

Outdoor Medical Solutions Limited

Outdoor Medical Solutions Limited

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Aylburton Business Centre is operated by Outdoor Medical Solutions LTD. The service provided a non-emergency patient transport service. It also provided medical cover for events such as motor racing, festivals and film sets which we do not regulate. The service provided or intended to provide emergency and urgent care when patients were transported from events to urgent or emergency care providers. The service also carried out transfers between hospitals and between hospital and home where the patients sometimes required skills and competencies above that of basic first aid.

The main service provided was non-emergency patient transport services. Where arrangements were the same, we have reported findings in the non-emergency patient transport services section.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 29 March and 13 April 2018.

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 a non-emergency patient transport service. Where our findings on the emergency and urgent care service core service – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the non-emergency patient transport service. See the non-emergency patient transport service section for main findings.

Services we do not rate

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

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

- Governance arrangements were not operated effectively so as to ensure that all quality, performance and risks were understood and managed. The service did not gather patient feedback, did not undertake clinical audit or audit other records such as vehicle cleaning checks or monitor and measure performance. The risk register was incomplete
- During the inspection the provider was not able to demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment. There was not an effective process to monitor mandatory and statutory and other staff training because staff records were incomplete.
- There were no arrangements for appraising, supporting and supervising staff and managing their performance.
- Not all the systems and processes were in place to keep people safe and safeguarded from abuse. Not all staff had received safeguarding training and training for the registered manager was not comprehensive enough.
- Patients records were not always complete.
- Fabric on vehicle seats was damaged. One of the vehicles had small tears in the driver and passenger seats. Medical gas container bags were made of a material that was not easily cleaned which created an infection control risk from staff clothing.

However, we also found the following areas of good practice:

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally.
- Other providers told us that the provider worked well with other agencies to investigate incidents and safeguarding concerns.

Summary of findings

- Staff complied with key safety policies, for example, hand hygiene and use of personal protective equipment.
- Patients that used the service were treated with kindness, dignity, respect and compassion while they received transport, care and treatment. The provider took account of the needs of different patients and people close to them, including those in vulnerable circumstances. Patients' and other's concerns and complaints were listened and responded to and used to improve the quality of care.
- The maintenance of equipment kept people safe from avoidable harm and there were records kept of regular servicing.
- Patients were monitored during transport. The risks to patients who used the service were assessed and recorded on patient report forms.
- There was a comprehensive range of policies which supported practice in most key areas.

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 three requirement notice(s) that affected Outdoor Medical Solutions LTD. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

The main service provided was non-emergency patient transport services. Where arrangements were the same, we have reported findings in the non-emergency patient transport services section.

The service provided medical cover for events such as motor racing, festivals and film sets, which we do not regulate. However the service provided or intended to provide emergency and urgent care when patients were transported from events, festivals and film sets to urgent or emergency care providers, for example minor injury and illness units. The service also carried out transfers between hospitals and between hospital and home where the patient sometimes required skills and competencies above that of basic first aid.

There were 104 patient transport journeys undertaken from April 2017 to January 2018. None of these journeys involved the conveyance of patients from events to hospital. The registered manager told us that they transported fewer than 10 patients who required urgent and emergency service care or treatment per year.

Patient transport services (PTS)

The service provided a non-emergency patient transport service and carried out 104 patient transport journeys from April 2017 to January 2018. The service provided or intended to provide emergency and urgent care, when patients were transported from events, festivals and film sets to urgent or emergency care providers, for example minor injury and illness units. The service also carried out transfers between hospitals and between hospital and home where the patient sometimes required skills and competencies above that of basic first aid.

- Governance arrangements were not operated effectively so as to ensure that all quality, performance and risks were understood and managed. The service did not gather patient feedback, did not undertake clinical audit or audit other records such as vehicle cleaning checks or monitor and measure performance. The risk register was incomplete
- During the inspection the provider was not able to demonstrate that all staff had the skills, knowledge

Summary of findings

and experience to deliver effective care and treatment. There was not an effective process to monitor mandatory and statutory and other staff training because staff records were incomplete.

- There were no arrangements for appraising, supporting and supervising staff and managing their performance.
- Not all the systems and processes were in place to keep people safe and safeguarded from abuse. Not all staff had received safeguarding training and training for the registered manager was not comprehensive enough.
- Patients records were not always complete.
- Fabric on vehicle seats was damaged. One of the vehicles had small tears in the driver and passenger seats. Medical gas container bags were made of a material that was not easily cleaned which created an infection control risk from staff clothing.

However, we also found the following areas of good practice:

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- Staff complied with key safety policies, for example, hand hygiene and use of personal protective equipment.
- Patients who used the service were treated with kindness, dignity, respect and compassion while they received transport, care and treatment. The provider took account of the needs of different patients and people close to them, including those in vulnerable circumstances. Patients' and other's concerns and complaints were listened and responded to and used to improve the quality of care.
- The maintenance of equipment kept people safe from avoidable harm and there were records kept of regular servicing.
- Patients were monitored during transport. The risks to patients who used the service were assessed and recorded on patient report forms.

Summary of findings

- There was a comprehensive range of policies which supported practice in most key areas.
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Outdoor Medical Solutions Limited

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Outdoor Medical Solutions Limited

Aylburton Business Centre is operated by Outdoor Medical Solutions LTD. It is an independent ambulance service based in Lydney, Gloucestershire. The service primarily serves the community of Gloucestershire but also works for other providers in England and Wales.

The service provides non-emergency patient transport. The service also provides medical cover for events, such as motor racing, festivals and film sets, which we do not regulate. However, the service did provide emergency and urgent care when patients were transported from events to urgent or emergency care providers such as minor injury units. The service also carried out transfers between hospitals and between hospital and home where patients required skills and competencies above that of basic first aid.

The service began trading in March 2010 as a provider of event medical cover to film sets based in Wales. In 2012

they began to provide patient transport support to the NHS in Wales and extended this into England, so requiring CQC registration. They acquired premises at Tetbury in Gloucestershire and a registered manager was appointed in December 2013.

In April 2016 the service relocated to support the further expansion of services and acquired an office, training suite and vehicle garage at Aylburton Business Centre in Lydney Gloucestershire. They began trading from there in July 2016.

The registered manager is registered to provide the following regulated activities;

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

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in emergency and non-emergency

patient transport services. The inspection team was overseen by Mary Cridge Head of Hospital Inspections (South West and South Central) an inspection manager attended on the second day of inspection 13 April 2018

Detailed findings

How we carried out this inspection

During the inspection, we visited the provider's headquarters in Lydney Gloucestershire. We spoke with four staff, including; a registered paramedic, patient transport staff, the registered manager and the medical director.

We contacted organisations that commissioned work from or sub contracted to the provider and received feedback from one of them.

We spoke with two patients about their care and treatment.

During our inspection, we reviewed 10 sets of patient records.

We inspected two ambulance vehicles which were used for both non-emergency patient transport and for urgent and emergency care.

Facts and data about Outdoor Medical Solutions Limited

The service is registered to provide the following regulated activities from the location:

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

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

Activity (April 2017 to January 2018)

- There were 104 patient transport journeys undertaken. The registered manager told us none of these journeys involved the conveyance of patients from events to hospital.

The registered manager employed 20 staff including the medical director. They used 19 staff to meet shift requirements on an intermittent basis including four registered paramedics and three ambulance technicians and other staff for patient transport.

Track record on safety

- The service had not reported any never events or other clinical incidents where harm may have occurred in the year preceding the inspection.
- The service had received two complaints, one of which was under investigation at the time of our inspection.

Notes

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

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

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

Outdoor Medical Solutions (OMS) began trading in March 2010 as a provider of event medical cover and provider of medical support to film sets based in Wales. In 2012 they began to provide patient transport support to the NHS in Wales and extended this into England so requiring CQC registration. They acquired premises at Tetbury in Gloucestershire and became registered with the CQC 2 December 2013.

In April 2016 they relocated to support the extension of services of OMS and acquired an office, training suite and vehicle garage at Aylburton Business Centre in Lydney Gloucestershire and began trading from there in July 2016.

CQC only regulates activity that is or should be registered. OMS were registered to provide

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

They did this through

- Patient transport support to hospitals which we regulate.
- Transport of patients from events such as motor sport or festivals,

How we inspected this service:

- We visited the headquarters which comprised office accommodation for booking staff, assessment and training facilities and the vehicle depot. We inspected premises, equipment and two vehicles and patient and staff records.
- We spoke with the registered manager, the medical director and two other staff for the service..
- We contacted organisations that commissioned work from or sub contracted to the provider and received feedback from one of them.

Emergency and urgent care services

Summary of findings

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

- Governance arrangements were not operated effectively so as to ensure that all quality, performance and risks were understood and managed. The service did not gather patient feedback, did not undertake clinical audit or audit other records such as vehicle cleaning checks or monitor and measure performance. The risk register was incomplete
- During the inspection the provider was not able to demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment. There was not an effective process to monitor mandatory and statutory and other staff training because staff records were incomplete.
- There were no arrangements for appraising, supporting and supervising staff and managing their performance.
- Not all the systems and processes were in place to keep people safe and safeguarded from abuse. The percentage of staff who had completed safeguarding training was 65% (below the target of 75%).
- Patients records were not always complete.
- Fabric on vehicle seats was damaged. One of the vehicles had small tears in the driver and passenger seats. Medical gas container bags were made of a material that was not easily cleaned which created an infection control risk from staff clothing.

However, we also found the following areas of good practice:

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally.
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received transport, care and treatment. The provider took account of the needs of different patients and people close to them, including those in vulnerable circumstances. Patients' and other's concerns and complaints were listened to and responded to and used to improve the quality of care.

- The maintenance of equipment kept people safe from avoidable harm and there were records kept of servicing.
- Patients were monitored during transport. The risks to patients who used the service were assessed and recorded on patient report forms.
- There was a comprehensive range of policies which supported practice in most key areas.

Emergency and urgent care services

Are emergency and urgent care services safe?

- See information under this sub-heading in the non-emergency patient transport section.

Are emergency and urgent care services effective?

- See information under this sub-heading in the non-emergency patient transport section.

Are emergency and urgent care services caring?

- See information under this sub-heading in the non-emergency patient transport section.

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

- See information under this sub-heading in the non-emergency patient transport section.

Are emergency and urgent care services well-led?

- See information under this sub-heading in the non-emergency patient transport section.

Patient transport services (PTS)

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

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

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- Diagnostic and screening procedures.

They did this through

- Patient transport support to hospitals which we regulate.
- Transport of patients from events such as motor sport or festivals,

Where we went

- We reviewed the headquarters which comprised booking and assessment training facilities and vehicle depot. We inspected premises, equipment and two vehicles and patient and staff records.
- We spoke with the registered manager, the medical director and two other staff for the service.
- We also contacted organisations that commissioned work from or sub contracted to the provider and received feedback from one of them.

Patient transport services (PTS)

Summary of findings

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

- Governance arrangements were not operated effectively so as to ensure that all quality, performance and risks were understood and managed. The service did not gather patient feedback, did not undertake clinical audit or audit other records such as vehicle cleaning checks or monitor and measure performance. The risk register was incomplete
- During the inspection the provider was not able to demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment. There was not an effective process to monitor mandatory and statutory and other staff training because staff records were incomplete.
- There were no arrangements for appraising, supporting and supervising staff and managing their performance.
- Not all the systems and processes were in place to keep people safe and safeguarded from abuse. The percentage of staff who had completed safeguarding training was 65% (below the target of 75%)
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received transport, care and treatment. The provider took account of the needs of different patients and people close to them, including those in vulnerable circumstances.

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- The maintenance of equipment kept people safe from avoidable harm and there were records kept of regular servicing.
- Patients were monitored during transport. The risks to patients who used the service were assessed and recorded on patient report forms.
- There was a comprehensive range of policies which supported practice in most key areas.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and told us how they reported them internally and externally. When things went wrong, reviews or investigations were carried out. We saw evidence of when incidents had been investigated and that relevant staff and people who used services were involved in the review or investigation where possible.
- There had been no serious or untoward incidents in the 12 months to 29 March 2018. There had been one incident which required investigation by the registered manager. When things went wrong lessons were learned and improvements were made. For example, staff were given extra training and patient transport logs were changed to ensure staff who had provided care or treatment could be more easily identified.
- People who used the services of the provider were told when they were affected by something that went wrong. We saw that attempts were made to give people an apology and inform them of any actions taken as a result.

Mandatory training

- The provider employed staff who were employed by both the NHS and other independent ambulance providers. The registered manager did not assure themselves that their training was up to date. The mandatory training included a range of key subjects for example, infection prevention and control, moving and handling, information governance, safeguarding of children and vulnerable adults, incident reporting, equality and diversity, capacity to consent and duty of candour.
- It was not clear how compliance against mandatory training requirements for staff was monitored and acted upon. When we inspected 29 March and 13 April 2018, the provider employed 20 staff on bank contracts, including the medical director. It deployed 19 staff to meet shift requirements on an intermittent basis, not including the registered manager and the medical director. Staff records were incomplete, with 11 missing. When we reviewed the paper staff records there were only nine records available at the provider's location.

When we reviewed these, we found that they were all incomplete. Two records contained partial evidence of mandatory training the other seven had no records of mandatory training. The medical director's file was empty and the registered manager's file was missing. This meant there was not an effective monitoring process of staff training.

- We raised our concerns about the lack of evidence to assure us that staff were up to date with mandatory training. The registered manager told us that evidence was available. When we returned for an additional announced inspection 13 April 2018 we saw that the staff records folders had improved in content and there were 20 files present. However the files were still incomplete including the medical directors; files were missing documents such as mandatory training records and registered manager's and other's ongoing safeguarding training.
- The provider had a statutory and mandatory training requirements policy which set a target of 90% for all staff. The registered manager told us that the figures for achieving the target in 2017/18 were 75%. However additional evidence provided to us 30 April 2018 only supported a figure of 65% or 13 staff having completed statutory and mandatory training.
- The registered manager could not assure themselves that staff that treated patients were trained appropriately and were safe to do so.

Safeguarding

- There were systems, processes and practices in place designed to keep people safe and safeguarded from abuse such as reporting mechanisms. However, not all staff had received recent or sufficient safeguarding training which could lead to safeguarding issues not being raised with appropriate authorities. When we inspected 29 March and 13 April the registered manager was unable to provide evidence of their own most recent safeguarding training. The registered manager was the safeguarding lead. We received evidence of their training that had occurred on 30 April 2018 after the inspection. The certificate stated that they had completed 3 hours of online continuing professional development at level one, two and level three for safeguarding adults. On-line training is not sufficient for safeguarding leads or a substitute for face to face training especially the discussion of case studies and

Patient transport services (PTS)

personal cases. There was no evidence available that attainment and maintenance of the required knowledge skills and competence by the registered manager had been assessed at an annual appraisal

- During the inspection the registered manager told us that compliance for 2017/18 for staff safeguarding training was 75% (15 staff). We requested evidence to support this and we were sent figures 30 April 2018 for achieving the target in 2017/18 of 65% or 13 staff but this did not include breakdown of levels of training.
- Staff worked with other providers and received feedback from the contract provider about safeguarding concerns they had raised. When we spoke with other providers who sub contracted patient transport to the provider they said that staff adhered to the contractors' safeguarding policy and procedures.
- Staff were able to access safeguarding policies using the staff intranet. New staff received an overview of safeguarding policies as part of the induction process.

Cleanliness, infection control and hygiene

- There were systems and control measures in place to prevent the spread of infection. However, there was a lack of assurance that all systems and processes were complied with. For example no audit was carried out regarding infection prevention and control and no cleaning checklist completion was kept. Each vehicle was cleaned after use by the staff who had used the ambulance. The registered manager told us equipment was replaced when it looked dirty but there was not a log of when this had happened and no system of regularly replacing this multi-use cleaning equipment.
- Products to enable decontamination of vehicles were available using a system which automatically mixed liquids to the correct strength. Single-use mop heads were used to prevent any cross contamination between equipment and vehicles. The registered manager deep cleaned each vehicle on a monthly basis, which included using a 'fogging machine' to reach difficult to clean areas. Details of what and how to clean the equipment was documented on a check list, however, no written record was kept of when this was completed.
- The two ambulance vehicles we inspected had equipment on them to support infection control during a shift. This included personal protective equipment for

staff, such as gloves, clinical waste bags and boxes for the disposal of used needles. There was also hand sanitiser and equipment cleansing cloths for use between patients.

- Staff were responsible for cleaning their uniforms. The organisation provided high visibility jackets and replaced them if contamination could not be removed.
- Linen was visibly clean and the provider had a system to provide fresh linen for each patient. When a patient was taken to hospital or nursing home, any used linen stayed with the patient. The destination organisation provided the service with fresh linen as a replacement. There was no official linen exchange agreement in place due to the range of destinations the provider transported patients to. The service bought single-use, disposable linen to use at large events when the exchange option was not available.
- Equipment we saw was visibly clean and nearly all had surfaces that were easily decontaminated and cleaned. The registered manager told us any soiled equipment that could not be decontaminated effectively was replaced. Oxygen cylinders were kept in canvas bags which were not easily cleansed which created an infection control risk.
- The inside of each of the vehicle cab areas appeared clean and tidy. One of the vehicles had small tears in the driver and passenger seats, which created an infection control risk from staff clothing.

Environment and equipment

- The service had suitable premises and equipment and these were maintained to keep people safe from avoidable harm.
- Vehicles were kept securely in a locked building when not in use. Equipment was suitable to carry patients and relatives securely on a stretcher and in seats. Safety restraints were available for use.
- A daily vehicle inspection sheet was completed by staff and any equipment that was missing was replenished. These records were checked by the registered manager. They were not kept for longer than a day and we saw one had been completed for the day of our visit. The registered manager told us any damage was reported to him and he arranged for repair at a local repair garage.
- Equipment was mostly available in sizes to care for adults and children. However in one vehicle we could

Patient transport services (PTS)

not find defibrillator pads in children's sizes. We raised this with the registered manager during the inspection. All equipment had been checked as ready for use and was within its due maintenance date.

- Storage within the ambulances was labelled so staff could easily locate equipment they needed to use. However, one cupboard contained equipment that did not match its label.
- Rechargeable battery radios were charged in a unit in the garage and taken on to the vehicle when required for use.
- Spare stock, such as oxygen masks and dressings was held in lockable cupboards within the garage unit.
- The provider stated on their website that they could provide a bariatric ambulance service to support the mobility or transfer of patients who might be significantly overweight. We saw equipment including stretchers to enable this.
- The service was compliant with MoT testing and vehicle servicing requirements.

Medicines

- There were not appropriate or effective arrangements for managing medicines and medical gases, so as to provide assurance of safe practice and recording.
- When we inspected 29 March 2018 the guidance for staff in the provider's policy for administration of medicines, their handling, prescribing, dispensing, safe administration and disposal was inaccurate.
- The provider's medicines management policy (updated March 5 2018) stated that Outdoor Medical Solutions provided all medicines that were to be used. However, we were told by the registered manager that in addition to the medicines they supplied, staff who were registered paramedics provided their own stock of controlled drugs (CDs) for each shift they worked. These CDs were ordered and stored by the staff member with the license to do so and paid for by Outdoor Medical Solutions.
- The medicines management policy listed which staff could administer specific medicines. However, this did not always follow national standards. The policy stated that emergency care assistants could give a patient Frusemide (otherwise known as Furosemide - a drug that increases urine output) intravenously but this level of staff member is not permitted to do this. However the paramedics could in line with the legal exemptions for paramedics in accordance with The Human Medicines

Regulations 2012. When we raised the issue with the registered manager we were told this was a typographical error and that it would be rectified. We saw the amended Medicines Management Policy Version 2.4 with error corrected after our second visit 13 April 2018.

- Some staff had completed training with the Institute of Health Care Development and the provider policy permitted them to administer certain medicines to patients. However during the inspection, there was no evidence of correspondence relating to drug administration or specific instructions for administration. There was no 'prescription' training given/signed off or when staff had been deemed competent and under what governance (for example The Human Medicines Regulations 2012, Patient Group Directions or schedule 19 exemption) to support the policy.
- There was not an effective system to track medicines. Staff did not sign medicines in and out on a log. They signed the daily vehicle check sheet at the beginning of each shift; however, this was only kept for a few days and did not provide an ongoing audit record so that the issue and use of medicines could be tracked. The policy stated "that the managing director will undertake an annual medicines management audit to monitor the effectiveness of policies and procedures for the safe and secure handling of medicines. An action plan will be developed from the audit." The audit included: Administration of medicines, Safety Alert Broadcasts and Patient safety alerts. However we saw no evidence of audit of this type carried out.
- Each ambulance contained a tamper-evident medicine box. This box was sealed with a unique number label and a log of this number was kept in the station office. If this seal was broken, due to patient use or when it was checked, contents were replaced and it was resealed with a new, logged tag. Medicines stocks on the vehicle were tailored to specific events. For example, motor sports and horse racing association organisations provided guidance on what was required for each ambulance providing a service at these events.
- We were told that medicines were checked each month by the registered manager for expiry dates and damage and additional stocks were ordered where replacement was needed. All the medicines we saw were within their expiry date. Medicines and gases were locked and

Patient transport services (PTS)

stored securely within the garage unit. Oxygen and oxygen/nitrous oxide cylinders were stored safely on vehicles in canvas bags and were within their expiry dates.

- There was a policy for disposal of medicines and a service level agreement in place with a third party provider. Appropriate containers were provided.
- No controlled drugs (medicines controlled under the misuse of drugs legislation) were held by the provider.

Records

- A sample of 10 paper patient records we reviewed were mostly complete, legible and stored securely. However, it was not clear on six of the 10 patient records we reviewed what staff grade or skill level had completed the form. There was also some information missing, for example, drug batch numbers that had been administered.
- There was no patient records audit carried out. The records could not be easily retrieved for auditing purposes as the paper filing system did not have any patient identifying information that could be used to link with the electronic patient transfer log which recorded who had been transported by the provider. This meant we were unable to complete a comprehensive review of record keeping.
- The registered manager told us that the service made sure that up-to-date do not attempt cardio-pulmonary resuscitation (DNACPR) orders and end of life care planning was appropriately recorded and communicated when patients at the end of their lives were conveyed. However this was dependent upon the registered manager asking the correct questions at referral and staff at hospitals providing the relevant information. There was no checklist to pass onto staff who would undertake the journey. There was insufficient assurance within the process to ensure that important patient information was recorded or passed on.
- Records given to ambulance staff travelling with the patient and those created by the provider were passed to the relevant carer or other staff at a receiving provider.
- The service had an information governance policy which included a process for managing confidential patient information.

Assessing and responding to patient risk

- Patients were monitored during transport. We were told by the registered manager that the risks to patients and people who used the service were assessed and recorded on patient report forms. Staff recognised and responded to patients' changing conditions during their journey and updated the patient report form.
- We were not assured of sufficient processes in place that supported staff to manage the risk of a deteriorating patient. There was not a documented escalation process for deteriorating or seriously ill patients. The registered manager told us that staff could either contact the registered manager or the emergency services and ensure that the patient was transferred to the appropriate urgent or emergency care department. The medical director was not routinely available for on scene guidance or advice during transfer. There was no protocol for contacting the registered manager and staff were expected to use their skills and judgement, appropriate to their role and depending on the presenting complaint.
- There was a policy in place to support the care and treatment of patients who may be violent or aggressive. There was online conflict resolution training to be completed after induction and when we visited the provider 29 March 2018 we saw that one member of staff had completed this. This meant that the majority of staff had not had received training to support patients who may be violent or aggressive.

Staffing

- Staffing levels and skill mix were planned and reviewed by the registered manager when they received a request for transport or as part of the planning to cover an event where they may have to transport patients to another facility. The registered manager did not use a template or tool and used their knowledge of the staff skills and competencies to support their decision making.
- There was no staff rota due to the infrequent demand for request for transfer. The registered manager was an ambulance technician and the medical director was a GP with relevant experience and worked as a GP in urgent and emergency care. The registered manager was available for advice out of office hours.
- The registered manager told us new staff completed an induction programme and worked with them before

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working with other members of staff. However, the registered manager did not keep any records of appraisal or observation carried out during the induction phase.

- There was inconsistent evidence of numbers and type of staff used by the service to provide care and treatment. Prior to our inspection the registered manager told us they employed seven staff, four patient transport attendants and three event staff, one emergency care assistant, one ambulance technician and a paramedic (who also were expected to transport patients outside of the event and who also carried out hospital transfers). During our inspection 29 March 2018 we saw nine staff files. The registered manager later confirmed there were 18 staff employed or retained on bank contracts as sub contractors, excluding the registered manager and medical director. When we revisited 18 April 2018 we saw there were 20 folders for staff file. Excluding the registered manager and medical director
- Of the 18 staff, four were described as registered paramedics, three were ambulance technicians and 10 were first aid trained staff. Staff were deployed on non-emergency patient transfers, transfers where paramedic staff might be needed and non-regulated event work. The registered manager told us most staff maintained skill competencies in other full time employment. We were unable to verify all staff training, skills and competencies due to incomplete files. The registered manager acknowledged the staff files were incomplete and that they were in the process of reviewing their staff records to ensure they were complete and up to date.

Anticipated resource and capacity risks

- Some potential risks to the service had been anticipated and planned for in advance. The service had access to four wheel drive vehicles and 'quad bikes' and was part of the local adverse weather response to support other health and social care providers.

Response to major incidents

- The provider was not required to carry out major incident training as was not part of a local response plan for major incidents.

Are patient transport services effective?

Evidence-based care and treatment

- The service did not review eligibility for non-emergency patient transport to ensure that transport was provided in line with local guidelines as this was the responsibility of the commissioning service.
- The service had a comprehensive range of policies. Some policies referred to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, for example medicines management. We spoke with the registered manager and the medical director, who were unable to identify what National Institute for Health and Care excellence or NICE guidance might also be used to inform the provider's policy. The registered manager told us that simplified versions of policies were put in the induction pack for new staff and staff could access the complete policies on the staff intranet.
- Patients who used the service were assessed and care and treatment was delivered and this was recorded on patient report forms. This information was not comprehensively reviewed to identify trends in outcomes.
- There were 104 non-emergency patient transport journeys undertaken. None of these were patients from events who were transported to hospital. In the same reporting period the registered manager estimated that they had transported fewer than 10 patients who were from events and transported to hospital needing emergency and urgent or other care. However, it was not clear what this figure was based on as the registered manager did not keep a breakdown of total patients treated or carried from events and they were not included in the figure of 104 patients provided.
- The registered manager did not record patient transport types on the patient transfer log. For example, numbers of transport patients who had experienced a stroke, were in need of oxygen therapy or patients with other specific need relating to illness or injury were not known. Patients' care and treatment outcomes were not monitored or audited and so were not compared to any national or internal benchmarking. Not recording and auditing meant the service was unable to monitor

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patient outcome trends or time on a vehicle, which might influence how the service was provided. We were therefore unable to ascertain when good practice guidelines were adhered to when transporting them.

Assessment and planning of care

- Staff were made aware of their patient's condition by the registered manager who said they allocated staff with the skill level appropriate to patients' needs. There was no template used to record patients' conditions consistently or to prompt key questions such as do not attempt resuscitation status on receipt of a transport request. Staff told us they requested a handover at the patient's collection location, which enabled them to further assess patients' needs and plan transport accordingly.

Response times and patient outcomes

- Patients' care and treatment outcomes were not monitored and so the provider was unable to benchmark performance against other services or with national audit, such as success from cardiac arrest – Return of spontaneous circulation (ROSC).
- The provider monitored some key outcome data for journeys by non-emergency patient transport and urgent and emergency care transport, such as some response times or the time from pick up of patient to arrival at destination. It was not clear how long all patients spent on vehicles as some of this information was missing.

Competent staff

- During our inspection the provider was not able to demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.
- The registered manager told us that staff who were new to the service received an induction pack. We were told they were further supported in completing a nationally available, online training course. This could be completed over a six month period and included for example equality and diversity training and refresher training in moving and handling and safeguarding adults and children to support practical training received elsewhere. Records of staff induction were incomplete and not all staff files contained recruitment and ongoing training documentation.
- The provider retained 19 staff including the medical director on part time or bank contracts as sub

contractors. It used 18 staff to meet shift requirements on an intermittent basis including the registered manager but not and the medical director. When we reviewed the paper staff records there were nine at the provider's location during our first visit. It was not clear how compliance against recruitment standards or mandatory or statutory or other ongoing training requirements was monitored and acted upon when we inspected 29 March 2018. This was because 11 of the staff records were not available.

- There was no evidence of when staff had been checked as entered on the relevant professional register. This meant there was not an effective monitoring process or assurance that staff were appropriately skilled and qualified to provide safe and effective care.
- When we reviewed the nine available records, two had evidence of some mandatory training, which was incomplete, only one included a disclosure and barring service check and none included evidence of driving license checks or evidence of eligibility to work in the UK. The medical director's file was empty and the registered manager's file was also not available.
- When we returned on 13 April 2018 we saw that there were 20 staff folders for all the staff identified as retained or employed. However, the necessary documentation, records were incomplete and were not well organised so as to allow for easy monitoring.
- There was no system for identifying the learning needs of staff, although staff were encouraged to develop their skills through their other ambulance-related employment but there was no evidence of regular monitoring that paramedics remained current. Staff had access to online training which consisted of 29 modules including, privacy and dignity, conflict resolution and risk management.
- There were no arrangements for supervising, supporting and managing staff. This was partly due to the nature of some their employment, which was intermittent. However, we saw an example where poor or variable staff performance had been identified through a complaint and had then been managed by the registered manager.

Multi-disciplinary working

- Staff we spoke with told us they met other organisations needs by working in a multidisciplinary way liaising between the organisation that requested the transport and the destination.

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- We spoke with other ambulance providers which Outdoor Medical Solutions (OMS) worked with and they told us that OMS worked well with others on a range of multi-disciplinary issues, including safeguarding and joint incident investigations.
- We contacted the health care providers the service worked with but did not receive any feedback from them about handovers with their staff at wards or other departments.

Access to information

- Up to date satellite navigation systems were used to enable staff to plan transport routes.
- When patients were transferred to their destination the information needed for their ongoing care was shared via a patient report form. The registered manager told us that staff requested up to date 'do not attempt cardio pulmonary resuscitation' information, where relevant, when transferring patients.
- The systems to manage paper and electronic patient files were separate and were not coordinated. The provider was unable to review how treatment and care was recorded or carried out in a consistent way. This was because it was unable to show how long particular patients or groups of patients spent on vehicles. The patient transfer log was not indexed so that individual or groups of patient report forms could not be retrieved in a timely way. This meant appropriate access for staff to records was not available for audit, reflection or learning.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients' consent to transport was assessed by the organisation providing the referral.
- The registered manager had completed three hours training for safeguarding vulnerable adults at levels one, two and three. We received evidence of their training that had occurred on 30 April 2018 after the inspection. The training included Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. We did not see any evidence of training (including refresher training) for other staff specifically regarding the Mental Capacity Act 2005 or for the transportation of patients experiencing a mental health crisis. However when we requested evidence of ongoing training we were sent data that supported 13 staff of 20 had attended 'capacity to

consent' training. The registered manager said that they also expected staff to maintain their training with their main employer although records were not available to support this had occurred.

- There was no requirement for the service to transport patients who were being treated or receiving treatment under a section of the Mental Health Act 1983.

Are patient transport services caring?

Compassionate care

- We did not meet with any patients during our inspection and we asked the provider for the contact details of patients that we could speak with. We received six patients contact details from the registered manager. Some of the patients we did not speak with due to their care being provided at event work which we do not regulate.
- Patients we spoke with who used services told us that they were treated with kindness, dignity, respect and compassion while they received transport, care and treatment
- Staff we spoke with told us patients were treated with kindness, dignity, respect and compassion while they received transport, care and treatment. They understood how patients might feel when travelling to appointments or to hospital for further treatment. The registered manager told us about a conversation which took place during an ambulance journey had highlighted that a patient had no food at home. The ambulance crew stopped at a local shop before arriving at the destination to obtain food for the patient.
- Staff understood and responded to the particular needs of the patients being transported. Patients were able to have their relative travel with them. They described how some patients would prefer their relative to care for them during the journey and how this might support patient care. An example was where patients needed personal care, or had a disability of which relatives had a good understanding.

Understanding and involvement of patients and those close to them

- We spoke with patients who used the providers services and were told that staff communicated with them so that they understand their care, treatment and

Patient transport services (PTS)

condition and what they needed to do while in their care. For example staff ensuring mobility aids were available and persuading them to use them where necessary.

Emotional support

- Patient's we spoke with told us they received the support they needed to cope emotionally with their care, treatment or condition. They felt that staff understood the impact their care, treatment or condition had on their wellbeing when they spoke with them and when they provided care.
- Staff told us they spoke with patients and those close to them in a way that reduced their anxiety during the journey to or from hospital.

Supporting people to manage their own health

- Patients who used services were empowered and supported to manage their own health, care and wellbeing and to maximise their independence. Patients we spoke with told us that they were supported to manage their own health by the provider's staff. For example they helped patient's walk where necessary rather than insisting that patient's sat in a wheelchair to get to their destination or appointment.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The provider did not have any fixed contracts with the NHS but supported acute hospitals as required. They also worked as a sub-contractor providing patient transport to several other organisations. Services were planned and delivered to meet the needs of patients by the registered manager who allocated staff based on patient details provided by the requesting body.
- One organisation we contacted told us that the provider always made efforts to help out, even at short notice. While it was not always possible to meet the requesting organisation's needs, most of the time they would go 'above and beyond' to help. This was felt to be aided by the fact the provider was a small team and the commissioning provider felt they received a very personalised service.

Meeting people's individual needs

- Most patients transport needs could be met. For example there were vehicles with seats or with stretchers and seats so that patients could be transported appropriately. The provider took account of the needs of different patients and people close to them, including those in vulnerable circumstances. Patients were able to have their relatives travel with them which would help to support their complex needs.
- Each vehicle was equipped with a translation card for multiple languages and sign language for deaf people. This enabled staff to show or use common phrases to find out what problems the patient was experiencing. Staff could use a telephone translation service if further language support was needed.

Access and flow

- The non-emergency patient transport service was available 6am to 10pm seven days a week.
- Patient transport was prioritised by the requesting organisation and the provider informed them if they could meet the priority or not.
- The telephone bookings for transport were received up to five days in advance by the registered manager and then staff who were available were allocated to the work.

Learning from complaints and concerns

- Patients we spoke with did not know how to complain about the service. There were no signs in vehicles that explained how to complain. However the service had received two complaints from patients, had investigated one and one investigation was underway.
- Other providers told us that the registered manager worked with them on joint investigation and learning from potential complaints but there was no formal process available to follow.
- Patients and other's concerns and complaints were listened and responded to and used to improve the quality of care. For example, there had been one event which required investigation by the registered manager. When things went wrong lessons were learned and improvements were made. Learning we saw included staff being given extra training in completing patient record forms.
- We saw that attempts were made to give an apology and inform patients of any actions taken as a result.

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Are patient transport services well-led?

Leadership of service

- The provider was led by the registered manager, who took the lead on all aspects of governance. The registered manager did not have the capacity, to lead effectively on all areas of the service without adequate administrative support which was not always available. For example, they did not maintain their own or other staff files appropriately including evidence of disclosure and barring (DBS) checks, ensure that appraisal and supervision took place or carry out audit described in their policies.
- The registered manager understood the broad challenges to good quality care such as being asked by organisations to provide transport that might be inappropriate due to skill level. They were able to speak about what was needed to address them such as reviewing patient transport requests sometimes in person.
- There was a medical director, who provided advice and guidance regarding policy, medicines management, records systems and incidents.
- Staff told us that the registered manager was very visible, although the medical director only worked with the registered manager so other staff did not see her. The registered manager told us they ensured they worked several shifts with different staff to maintain contact and visibility for staff.

Vision and strategy for this this core service

- The service had a vision but the strategy to deliver good quality care was incomplete. The registered manager's website said "It has constantly been our vision to supply excellent, patient focused experience that is greater than the expected values of our customers. With concentrations of safety, training and infection control we are able to offer incomparable levels of patient care guaranteeing that the patient is at the middle of everything we do." Staff we spoke with were aware of the general vision of the intent to provide good quality care.
- The aim of Outdoor Medical Solutions was to exceed customer expectations at all times, and to provide a professional, reliable and cost effective service. Outdoor Medical Solutions gave a promise to all of their clients

through their website that: "Medical treatment will be provided to the highest possible standard in line with current best practice guidelines, staff will be appropriately qualified and receive continuing professional development, they would respect the confidentiality of patients in line with our data protection policy". We were unable to assess if the aim had been attained as there was no staff or patient feedback to review and staff records were incomplete.

- The service committed to consistently monitor and audit performance through customer and employee feedback, internal targets and regulator audits. They intended to respond positively to complaints and criticisms in line with the complaints procedure and were fully committed to equal opportunities in the workplace. Finally, they said they would "...operate in a professional manner that minimises risk to the health and safety of our staff in line with our health and safety policy."
- Some aspects of the vision and aims were being met, for example responding positively to complaints and respecting confidentiality. However it was not clear how other elements of the strategy were fulfilled to ensure the provider was consistently monitoring and auditing performance. For example, the provider was not completing any audit and there was no programme of employee feedback or internal targets. The provider was not able to provide assurance that medical treatment was provided to the highest possible standard in line with current best practice guidelines, and that staff were appropriately qualified and received continuing professional development. This was because audit was not carried out and staff records were incomplete.

Governance

- The governance framework did not ensure that all quality, performance and risks were understood and managed this had potential implications for patient care. Staff records were incomplete, patient feedback was not gathered, patient clinical records were not audited to understand recurring themes, only some performance indicators were measured so delays in patient transport were not understood and the risk register was incomplete.
- The service had a comprehensive range of policies (27 policies in 10 sections). Some policies were applied

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inconsistently such as 'staff recruitment', and there were some that included incorrect information for example medicines management although the medicines policy was later amended.

- This meant that there was no reliable framework at the time of the inspection to ensure all patients and staff were protected from potential harm from medication errors and inappropriate staff being recruited or not maintaining their skills and registration.

Risk management and quality measurement (and service overall if this is the main service provided)

- The risk register recorded some relevant risks, such as physical injury to patients getting in and out of a vehicle or physical injury to staff, including needle stick or sharps injuries. However other significant risks were missing, such as what were the implications of and controls needed
- for inadequate staff records, lack of oversight of mandatory training and appraisal and lack of any control measures. There was no date of entry of the risk, no review date of risks or who was responsible for managing the risks overall or individually.
- The registered manager told us they recruited clinical ambulance staff from other providers including NHS, the military and private sector. However they did not monitor their workload to make sure staff were not working excessive hours that could have adversely impacted on the care and treatment being provided.
- The registered manager and medical director met formally once a year. We saw written records of a meeting held on 5 December 2017. It was attended by the medical director and the registered manager. The agenda included medicine management and policy review, handling of controlled drugs, record systems and patient confidentiality, potential for doctors attending events, business expansion and serious untoward incidents (of which there were none).

Culture within the service

- Staff we spoke with said the culture of the organisation was a positive one and they enjoyed their work. They said they were positive about the business and felt that patient care was paramount.
- There had been no significant organisational change in the last 12 months.

Public and staff engagement

- Patients, had not been engaged and involved. Each vehicle had feedback forms for patients to provide their opinions about the service. These were in the form of simple questions with pictures of facial expressions that could be used to indicate a level of satisfaction. The forms were only available in English and were the only method of gathering patient feedback at the time of our visit. When we spoke with the registered manager about patient feedback there were not any completed feedback forms available to review. So the views of patients were not known and could not be acted upon to change and improve or maintain services.
- Staff were able to feedback verbally to the registered manager and within an electronic staff forum.

Innovation, improvement and sustainability

- The registered manager told us they were hoping to make some patient transport staff on to payroll. Rather than staff continuing as sub contractors in order to support improvements in availability and response to transport requests.
- Sustainability was supported through offering a service as sub contractors to larger companies, non regulated events work and training for other organisations.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

Must

- Ensure that staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure that staff employed for the purposes of carrying on a regulated activity have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.
- Ensure that systems or processes are established and operated effectively and maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity;
- Ensure they seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;

Action the hospital **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- Consider reviewing patient transfer logs that identify categories of patients or illness and injury and record relevant key performance indicators.
- Consider reviewing the processes for escalation of the deteriorating patient.
- Consider the length of time that vehicle and other checklists are retained.
- Consider reviewing vehicle equipment and drug box use logs.
- Consider reviewing infection prevention and control and vehicle checklist for appropriate content.
- Consider how staff working hours in main or other employment are monitored.
- Consider reviewing patient referral risk assessment and information recording.

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
Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Regulation 12(2)(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way;</p> <p>Fabric on vehicle seats was damaged. One of the vehicles had small tears in the driver and passenger seats, which created an infection control risk from staff clothing.</p> <p>Medical gas container bags were made of a material that was not easily cleaned.</p>

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19(1) Persons employed for the purposes of carrying on a regulated activity must have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. .</p> <ul style="list-style-type: none">• There was insufficient evidence that the registered manager had kept recruitment information, checked the professional register for the status of paramedic staff or regularly assessed and checked that staff had the competence, skills and experience required to undertake the role .• Not all staff files were available on 29 March 2018 and 13 April 2018 for review during inspection. The staff files that were available 29 March 2018 and 13 April 2018 were incomplete in that evidence such as mandatory training records and the registered manager’s and other’s ongoing safeguarding training was absent
Transport services, triage and medical advice provided remotely	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Regulation 18(2) 1. Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

This section is primarily information for the provider

Enforcement actions

- There was insufficient evidence that training, learning and development needs of individual staff members were reviewed at appropriate intervals during the course of employment.
- Staff did not receive appropriate ongoing or periodic supervision in their role to make sure competence was maintained.
- Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person so that any training, learning and development needs should be identified, planned for and supported.
- Supervision and appraisal was not conducted. The registered manager told us new staff completed an induction programme and worked with the registered manager before working with other members of staff. However, the registered manager did not keep any records of induction, observation carried out during the induction phase, regular supervision or appraisal.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 17(1) 1. Providers must operate effective systems and processes to make sure they assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended). The provider must have a process in place to make sure this happens at all times and in response to the changing needs of people who use the service.

- There was insufficient evidence that the systems and processes, the governance arrangements were adequate.

This section is primarily information for the provider

Enforcement actions

- The risk register was not complete in that it did not state individual names of personnel responsible for managing specific risks, did not include dates of risk entered onto register or who was responsible for the action plans or mitigating actions for those risks.
- Audits of infection prevention and control and of patient records were not carried out.
- Records were not available or kept of informal or formal, written or verbal feedback from patients and others.
- The provider did not have appropriate processes for assessing and checking that staff had the competence, skills and experience required to undertake their roles and relevant records were not kept.