

## Advatech Healthcare Europe Limited

# Hippo Mobility

### 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?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

This is the first time we have rated this service. 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 provided mandatory training in key skills to all staff and made sure everyone completed it.
- People could access the service when they needed it.
- The service made sure that journeys ran on time and took into account the needs of patients.
- 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. Managers regularly reviewed and adjusted staffing levels.

However:

- Leaders did not have enough oversight of governance arrangements within the service. Not all policies and processes reflected best practice and had not been customised to the needs of the service.
- Risk assessment documents were generic and included template wording
- Infection prevention and control measures in place were not clear and there was no guidance on how vehicles should be cleaned after each patient journey.
- There were no written eligibility criteria for patients that wanted to use the service.

We rated this service as good because it was safe, effective, responsive and well led. We inspected caring but did not rate as we were not able to speak to patients.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

Hippo Mobility is a patient transport service operated from its location in Essex and also covers the London area. The provider Advatech Healthcare Europe Limited registered with the Commission on 10 December 2020.

The service has one ambulance and five wheelchair accessible cars. The service is registered to provide; transport services, triage and medical advice provided remotely and currently employs seven staff. Since the beginning of the year a total of 49 journeys were conducted in scope of the registered regulated activity. We inspected this service using our next phase inspection methodology. We carried out a short notice announced inspection on 12 May 2021. We conducted this inspection due to receiving concerns about the service. We have not previously inspected this service. 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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

# Summary of findings

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# Summary of this inspection

## Background to Hippo Mobility

Hippo Mobility is registered as an independent ambulance service based in Benfleet, Essex and is operated by Advatec Healthcare Europe Limited. The service registered with the Commission on 10 December 2020. The service provides patient transport services and conveys patients to and from hospitals in Essex and surrounding areas. The service operates between the hours of 0930-1700, seven days a week.

This is the first time we have inspected and rated the service.

The current CQC registered manager has been in post since registration commenced on 10 December 2020. At the time of inspection, the director of operations at the service had applied to become registered manager and the Care Quality Commission was in the process of assessing this application.

The service is currently registered for the following regulated activity:

- Transport services, triage and medical advice provided remotely

## How we carried out this inspection

On 12 May 2021 we inspected Hippo Mobility at the site office in Benfleet. We spoke to the registered manager and two members of staff and inspected two vehicles. We reviewed five staff records and five patient journeys.

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:

We told the service that it must take action to bring services into line with legal requirements. This action related to patient transport services.

- The service must ensure it accurately records the dates of when each risk was first entered onto the company's risk assessment (Regulation 17 (1)(2) (a)(b)).
- The service must ensure that policies and procedures are in line with best practice guidance, are in date and accurately reflect the service provided. (Regulation 17(1) (2)(a)(b)).
- The service must ensure that there is a robust and recorded eligibility criterion for which patients they are able to transport (Regulation 17(1)(2)(a)(b)(c)).

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

## Summary of this inspection

- The service should ensure that oxygen is stored appropriately in line with national guidance.
- The service should ensure staff can access a safeguarding lead who has completed training to level 3 for adults.
- The service should ensure staff have access to communication cards to enable people with a disability to communicate with staff.
- The service should ensure that all staff receive annual appraisals.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

## Patient transport services

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

### Are Patient transport services safe?

Good 

This is the first time we have rated this service. We rated it as good because:

#### Mandatory training

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

Mandatory training was generally online learning which could be accessed by staff remotely. Subjects included but were not limited to basic life support, manual handling and infection prevention and control. All staff who had completed their induction had completed their mandatory training.

The service had invested in a new governance process to induct new staff however, this had not been fully embedded. We saw this in progress with new members of staff that had joined Hippo Mobility.

#### 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.**

All staff received safeguarding children and adults' level two training. This was in line with national requirements outlined in; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019.

At the time of inspection, the service did not have a safeguarding level 3 lead as they had recently left the service. The registered manager was acting as the safeguarding lead but had not been trained to safeguarding level 3. We raised this as a concern following the inspection and the registered manager provided a certificate to demonstrate they had completed the training.



# Patient transport services

All staff we spoke with could clearly describe the process of escalating safeguarding concerns. The registered manager could demonstrate knowledge of the correct way to report an adult or child safeguarding concern. However, the safeguarding policy was a generic document that was not service specific – for example the document referred to nurses when the service did not employ anyone at that level.

The service had not raised a safeguarding notification to the CQC since registration but could describe the process for escalating a concern to the appropriate agencies.

Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded along with pre-employment checks including references and driving licence checks.

## 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.**

Staff had access to hand washing facilities and hand cleansing gel, aprons and masks to prevent and control the spread of infection.

As the service completed only pre-planned transfers, staff were informed of any communicable infection risks prior to picking up a patient for transfer.

All areas and vehicles we inspected were visibly clean, tidy and well organised. As the service's base location did not have access to vehicle and equipment cleaning facilities, staff were provided with an anti-bacterial spray and anti-bacterial wipes and were responsible for cleaning their own vehicles offsite. We saw evidence that the vehicles were deep cleaned inside once a month by a third party and cleaned by staff once a week. Clear guidance and schedules were in place for staff to outline when cleaning should take place. Records demonstrated that vehicles had been routinely cleaned at regular intervals prior to and after shift.

Staff were provided with adequate numbers of uniforms which they would wash themselves. They were expected to be properly attired when on duty which staff adhered to.

The service had a policy for testing staff for COVID-19. Staff members were asked to complete lateral flow tests for COVID-19 twice weekly. Staff who test positive were asked to self-isolate until a polymerase chain reaction (PCR) test could be conducted.

The service did not have any COVID-19 outbreaks amongst staff during the pandemic up to the date of inspection. An outbreak is described in healthcare-associated setting as two or more test-confirmed or clinically suspected cases of COVID-19 among individuals associated with a specific setting. Individuals includes health care workers and a specific setting can be a shared space where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital.

## Environment and equipment

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

# Patient transport services

The main office was located at ground level within a small commercial shopping centre. Staff could access toilets and running water from the public facilities provided within the shopping centre.

The provider maintained a fleet of five vehicles, which included one ambulance and four wheelchair accessible vehicles. During our inspection we reviewed the ambulance and one wheelchair accessible vehicle. All vehicles were visibly clean, free of any household or clinical waste, roadworthy and in good condition. Staff explained they undertook a detailed daily inspection of each vehicle prior to use, during which they reviewed the interior and exterior of the vehicle for any defects, such as a flat tyre or vehicle bodywork damage.

Staff had no access to clinical waste bins onsite and were told to dispose of clinical waste at a healthcare setting. However, we were told that there was minimal/ no clinical waste. Staff could describe the process for the safe disposal of clinical equipment. Staff completed a daily checklist to ensure all required equipment was available.

Oxygen cylinders were stored securely within vehicles to prevent the risk of injury to staff or patients. However, we saw two medical oxygen cylinders that were being stored in the base office as they had been taken out of vehicles that were not in use. These were not secured in an upright position and not in line with the British Compressed Gases Association Code of Practice 9.7: location of gas cylinders. Following the inspection, we received assurance that the oxygen cylinders had been stored appropriately. The service had a contract with an external gas supplier who provided oxygen and removed empty cylinders when necessary.

Records demonstrated that all ambulance vehicles had records indicating in date MOT certificates and servicing records. Senior staff maintained oversight of when servicing was due.

Operational staff completed daily checklists to ensure vehicles were roadworthy and with access to an appropriate level of equipment. We saw that records demonstrated vehicles and equipment had been checked on a regular basis. Vehicles contained fire extinguishers that had been serviced within recommended timeframes. The staff who worked in London kept a vehicle at their home address and the other vehicles in Benfleet were kept in a private car park that had CCTV.

Each vehicle was fitted with CCTV cameras in the passenger and drivers' areas. Staff told us that cameras were used on board vehicles to ensure patients were transported safely and record any incidents.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

There was no formal eligibility criteria for staff to follow when booking patients. Staff used their own judgement when booking patients and would only transfer medically fit patients and those that were ready to be discharged from hospital.

Staff booking the journey would share information about the patients on an electronic booking form which was accessible for staff on handheld devices. This included their name, age, where they were being transported to and if they had any specialist needs. We reviewed five booking forms, and all were complete and up to date with no omissions or errors. All booking forms reviewed identified the patients as low risk.

# Patient transport services

There was a deteriorating patient policy with an accompanying process which was easy for staff to follow. Guidance was available on vehicles to enable staff to access it when needed. Staff we spoke with knew what to do in the event of a patient deteriorating during the journey. All staff had been trained in basic first aid, which gave them initial skills to notice if a patient was deteriorating and knew when to call for emergency help. Staff told us if a patient became unwell during a journey, they stopped their vehicle when safe to do so and then assessed the severity of the situation. If a patient had deteriorated or suffered a cardiac arrest, they would call 999 and request support. This was in line with provider policy.

The service had an electronic system which monitored the whereabouts of all vehicles and staff were in constant communication when undertaking work.

## 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. Managers regularly reviewed and adjusted staffing levels.**

The service employed seven staff members at the time of our inspection. Two drivers were based in London and two in Essex this enabled the service to allocate work according to the patient staff proximity. Staff predominantly lone worked, however, they were able to double up for complex or stretcher transfers. These were coordinated in advance to ensure staff were available.

Due to lone working staff reported to the base at stages of the journey which enabled managers to track progress and act if there were any issues regarding safety.

The service had enough staff to ensure all shifts were filled. The registered manager told us that business had slowed down due to COVID- 19. Due to the current level of activity, the service had enough staff to manage the workload, however, they were planning to increase in size as National lockdown measures eased. The service did not use bank or agency staff.

Two members of staff had been put on furlough while being inducted and therefore had not fully completed their mandatory training.

## 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. Crews received job information via a mobile phone before conveying the patient.**

Transport bookings were made either through an online booking system or over the phone. Hippo mobility staff, recorded patient booking information on a secure electronic system.

The system had a number of required fields to be completed, to assess the patient's eligibility, before the booking could be confirmed. Confirmation was usually completed by email in advance and patients were issued with an invoice/ job reference number.

## Patient transport services

Staff told us that they received information about the patient's name, date of birth, and if they required any equipment in advance of the journey. This enabled them to prepare adequately for the transfer.

### Medicines

**The service did not administer medicines, other than oxygen therapy in an emergency.**

The service did not provide any medicines and patients carried their own medicines. Staff confirmed that they did not carry or take responsibility for patients' own medicines.

A patient transport service may transport patients with their own oxygen and can continue to administer patient oxygen therapy that they always use. Therefore, the service could transport a patient with continuing oxygen therapy, according to prescribed dosage, but not initiate new oxygen therapy. The service had an oxygen therapy policy and standard operating procedure in place that reflected this practice.

### Incidents

**There were processes in place to record patient safety incidents.**

Staff told us there had been no incidents since registration, and therefore we could not review any completed forms or assess if incidents were managed well.

There was a process to report incidents that all staff were aware of. Incidents could be reported using an electronic reporting tool and paper forms were on all vehicles to enable staff to record incidents as they occurred.

The registered manager aimed to use the reporting tool to monitor themes and trends and for learning purposes that would prevent any incidents from recurring once the business was more active.

Managers were aware of when they needed to notify external organisations of incidents. For example, to the Care Quality Commission for an injury of a patient during transfer.

## Are Patient transport services effective?

We rated it as good because:

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. However, not all policies were in date.**

The provider had policies and procedures that staff followed in the course of their work. These were provided by an external company and amended to suit the individual needs of the service. Key policies were accessible on vehicles to enable staff to access them when necessary.

# Patient transport services

Managers told us they were in the process of reviewing some of their policies and procedures to include the latest best practice guidance. Not all policies included a date or a review date these included duty of candour, 'training development and qualification policies', cleaning procedure, use of oxygen standard operating procedure and oxygen therapy policy. A regular review of these policies would help provide assurance that they are updated to reflect best practise.

Staff used social media to communicate and staff said when they raised issues these were acted upon to improve performance.

## Nutrition and hydration

**The service did not routinely provide nutrition and hydration, although adjustments could be made depending on the journey planned.**

The service primarily carried out short journeys and carried bottles of water on board should the patients need a drink. Due to the nature of the service food was not prepared for patients. When travelling long distances, the location from where they collected the patient would be asked to provide food based on the needs of the patients, or refreshment stops could be added to the journey.

## Competent staff

**The service made sure staff were competent for their roles. Managers had not appraised staff's work performance and had not held supervision meetings with them to provide support and development.**

At the time of our inspection, the service had been in operation for under one year. The registered manager advised that staff appraisals were due to take place at the end of the year.

Staff received a two week induction and ongoing training which was relevant to the service needs. Inductions included driving competency assessments, training courses, shadowing sessions where staff could observe experienced staff carrying out the roles and assessing staff competency in using the equipment on the ambulances.

There was a policy in place which outlined mandatory training and competency requirements for all staff. The director of operations maintained oversight of staff competencies.

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

**Staff followed national guidance to gain patients' consent.**

All staff we spoke with understood how to support patients to make informed decisions and explained the process of gaining consent from a patient prior to transport. Staff reported how they would not take a patient if they did not want to go with them and would refer them back to whoever had booked the journey. Patients were usually accompanied by a carer or relative.

Staff received mental health, dementia and learning disability awareness training as part of their induction and an update in their yearly refresher training. Following the inspection, the registered manager provided evidence that they completed training on the Mental Capacity Act (MCA) level two. The service did not transfer patients who were subject to the Mental Health Act 1983.

# Patient transport services

## Are Patient transport services caring?

Insufficient evidence to rate 

We inspected caring but did not rate as we were not able to speak to patients. This inspection took place during the ongoing Covid-19 pandemic; we were unable to directly observe the delivery of care due to social distancing measures in place and unable to contact patients directly.

### Compassionate care

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

Staff understood the importance of treating patients with compassion and kindness. Staff explained how they respected each patients' privacy and dignity and took account of their individual needs.

Managers and control staff explained how they aimed to ensure the most appropriate crew was assigned to each transfer based on the patient's individual needs, such as by ensuring a female member of staff was present for any transfer involving a female patient.

All staff completed mandatory training on information governance and patient confidentiality to ensure all patient information was handled and stored appropriately

### Emotional support

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

Staff spoke of providing emotional support to patients to minimise their distress and understood patients' personal, cultural and religious needs. We inspected during the Muslim holy month of Ramadan and staff said they are mindful of patients that were fasting.

Staff assessed each patient on an individual basis and for each journey.

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

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

Staff described being focused on the needs of the patient and involving them in discussions about their journey and what support they might need.

Patients carers/family members were permitted to travel with patients and staff described working with them to ensure patients were safely cared for.

# Patient transport services

Staff did not provide any direct patient treatment, as the service provided a pre-booked transport-only service.

## Are Patient transport services responsive?

Good 

We rated it as good because:

### Planning and delivering services which meet people's needs

#### **The service mostly planned and provided care in a way that met the needs of local people and the communities served**

All journeys were pre-booked and had provided details at least 24 hours in advance of the journey. This allowed the service to make arrangements to ensure patients were transported safely. Journeys were predominantly private bookings, although the service was working with an acute trust to identify whether they were a suitable provider.

Journeys included transportation to and from outpatient appointments, hospital discharges and inter-hospital transfers.

### 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.**

The service was tailored to each patient's individual needs and risk levels. If required patients could be transported on their own and at suitable times to meet their needs.

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

The registered manager explained the service had a diverse workforce, with several staff speaking multiple languages. The service did not have access to a formal translation service.

Patients who were unable to mobilise were transferred using a stretcher. All stretcher transfers were completed by two members of staff. Staff told us these journeys were infrequent.

Patients were encouraged to travel with a chaperone. Although staff explained they would support patients with learning disabilities, we saw staff did not have access to communication cards to support patients with communication difficulties.

Staff described how they worked with other agencies to support patients with specific needs to access the service and provide alternative plans if they were not able to access the service.

### Access to the right care at the right time

## Patient transport services

### People could access the service when they needed it.

It was easy for people to access the service and transfers were planned in a timely way. The service operates between the hours of 0930-1700, seven days a week.

All transfers were booked in advance directly by the service's clients, which included local NHS hospitals and other healthcare providers. Since the beginning of the year there had been 49 patient journeys and all of these were reported to be on time. Staff reported that on occasion patients called requesting transfers for the same day, however these were not always accepted and would be referred to other services.

### Learning from complaints and concerns

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

Patients could give feedback or raise complaints using a dedicated page on the provider's website, which was clearly visible from their home page. They could also raise a complaint by telephone, email or in writing to the base office. Staff had access to guidance on managing complaints on each vehicle. Managers told us that any negative feedback or complaints would be reviewed and acted upon accordingly. However, there had been no complaints regarding the service since commencement of business in April 2020.

Where positive feedback was received, managers explained they would ensure the crews who provided care would be personally recognised.

## Are Patient transport services well-led?

We rated it good because:

### Leadership

**Leaders did not have all the skills required to run the service. However, they understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

At the time of inspection, the registered manager did not have all the required competencies for the role – this included being the safeguarding lead despite not being trained to adults level 3, although they had worked to rectify this. The service leadership consisted of the founder of the business, an operations director who had been in post since March 2021 and the health and safety lead (bookings manager). The registered manager at the time was also the founder of the business and wanted to pass on responsibility so they could develop the business. At the time of the inspection the operations manager had applied to become the registered manager and had interview scheduled with the Care Quality Commission.



# Patient transport services

The registered manager and leadership team were visible and approachable to staff and could also be accessible to patients due to the customer orientated office location. Staff told us leaders were approachable and visible. The registered manager told us that there was always someone in the office or contactable on the phone when drivers were working. During our inspection process we found leaders to be responsive to requests for information.

## Vision and Strategy

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

Advatec Healthcare Europe Ltd had a vision to provide 'premium accessible 24/7 global personalised healthcare and medical transportation services with best in class medical training keeping end-users at the centre of services. Staff were aware of the vision and worked collaboratively to achieve it.

The strategy was to start operations at a small scale and build capability once they had embedded their operating processes and governance arrangements.

## Culture

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

Staff reported feeling respected, supported and valued both by each other and the management team

Staff we spoke with enjoyed working for the service, however as the service was new, the team was not established. During the COVID-19 pandemic some staff had been furloughed, however maintained regular contact with the managers.

## Governance

**Leaders did not always operate effective governance processes. Staff were offered regular opportunities to meet as a group to discuss and their role. Staff at all levels were clear about their roles and accountabilities**

The service had some processes and systems to support the delivery of the strategy, but they were not regularly reviewed and improved. The service had commissioned its policies from a separate company however, policies were not always relevant to the specific service. For example, they referenced nursing staff and nursing revalidation where the service did not employ nurses. For example, ensure that the Safeguarding policy reflects the type of staff employed

There was also no process in place to highlight policies that were due to be reviewed, although the director of operations was in the process of developing this tool. The policy for car cleaning did not reference how the inside of the vehicles should be cleaned, in addition the policy was not dated so it wasn't clear when it should be reviewed. The risk assessment for car washing had not been reviewed since March 2020 and also included a line stating, 'This Risk Assessment is an example only and must be reviewed/amended to suit your own business practices and working environment'.

# Patient transport services

The provider carried out some audits of the service. There were checking processes such as cleaning of equipment and timeliness.

Managers completed checks to ensure staff who worked for the service had the necessary skills and competencies to carry out their role. The service did follow a documented process and recorded information in a way that could effectively demonstrate this.

Staff at all levels were clear about their roles and they understood what they were accountable for, and to whom. Crews were aware of the management and reporting structures of the organisation.

There were no formal team meetings at the time of inspection, however, managers had regular contact with all staff. Minutes from discussions were not recorded or shared across the whole service although staff used a secure social media site to communicate.

## Management of risk, issues and performance

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

The registered manager told us there had been no issues with the jobs that had been completed and they had been punctual with no late pickups or drop offs.

The service had a risk register that identified key concerns articulated by leaders and staff on inspection and from team meeting records. Each risk had been assessed as amber or green with details provided of the actions they needed to take. For example, completing staff competencies was rated amber and cleanliness of their vehicles was rated as green. Leaders were able to verbally detail each of their risks and the actions they had to minimise them.

We saw that there was no date recorded on the risk register, so it was not possible to identify when a risk first emerged and was entered onto the assessment.

The service had obtained ISO (Information Standardisation Organisation) 9001 certification, which was an external standard that related to an organisation's quality management system and their environmental responsibilities.

The service commissioned an independent health and safety inspection report that was conducted in April 2021 and some actions had been implemented at the time of inspection. We saw that health and safety information posters had been put up as a result of report recommendations.

Staff meetings had taken place at regular times and were generally well attended. As the service had slowed down due to COVID meetings had stopped being minuted and communication between the team had moved over to social media.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

# Patient transport services

Patients were able to provide feedback online or via forms that were distributed at the end of a journey. The client group was not always able to provide feedback, so response had been limited and no recent forms had been received. The service did have all positive feedback on social media.

Managers had access to IT systems, and these were password protected. Staff were able to store patient records securely during transfer in the vehicle away from the patient.

## Engagement

### **Leaders and staff engaged with patients and staff to plan and manage services.**

At the time of our inspection, staff meetings had stopped taking place and communication had moved over to a secure social media.

Staff said they encouraged patients to provide feedback but due to the nature of the service provided it was not always possible.

## Learning, continuous improvement and innovation

### **Staff were committed to learning and improving services. Leaders encouraged innovation and participation in research.**

All staff were committed to continually learning and improving services, and leaders encouraged innovation. The service was focused on improving patient safety and was working in collaboration with a university to roll out wearable technology that monitored patient information. This information could then be used to assist staff to identify a deteriorating patient or shared with those involved in booking the transport to check patients were safe.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The service must ensure it accurately records the dates of when each risk was first entered onto the company's risk assessment (Regulation 17 (1)(2) (a)(b)).</li><li>• The service must ensure that policies and procedures are in line with best practice guidance, are in date and accurately reflect the service provided. (Regulation 17(1) (2)(a)(b)).</li><li>• The service must ensure that there is a robust and recorded eligibility criterion for which patients they are able to transport (Regulation 17(1)(2)(a)(b)(c)).</li></ul>