. We have rated this service as requires improvement overall. The provider did not ensure that all governance and risk management processes and procedures were in place to meet the needs of patients and make improvements to the service.
Patient transport services (PTS)	Requires improvement 	The main service was patient transport services, which included the transfer of patients between health care providers for patients who were unable to use public or other transport due to their medical condition. In the period 1 June 2018 to 31 May 2019 the service carried out 973 patient transport journeys. We have rated this service as requires improvement overall. The provider did not ensure that all governance and risk management processes and procedures were in place to meet the needs of patients and make improvements to the service.

Requires improvement

Inter-County Ambulance Service Limited

Detailed findings

Services we looked at
Emergency and urgent care; Patient transport services (PTS)

Detailed findings

Contents

Detailed findings from this inspection	Page
Background to Inter-County Ambulance Service Limited	6
Our inspection team	6
How we carried out this inspection	6
Facts and data about Inter-County Ambulance Service Limited	6
Our ratings for this service	7
Findings by main service	8
Action we have told the provider to take	27

Background to Inter-County Ambulance Service Limited

Inter- County Ambulance Service Limited is operated by Inter- County Ambulance Service Ltd. The service opened in 1972 and was registered with the Care Quality Commission in 2011. It is an independent ambulance service in Chalfont St Peter, Buckinghamshire.

The service was last inspected in October 2016 which resulted in the service being served with two requirement notices.

The service has had a registered manager in post since February 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in paramedic services. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

How we carried out this inspection

We gave the service 48 hours' notice of our inspection to ensure everyone we needed to speak with was available. During the inspection, we visited the registered location in Chalfont St Peters. We spoke with seven staff including the registered manager, the medical director, the bookings administrator and four members of the ambulance staff. We reviewed and analysed information provided by the service both before and after the inspection. We inspected a sample of the ambulances used by the service.

Facts and data about Inter-County Ambulance Service Limited

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 station. We spoke with six staff including; registered paramedics, emergency care technicians, the operations coordinator and the

Detailed findings

registered manager. We were not able to speak with any patients. This was because we were not able to observe any activity during the inspection. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once in November 2016.

Activity (April 2019 to March 2019)

- In the reporting period from 1 June 2018 to 31 May 2019 there were a total of 1269 patient journeys carried out. Of these, 182 journeys were to repatriate patients which is not an activity regulated CQC. Of the remaining journeys, a total of 93 were either for high dependency or critical care patients or for patients receiving palliative or end of life care. This activity is reported under the emergency and urgent care core service. The remaining 975 journeys were patient transport journeys.
- Eight registered paramedics, seven paramedic technicians, two emergency care assistants, an administrator and the registered manager worked at the service.
- Track record on safety
- No Never events
- No clinical incidents resulting in harm, low harm, moderate harm, death or severe harm.
- No serious injuries

No complaints

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Not rated	Good	Inadequate	Requires improvement
Patient transport services	Requires improvement	Requires improvement	Not rated	Good	Inadequate	Requires improvement
Overall	Requires improvement	Requires improvement	Not rated	Good	Inadequate	Requires improvement

Emergency and urgent care services

Safe	Requires improvement
Effective	Requires improvement
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Inadequate
Overall	Requires improvement

Information about the service

The service carried out transfers for patients whose conditions required an ambulance equipped to provide high dependency or critical care. The service carried out transfers of patients who were receiving end of life care. This meant the service met the criteria for the emergency and urgent care core service. The service did not carry out any emergency ambulance work for example responding to 999 calls. In the period 1 June 2018 to 31 May 2019 the service carried out 93 emergency and urgent service patient journeys.

However, the main service provided by this ambulance service was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport service section.

Summary of findings

We found the following issues that the service provider needs to improve:

- The service did not manage medicines in a safe manner or in line with national and legal guidelines.
- The service did not have systems in place to routinely monitor how the service was performing. The service did not carry out any audits to monitor performance and making improvements.
- Staff did not receive supervision or appraisals.
- There was no effective process to ensure policies and procedures were reviewed to provide clear guidance
- The detail in policies did not always give clear guidance to staff to support them to provide safe and evidence-based care and treatment.
- There were limited effective governance arrangements to evaluate the quality of the service and improve delivery.
- There were limited processes to identify risks and issues and to identify actions to reduce their impact. We identified risks to the environment and running of the service that had either not been identified, or if identified processes had not been put in place for staff to follow to lessen the risk.
- Although a vision and strategy been developed there was no plan to turn it into action.

Emergency and urgent care services

- Although views of patients were collected, the service did not evaluate the response to identify themes for improvement.

However, we found the following areas of good practice:

- Equipment was available and appropriately serviced and maintained and vehicles had appropriate checks.
- Vehicles were well maintained and checked daily.
- Staff understood their responsibilities to protect patients from avoidable harm.
- Ambulances were visibly clean, and staff had access to personal protective equipment.
- Patient records were held securely.
- There were enough staff to meet patient needs.
- Staff were able to plan appropriately for patient journeys using the information provided by the booking system.
- Staff understood their responsibilities in relation to the Mental Capacity Act.
- Staff felt supported by the manager and said they were approachable and accessible should they require support and advice.

Are emergency and urgent care services safe?

Requires improvement

Incidents

The management of incidents across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Mandatory training

The management and completion of mandatory training across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Safeguarding

The management of safeguarding across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Cleanliness, infection control and hygiene

The management of cleanliness, infection control and hygiene across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Environment and equipment

The management of the environment and equipment across the service was the same for both the emergency and urgent care service and the patient transport service.

Emergency and urgent care services

The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Assessing and responding to patient risk

The process of assessing and responding to patient risk across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Staffing

The management of staffing levels across the service was the same for both the emergency and urgent care service and the patient transport service. All staff worked across the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Records

The management of records across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Medicines

- **The service did not always record the stock and disposal of medicines accurately. The management of medicines policy and patient group directions did not support the safe administration of medicines. However, medicines were stored securely, and staff followed national guidelines to support safe administration of medicines.**
- At the inspection in November 2016 we found that the service had a medicine management policy but did not have any medicine protocols to support staff to administer medicines safely.
- At this current inspection we identified the medicines management policy did not provide clear guidance about the management of medicines at the service. Detail in the policy indicated the policy had been developed from another company's policy and not amended to reflect the service delivered by Inter-County Ambulance Service Limited. Included in the policy, was a list of medicines that staff were able to administer without a prescription. Our review of this list showed that some of the detail was incorrect. For example, the list detailed that all ambulance staff could administer clopidogrel tablets without a prescription, which is not legally correct. Registered paramedics and registered nurses can only administer this medicine under a patient group direction and ambulance technicians and associate student paramedics cannot legally administer this medicine.
- The service had developed patient group directions, but they had not been signed off as authorised by the medical director and a pharmacist. It is a legal requirement that patient group directions are authorised by a doctor or dentist and a pharmacist. Staff had not signed to evidence they agreed to administer these medicines in accordance with the patient group directions.
- However, paramedics had access to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance, which provided them with clear instructions about the administration of medicine.
- At this current inspection we identified the service's processes for recording stock management and disposals of medicines was chaotic and inaccurate and did not provide an audit trail to accurately record the amount of medicines held at the service. The record of furosemide held at the service was unclear and had inaccuracies. The amount of amiodarone for injection held at the service was not accurately detailed in the medicine stock records. The medical director who had overall responsibility for the management of medicines, was not able to provide an explanation why these discrepancies had occurred. The service had not identified any discrepancies before our inspection of the service.
- Medicines were stored securely, both on the vehicles and at the ambulance station. Paramedic bags, that held medicines, were stored securely on the vehicles when in use and when not in use stored securely at the ambulance station.

Emergency and urgent care services

Are emergency and urgent care services effective?

Requires improvement

Evidence-based care and treatment

- **The service could not evidence it provided care and treatment based on national guidance and evidence-based practice. The registered manager did not check to make sure staff followed guidance.**
- At the inspection in November 2016 we found there was no process to ensure staff followed national guidelines whilst delivering the service.
- At this current inspection, policies and procedures detailed current guidance to support staff to provide evidenced based care and treatment. Copies of the current Joint Royal Colleges Ambulances Liaison committee (JRCALC) guidelines were available on each vehicle, ensuring all staff had access to the current guidance for delivery of paramedic services. However, there was still no process to monitor staff adherence to these guidelines. There were no audits of staff compliance with national guidelines. There was no process for formal staff supervision to monitor staff compliance with national guidelines.
- Staff did not require any specialist mental health skills and specialised vehicles were not required as the service did not convey patients subject to the Mental Health Act 1983.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**
- Staff monitored patients' pain and recorded this on the patient record forms. Staff administered pain relieving medicines and monitored the effect of them.

Response times

- **The service recorded timings of a patient's journey but did not have a formal process to monitor the performance and make improvements.**
- From 1 June 2018 to 31 May 2019, the service had carried out 1269 patient journeys, of which a total of 93 patient journeys were categorised as emergency and urgent care journeys. These were for either patients receiving high dependency or critical care patients or for patients receiving palliative or end of life care.
- The service recorded pick up times, arrival times and site departure times through the crew daily job sheets. However, there was no formal system in place to monitor the service's performance and response times to ensure they were delivering the service in a timely manner.
- The service did not carry out any emergency (999) work, so was not required to monitor performance against the national targets.

Patient outcomes

The management and measurement of patient outcomes across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Competent staff

- **Gaps in the management and support arrangements for staff, such as appraisal and supervision meant the service did not have assurance that staff continued to be competent for their roles. Managers did not appraise staff's work performance and did not hold formal supervision meetings with them to provide support and development. However, recruitment processes ensured staff had the relevant qualification and experience before commencing employment with the organisation.**
- At the inspection in November 2016 we found there were no formal systems in place to ensure staff were suitably appraised or received clinical supervision.
- Information provided by the service prior to the inspection detailed that "We are currently rolling out appraisals for all staff – we have the forms. We have an open-door policy where staff actively speak to management - this will be documented." At the

inspection we found the appraisal process had not progressed any further and there was no formal system to ensure staff working for the service received clinical supervision. Lack of supervision meant the service had no formal process to give the manager assurance that staff were providing safe and effective care and treatment to patients.

- The service followed recruitment processes that ensured checks were completed to make sure staff had the necessary skills, experience and competencies to carry out their assigned role. This included, for registered paramedics checks made against the Health Care Professionals Council (HCPC) register, staff held the appropriate driving licence to allow them to drive the ambulances and records of the training staff had completed prior to commencing employment with Inter- Country Ambulance Service Limited.
- All staff completed an induction programme when they commenced working for the service. Discussion with staff confirmed they had completed an induction programme which included reviewing policies and shadowing members of staff.
- The service had a policy that detailed the training staff were required to complete. The registered manager monitored the training competed by staff and alerted them verbally and by email if they needed to complete any of the training.
- There was no formal process to support staff with their development. However, conversations with the two permanent members of staff and the registered manager indicated support would be provided to members of staff who wished to progress their roles within the service.

Multi-disciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- Staff said they had good working relationships with the various managers based at the hospitals they transferred patients to and from.
- Staff told us there were effective handovers between themselves and hospital staff when they collected patients from and dropped them off at hospital locations.
- Staff described how they promoted effective working relationships with accompanying medical and nursing staff when transferring acutely ill patients.In these situations, the accompanying medical or nursing staff was the lead clinician for the care a treatment of the patient, and the ambulance staff worked with them as a member of the team to deliver effective care and treatment to the patient.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The management of consent, mental capacity act and deprivation of liberty safeguards across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We were not able to make a judgement about this domain. The service had little feedback from patients that we could use to make a judgment about this domain and we were not able to observe any activity during the inspection.

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

Good

Service delivery to meet the needs of local people

- The urgent and emergency service provided transfers for patients with high dependency or critical needs and transfers for patients who were receiving end of life care.
- The service did not provide an emergency ambulance service, they did not respond to 999 calls.

Emergency and urgent care services

- See further information about service delivery in the patient transport service section.

Meeting people's individual needs

The management and staff practices for meeting people's individual needs across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Access and flow

- **Processes supported people to access the service when they needed it. However, the service did not carry out audits to give them assurance that people could access the service when they needed it.**
- The service operated within the core hours of 9am to 9pm every day. They operated three shifts a day with one vehicle for each shift.
- The 'job sheets' carried by staff provided them with journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.
- If a journey was running late the driver rang ahead to the destination with an estimated time of arrival and kept the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.
- The service did not carry out any emergency (999) work, so was not required to monitor performance against the national targets.

Learning from complaints and concerns

The management of and learning from complaints and concerns across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Are emergency and urgent care services well-led?

Inadequate

Leadership of service

The leadership of the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Vision and strategy for this service

The vision and strategy for the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Culture within the service

The culture across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Governance

Governance across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Management of risk, issues and performance

The management of risks, issues and performance across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Information Management

Emergency and urgent care services

Information management across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Public and staff engagement

Public and staff engagement across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Innovation, improvement and sustainability

Innovation, improvement and sustainability across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service.

Patient transport services (PTS)

Safe	Requires improvement
Effective	Requires improvement
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Inadequate
Overall	Requires improvement

Information about the service

Inter-County Ambulance Service Limited is operated by Inter-County Ambulance Service Ltd. The service opened in 1972 and was registered with the Care Quality Commission in 2011. It is an independent ambulance service in Chalfont St Peter, Buckinghamshire.

The service provides non-emergency patient transport to private organisations and some NHS trusts. Services are staffed by trained paramedics, ambulance technicians and ambulance care assistants. The Inter-County Ambulance Services Limited fleet consists of four ambulance vehicles fitted with one stretcher and three seats. All vehicles were staffed by at least one registered paramedic so they could transport patients with complex and acute needs.

In the period 1 June 2018 to 31 May 2019 the service carried out 975 patient transport journeys.

Summary of findings

We found the following issues that the service provider needs to improve:

- The delivery of high-quality care was not assured by the leadership or governance.
- The service did not have systems in place to routinely monitor how the service was performing. The service did not carry out any audits to monitor performance and make improvements.
- There were gaps in the management and support arrangements for staff, such as appraisal and supervision.
- The detail in policies did not always give clear guidance to staff to support them to provide safe and evidence-based care and treatment.
- Leaders did not show they were clear about their accountability for quality.
- There were limited effective governance arrangements to evaluate the quality of the service and improve delivery.
- There were limited processes to identify risks and issues and to implement actions to reduce their impact.
- Although a vision and strategy been developed there was no plan to turn it into action.

Patient transport services (PTS)

- Although views of patients were collected, the service did not evaluate the response to identify themes for improvement.

However, we found the following areas of good practice

- Equipment was available and appropriately serviced and maintained and vehicles had appropriate checks.
- Vehicles were well maintained and checked daily.
- Staff understood their responsibilities to protect patients from avoidable harm.
- Ambulances were visibly clean, and staff had access to personal protective equipment.
- Patient records were stored securely.
- There were enough staff to meet patient needs.
- Staff were able to plan appropriately for patient journeys using the information provided by the booking system.
- Staff understood their responsibilities towards the Mental Capacity Act 2005.
- Staff felt supported by the manager and said they were approachable and accessible should they require support and advice.

Are patient transport services safe?

Requires improvement

Incidents

- **The service had a process to manage patient safety incidents. Staff understood how to recognise incidents and near misses. However, the incident reporting process did not provide clear guidance to staff about how to report incidents and near misses.**
- At the inspection in November 2016 we identified that the systems and processes in place for incident reporting was not robust and there was no evidence of staff learning from incidents.
- At the current inspection carried out on 11 June 2019, the service had an incident policy that gave staff some guidance about incident reporting. This included the actions the service would take to learn from incidents. However, the policy did not give clear guidance about how staff must report incidents, what documents they should use to report incidents and who they should report incidents to. Staff reported incidents directly to the registered manager, either verbally to the registered manager or by an incident form stored in the ambulance or on a piece of paper.
- The service reported there had been no incidents in the twelve months prior to our inspection. However, discussion with staff showed there were often delays when crews arrived to collect patients from hospitals, which had the potential to impact on the timely delivery of the service later in the shift. These delays were not reported as incidents, so the service was not able to use these incidents to influence learning either for themselves or influence the learning and performance of the hospitals they were carrying out the transfers for.

Mandatory training

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

Patient transport services (PTS)

- The service required all staff to complete training in essential safe subjects, some of which included complaints handling, conflict resolution, equality, diversity and human rights, fire safety, lone working and first aid in the work place.
- It was not clear whether the service had set a target for staff compliance with mandatory training.
- The service reported that all staff had completed all mandatory training. Staff we spoke with confirmed they had access to mandatory training and were up to date with the mandatory training required by the service. Although the service provided mandatory training, they also accepted evidence of completion of NHS mandatory training about the same subject in the main place of work for staff as evidence of completion of training.

Safeguarding

- **Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it. However, the service's safeguarding policy did not provide clear guidance about reporting abuse.**
- Staff had a clear understanding about what constituted abuse. All staff completed level 3 training about the protection of vulnerable adults and vulnerable children. This showed the service had considered national guidance about recommended levels of training.
- The service's policies and procedures for safeguarding had information about safeguarding and abuse. This included information about female genital mutilation (FGM), preventing radicalisation and child sexual exploitation. However, there was no easy to follow guide for staff about the actions they needed to follow if they suspected a patient had been subject to an act of abuse or was at risk of abuse. This was the same as at the inspection in 2016. In practice staff reported suspected incidents of abuse to the registered manager, who was the safeguarding lead for the service, who escalated it to the relevant safeguarding authority.

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.**
- All staff completed infection prevention and control as part of their mandatory training.
- We saw daily vehicle checklists that staff completed which evidenced the vehicle was clean, and that cleaning equipment and sanitary items were available on the vehicle.
- Our review of equipment and the vehicles showed they were all visibly clean and that personal protective equipment, such as gloves, aprons and eye shields were available on the vehicles. However, as we were not able to view care we cannot confirm personal protective equipment was used by staff.
- Records showed staff deep cleaned vehicles. However, it was not clear whether there was a set frequency for deep cleaning of the vehicles.
- The service's infection prevention policy gave guidance to staff about how to reduce the risk of cross infection.

Environment and equipment

- **The design, maintenance and use of facilities, premises, vehicles and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- The service had four ambulances. The service had systems to monitor servicing and Ministry of Transport (MOT) testing of vehicles. MOT and vehicle service dates were displayed on a vehicle whiteboard at the ambulance station. Our review of documents confirmed all vehicles had an in date MOT, regular servicing and were insured.
- Staff stored vehicle keys securely when they were not in use.
- Staff alerted the registered manager about any vehicle defect through the vehicle defect section on daily log sheets and by verbally reporting defects to the registered manager. Staff said defects of vehicles and equipment were attended to promptly.

Patient transport services (PTS)

- Although the service had four ambulances, they routinely used only three of these vehicles. The fourth vehicle was kept maintained and stocked, ready to be put into service, if there was a defect with one of the other three vehicles.
- Staff ensured all required equipment was on the vehicle by completing a daily check list. This detailed all the equipment that should be on the vehicle and recorded that staff had checked the equipment was in working order. There was a variety of equipment on the vehicles that ensured the safety of patients. This included moving and handling equipment, monitoring equipment and emergency care equipment such as a defibrillator.
- Ambulances were all equipped with tracking devices. The service had mobile telephones for staff to use whilst on shift.
- Vehicles had waste disposal bins. The service had a contract with an external provider for the disposal of clinical and general waste. Clinical waste bins were held securely at the ambulance station.
- However, storage of equipment in the staff rest room posed a risk to staff. Heavy equipment such as spare tyres, were stored on the top of staff lockers, which if they fell would pose of risk of injury to staff.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and acted upon patients at risk of deterioration.**
- Information about patients' needs was collected at point of booking and communicated to staff on their worksheets or via mobile telephones. We observed staff taking details of risk factors, such as mobility, access to buildings and the patient's medical condition when making a booking for transport.
- Staff carried out risk assessments for the transfer of patients. This included assessments during the transfer of patients. For patients who staff were transferring long distances, the location of acute hospitals on the journey was identified, so staff could divert to these if the patient's condition deteriorated and needed clinical interventions the service could not provide. In the event of a patient needing immediate urgent clinical attention, staff called 999 for the NHS acute ambulance service.
- There was appropriate equipment on board ambulance vehicles to provide monitoring and assessment of patients. For example, patients could have oxygen saturations, non-invasive blood pressure, temperature and blood sugar levels recorded. Our review of patient records showed staff monitored patient's health and wellbeing during journeys and recorded their findings.

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 and treatment.**
- The service employed seventeen staff, who were a mix of emergency care assistants, ambulance technicians and paramedics. Each ambulance was always staffed with a paramedic and either an emergency care assistant or an ambulance technician.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. However, there was no assurance that patient record forms were always completed to the same standard.**
- Relevant patient information was collected during the booking process to inform the crew of the patient's health and circumstances. For example, any information regarding access to property or illness issues would be collected.
- Staff received worksheets at the start of a shift. These included, collection times, addresses and patient specific information such as relevant medical conditions, mobility, and if an escort was travelling with the patient. Information was stored securely in the driver's cab.

Patient transport services (PTS)

- Staff stored completed patient record forms securely on vehicles in the cab area, which they kept locked when the vehicle was unattended. We saw patient information and patient record forms kept within locked metal cupboards at the station.
- Our review of patient record forms showed staff detailed the care provided during transport. However, the lack of auditing of patient record forms meant we were not assured that the detail and quality of recording was consistent across the service.
- The registered manager reviewed staffing levels against planned activity to ensure there were two members of staff available for each vehicle being used. In practice two or three crews worked each day, except for weekends, when only one crew and vehicle were deployed.
- The manager completed staff rotas a month in advance. The service only accepted bookings for patient transfers that the planned staffing could accommodate safely.
- The service followed recruitment practices that ensured all staff had the relevant qualifications, skills training and experience to carry out their role. Our review of staff records and conversations with staff confirmed the registered manager followed this process when recruiting staff. This included confirmation of completed checks against the disclosure and barring service (DBS) carried out before staff commenced employment.
- The service did not use agency or bank staff, staff worked flexibly to fill vacant shifts.

Are patient transport services effective?

Requires improvement

Evidence-based care and treatment

- **The service could not evidence it provided care and treatment based on national guidance and evidence-based practice. The registered manager did not check to make sure staff followed guidance.**
- At the inspection in November 2016 we found there was no process to ensure staff followed national guidelines whilst delivering the service.
- At this current inspection, policies and procedures detailed current guidance to support staff to provide evidenced based care and treatment. However, there was still no process such as formal supervision to monitor staff adherence to these guidelines. There were no audits of staff compliance with national guidelines.
- Staff did not require any specialist mental health skills and specialised vehicles were not required as the service did not convey patients subject to the Mental Health Act 1983.

Nutrition and hydration

- **Staff assessed patients' food and drink requirements to meet their needs during a journey.**
- Staff told us they would make regular breaks in the journey if they were transporting a patient over a long distance to facilitate eating and drinking.

Response times

- **The service recorded timings of a patient's journey but did not have a formal process to monitor the performance and make improvements.**
- From 1 June 2018 to 31 May 2019, the service had carried out 1269 patient journeys, of which 973 journeys were for patient transport journeys.
- The service recorded pick up times, arrival times and site departure times through the crew daily job sheets. However, there was no formal system in place to monitor the service's performance to ensure they were delivering the service in a timely manner.

Patient outcomes

- **The service did not monitor the effectiveness of care and treatment.**
- We found the service did not have a system in place to routinely collect or monitor information on how the service was performing. Patient comment cards were available for patients to share their view of the service; however, patients were not routinely asked to complete one. Of the comment cards completed, the service did not review them to identify themes and areas for improvement.

Competent staff

- **Gaps in the management and support arrangements for staff, such as appraisal and supervision meant the service did not have assurance that staff continued to be competent for their roles. Managers did not appraise staff's work performance and did not hold formal supervision meetings with them to provide support and development. However, recruitment processes ensured staff had the relevant qualification and experience before commencing employment with the organisation.**
- At the inspection in November 2016 we found there were no formal systems in place to ensure staff were suitably appraised or received clinical supervision.
- Information provided by the service prior to the inspection detailed that "We are currently rolling out appraisals for all staff – we have the forms. We have an open-door policy where staff actively speak to management - this will be documented." At the inspection we found the appraisal process had not progressed any further and there was no formal system to ensure staff working for the service received clinical supervision. Lack of supervision meant the service had no formal process to give assurance that staff were providing safe and effective care and treatment to patients.
- The service followed recruitment processes that ensured checks were completed to make sure staff had the necessary skills, experience and competencies to carry out their assigned role. This included checks that staff held the appropriate driving licence to allow them to drive ambulances and records of the training staff had completed prior to commencing employment with Inter-Country Ambulance Service Limited.
- All staff completed an induction programme when they commenced working for the service. Discussion with staff confirmed they had completed an induction programme which included reviewing policies and shadowing members of staff.
- The service had a policy that detailed the training staff were required to complete. The registered manager monitored the training completed by staff and alerted them if they needed to complete any of the training.
- There was no formal process to support staff with their development. However, conversations with the two permanent members of staff and the registered manager indicated support would be provided to members of staff who wished to progress their roles within the service.

Multi-disciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- Staff said they had good working relationships with the various managers based at the hospitals they transferred patients to and from.
- Staff told us there were effective handovers between themselves and hospital staff when they collected patients from and dropped them off at hospital locations.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- Staff had received training about the Mental Capacity Act 2005. This training was via eLearning, information provided by the service showed all staff had completed this training.
- Staff we spoke with showed awareness and understanding of the Mental Capacity Act 2005 code of practice and consent processes. They described how they would support and talk with patients if they initially refused care or transport to help them understand the reason for transport and subsequently consent to transport.

Patient transport services (PTS)

Are patient transport services caring?

Not sufficient evidence to rate

We were not able to make a judgement about this domain. The service had limited feedback from patients that we could use to make a judgment about this domain and we were not able to observe any activity during the inspection.

Compassionate care

- The service displayed comments received from patients in the staff rest room. Comments about compassionate care included, "your crew are true professionals and certainly went the extra mile", "the medics were very kind" and "they were extremely professional, efficient, helpful, friendly, patient and were simply superb."

Are patient transport services responsive to people's needs?

Good

Service delivery to meet the needs of local people

- **The service planned and provided care in a way that met the needs of local people and the communities served.**
- The main service was the transfer of patients between health care providers for patients who were unable to use public or other transport due to their medical condition. All transfers were carried out in an ambulance equipped to deliver emergency and urgent care, although not all patients required this. This included those attending hospitals, outpatient clinics, being discharged from hospital wards or referrals from care homes and private individuals.
- The service had two core elements, pre-planned patient transfers and 'adhoc' services to meet the needs of referring organisations and patients. The service had a member of staff responsible for taking bookings. We observed bookings were responded to quickly via telephone. For 'adhoc' on the day bookings, the member of staff responsible for taking bookings, identified which crew had capacity to take on the job.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**
- At the inspection in November 2016 we found there was limited provision on vehicles to support people who were unable to communicate verbally or who did not speak English.
- At the current inspection this issue had been resolved. Translation apps had been added to the ambulance phones.
- The booking process meant people's individual needs were identified. The process considered the level of support required, the person's family circumstances and communication needs.
- For patients who were not able to verbally communicate, the service sought guidance from staff at the hospital the patient was collected from or from family members about the most effective way to communicate with the patient. Where possible a health care professional, carer or family member accompanied the patient to support with their communication needs.
- The service had one vehicle equipped with a bariatric stretcher and other specialist equipment to support bariatric patients. Staff were aware of the weight limit of patients they could transfer. The booking process included asking for the weight of the patient, to ensure the service was able to transfer and meet the patient's needs.
- For patients living with dementia and those with reduced mental capacity their support needs were assessed at point of booking. There was seating in the ambulances, with seat belts, to allow family members or additional medical staff to travel with the patient.

Access and flow

- **Processes supported people to access the service when they needed it. However, the service did not carry out audits to give them assurance that people could access the service when they needed it.**

Patient transport services (PTS)

- The service operated within the core hours of 9am to 9pm every day. They operated three shifts a day with one vehicle for each shift.
- The 'job sheets' carried by staff provided them with journey information including name, pick up point, destination, mobility requirements and any specific requirements based on individual needs.
- If a journey was running late the driver rang ahead to the destination with an estimated time of arrival and kept the patient and the hospital informed. Any potential delay was communicated with patients, carers and hospital staff by telephone.

Learning from complaints and concerns

- **There were some processes for people to give feedback and raise concerns about care received.**
- The service had a system for handling, managing and monitoring complaints and concerns. Each vehicle had patient feedback forms available for patients to complete. They had details of how to contact the office and make a complaint. However, there was no detail on the service's website about how a person could make a complaint about the service.
- We reviewed the feedback responses, all which commented positively about the service provided.
- The service had not received any complaints about the service they provided.

Are patient transport services well-led?

Inadequate

Leadership of service

- **The delivery of high-quality care was not assured by the leadership or governance. Leaders did not demonstrate they fully understood and managed the priorities and issues the service faced. They were not always aware of the key risks, issues and challenges in the service. Leaders did not demonstrate accountability for the quality of the service.**
- The registered manager of the service was one of the three directors of the organisation. The registered manager oversaw all daily aspects of the running of the service, except for the medicines which were overseen by the medical director who worked two days a month for the service. The other two directors, who lived overseas, had regular contact with the registered manager to provide support with the running of the service through online calls.
- The leadership of the service had failed to address all the concerns identified at the previous inspection in 2016. This included not implementing a system to assess, monitor and improve the quality and safety of the service, not ensuring effective governance and risk management systems were in place and supporting staff in their roles by effective supervision and appraisal. This meant the registered manager and provider would not know if patients received an unsafe or poor quality service and received care from staff who did not continue to be competent for their roles.
- There was lack of evidence that the leadership of the service took accountability for the quality of the service. There was no monitoring of quality and no reference of quality in meeting records. This meant the service could not identify whether they delivered a high quality service and could not identify whether there were areas of the service that needed to improve.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve but no plan to turn it into action.**
- At the inspection in November 2016 we found that a vision and strategy for the service had not been developed. Since that time the directors had developed an ethos, vision statement, core values and strategy for the service.
- The vison was to continually deliver excellent private ambulance services. The core values were "We believe that each patient should be treated as an individual and we tailor our service to provide them with the best medical care, dignity and peace of mind."
- The strategy was "Continue to maintain the high standards of Inter-County Ambulance Service, focus on clinical quality and compassionate care, become a household name in the community, develop a happy, confident workforce, empower workforce through

increased access to training for career development."The strategy was not dated. There was no detail or plan about how the service was going to deliver and monitor the strategy**.**

Culture within the service

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where staff could raise concerns without fear.**
- Staff spoke positively about the leadership of the service. They had confidence in the manager and felt able to raise concerns with them. Most staff we spoke with said the organisation and the manager was good to work for and they felt they were well looked after.
- Staff gave examples, where changes and new equipment to deliver better care to patients had been introduced, because the manager had listened to the views and opinions of staff. Staff said they were proud to work for the service. They wanted to make a difference to patients and were passionate about performing their role to a high standard.

Governance

- **Leaders did not operate an effective governance process. There were limited opportunities for staff to meet, discuss and learn from the performance of the service.**
- At the inspection in November 2016 we found there were no effective governance arrangements in place to evaluate the quality of the service and improve delivery. Audits were not undertaken and therefore learning did not take place from review of procedures and practice.
- Although audits of patient record forms had commenced immediately following the previous inspection this had not been sustained. This meant the service had limited processes to provide assurance that staff completed patient record forms to accurately detail the care and treatment patients they gave to patients.Lack of overall audit activity meant there was a risk the service would not recognise and act if service users received a poor service.
- There was no process to ensure policies and procedures were reviewed. Policies and procedures did not provide clear guidance to staff. Without a planned policy review process, there was risk that policies would not include current national guidance resulting in staff delivering a service to patients that did not follow current national guidance. During our review of the ten policies, only one had a policy review date detailed on it and five of the ten five did not provide clear guidance to staff. For example, the safeguarding policy did not detail the actions staff needed to take to report any suspected abuse. Without clear guidance for staff there was a risk safeguarding concerns would not be reported.
- The incident reporting policy dated 1 May 2019, did not provide clear guidance about how staff needed to report incidents, what documents they needed to report incidents on or who they should notify. During the inspection we found that incidents were reported on incident forms, scraps of paper and verbally. The policy detailed staff needed to report incidents to the director. There were three directors and the incident reporting policy did not detail which director staff needed to report incidents to. Without clear guidance for staff there was risk that incidents would not be reported, acted on, learned from, or prevented from re occurring.
- The medicines management policy dated January 2019 did not include provide clear and up to date guidance about the management of medicines at the service. We found the document titled 'Inter-County Ambulance Service Ltd. Medicines Formulary' that was attached to the medicines management policy, described the types of medicines that could be administered by different types of ambulance staff. Our review of this document showed that the detail gave incorrect guidance to staff. For example, the document detailed that all ambulance staff could administer clopidogrel tablets without a prescription, which is not legally correct. Registered paramedics and registered nurses can only administer this medicine under a patient group direction and ambulance technicians and associate student paramedics cannot legally administer this medicine. Failure to provide clear and accurate guidance meant there was a risk that patients would receive medicines from staff who did not have the legal authority to administer them.
- Not all policies reflected the service provided by Inter-County Ambulance Service Ltd. For example, some policies described roles and groups that were not part of the service. This included a local security

management specialist, area manager, operations manager, head of operations, clinical review group, medicines group and an adverse incident reporting and investigations policy. The medicines management policy, dated January 2019, referred to standard operating procedures which did not exist. Failure of policies to reflect the service, meant staff had confusing guidance which put patients at risk of receiving poor care and treatment.

- There were twice monthly internet meetings between the directors and there was a record of these meetings. However, the records of the meetings held no reference to monitoring of the quality and outcomes of the service, the meetings were focused on finance, recruitment and vehicles. The lack of monitoring of quality and outcomes meant there was risk that the registered manager and provider would not recognise if patients received a poor quality or unsafe service.

Management of risk, issues and performance

- **Leaders did not use systems to manage performance effectively. They had no process to identify risks and issues and to identify actions to reduce their impact. They had no formal plans to cope with unexpected events.**
- At the inspection in November 2016 we found there was no formal risk register in place at the service and therefore we had no assurances that risks were being tracked and managed, or that the service had plans to mitigate risks.
- At this current inspection the service still did not have a process to identify and manage risks. The registered manager was not able to articulate any risk to the service, other than picking patients up at the allocated time. However, on further discussion, the registered manager said this was not a significant risk, because the journeys were well planned. There was no consideration of other risks to the service, such as risks associated with the lack of appraisal and supervision of staff, the lack of audits to identify how the service was performing or risks associated with the management of medicines. This meant there was risk that the registered manager and provider would not identify and act to reduce risks to patients and the running of the service.
- The registered manager verbally described processes that would be followed to ensure business continuity in the event of electrical failure, telephony failures or bad weather. However, the processes to be followed were not documented. This meant that in the absence of the registered manager, staff did not have any guidance to follow if there was an incident affecting business continuity of the service.
- Although there was an environmental risk assessment of the building and the staff rest room, this risk assessment had failed to identify areas of risk. This included the storage of heavy items, such as spare ambulance tyres stored on top of staff lockers that had the potential to fall from the locker and injure staff.

Information Management

- **The service collected data but did not analyse it. This meant there was no information in easily accessible formats, to understand performance, make decisions and improvements. However, the information systems were secure.**
- Although the service held large amounts of information and data about the booking process and patient journeys, this was not analysed or used to understand performance and support improvements in the service.
- Most records were paper records. These were held insecure lockable cabinets. Where records were held electronically, these were password protected.

Public and staff engagement

- **The service had limited engagement with patients, and no engagement with organisations to plan and manage services. There was limited formal process for engaging with staff.**
- Although patient feedback forms were available, there was limited response to these and the service did not evaluate the response to identify themes for improvement. The service had not considered how to improve feedback from patients.
- The service did not have a formal process to engage and receive feedback from those organisations they regularly provided transport for.
- There was no formal process to engage with staff. However, staff spoke positively about informal

processes. They commented that the registered manager was always approachable listened to any views and opinions they had about the running of the service. Staff gave examples, where changes and new equipment to deliver better care to patients had been introduced, because the manager had listened to the views and opinions of staff.

Innovation, improvement and sustainability

- **There was no formal process for quality improvement of the service.**
- Records of the director's meetings showed that although the financial sustainability of the service was considered, there was no consideration in the meetings about the quality or improvement in the quality of the service being delivered.
- However, staff could influence improvements to the service, by suggesting the purchase of new and improved equipment.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must take prompt action to implement systems and processes to assess, monitor and improve the quality and safety of the service.
- The provider must take prompt action to implement governance and risk management systems.
- The provider must act to ensure medicines are managed in a safe manner and in line with current national and legal guidance.
- The provider must ensure all staff have supervision and receive appraisals.
- The provider must ensure detail in policies and procedures give clear and up to date guidance for staff.

Action the hospital SHOULD take to improve

- The provider should develop a plan to turn their vison and strategy for the service into action.
- The provider should consider evaluating patient feedback to identify themes for service improvement.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The process for recording stock management and disposal of medicines was inaccurate and did not provide an audit trail to accurately detail the amount of medicines held at the service. The service had no recorded authorisation and approval of patient group directions.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were gaps in the management and support arrangements for staff, such as appraisal and supervision.

This section is primarily information for the provider

Enforcement actions

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
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service did not carry out audits to evaluate and improve the performance of the service. • The service did not have a process to establish how the service performs against its planned activities and identify areas for improvement. • The service did not have a system to manage medicines safely. • The service did not ensure medicines were administered by staff who had the legal authority to do so. • The service did not have a process to use the views of people using the service to support improvements and to ensure quality and safety. • The service did not have a planned policy review process and ensure there is clear guidance for staff to follow and that all policies are relevant to the service. • The service did not provide clear and accurate guidance for the administration of medicines. • The leaders did monitor the service it provided and consider the quality and safety of the service. • The service did not ensure staff have guidance to follow if there is an incident affecting business continuity of the service in order that action can be taken to minimise risks.