

Beverley Ambulance Service Limited

Beverley Ambulance Service Limited

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?

Requires Improvement



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 was a comprehensive, announced inspection.

Our rating of this location improved. We rated it as good because:

- The service had safeguarding processes and systems in place to protect people from abuse.
- Staff had the right qualifications, skills and training to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service provided mandatory training in key skills to staff and ensured training was completed regularly.
- The service had processes in place for staff to follow to identify patients at risk of deterioration.
- The service had processes in place for staff to report incidents and near misses.
- Managers coordinated care with other services and providers.
- Leaders and managers understood and managed the priorities and issues the service faced.
- Leaders were visible and approachable in the service for patients and staff.
- Staff felt respected, supported, and valued. The service had an open culture where staff could raise concerns without fear.

However:

- The service did not have safety equipment specific for the transportation of children in vehicles.
- The provider did not have a policy in place for the safe management of oxygen and medical gases.
- Managers did not always ensure that premises and equipment were checked for safety and cleanliness.
- The provider had not made the complaint process clearly accessible for everyone.
- Leaders continued to develop and embed governance processes throughout the service. The current audit schedule had not identified some of our findings on inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good 	See the overall summary section

Summary of findings

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Summary of this inspection

Background to Beverley Ambulance Service Limited

Beverley Ambulance Service Limited is operated by the Beverley Ambulance Service Limited. The service provides a patient transport service for NHS and independent health providers.

Beverley Ambulance Service Limited was not commissioned or contracted to provide patient transport services for any commissioners, NHS or private health providers. Patient transport services were provided on an as required basis.

The service also provided private emergency first aid and medical cover at sporting venues and events, medical repatriations and transport on behalf of insurance companies as well as organ transport. These activities were not regulated by the Care Quality Commission and were therefore not inspected.

Beverley Ambulance Services Limited was last inspected using responsive methodology on 21 November 2019 focusing on the issues highlighted during the inspection in October 2019.

The service had provided 118 patient transfers since commencing the regulated activity from their new location in April 2022.

How we carried out this inspection

We carried out this inspection using our comprehensive methodology on 2 August 2022. The inspection was announced to the provider the day before our visit.

The team inspecting the service comprised of a CQC lead inspector and an assistant inspector. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection.

During the inspection visit, the inspection team:

- visited areas of the service where records were stored and two ambulances
- spoke with the registered manager, director and nominated individual
- spoke with all (two) staff on site
- spoke with two people who had used the service
- reviewed ten patient record and booking forms
- looked at a range of policies, procedures and other documents relating to the running of the service

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>

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The service had created an inclusive culture where staff were actively encouraged to speak up, staff were proud to work for the organisation and spoke highly of its culture.

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:

- The provider must ensure that there is an oxygen management policy in place to support staff practice. **(Regulation 12(2)(g))**
- The provider must ensure that adequate cleaning of vehicles is taking place in line with provider policy. **(Regulation 12(2)(h))**

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

- The service should use a specific harness for the transportation of children if they continue to provide services to the Whole population.
- The provider should ensure they continue to develop and embed governance processes to assess, monitor and improve the quality and safety of services provided.
- The service should ensure that complaints information is made accessible to all patients.
- The service should ensure that there is a robust procedure for documenting the consent process.
- The service should consider how information is accessible for patients in alternative methods and languages.

Our findings

Overview of ratings

Our ratings for this location are:

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

Patient transport services

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

Are Patient transport services safe?

Requires Improvement 

Mandatory training

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

Staff received and kept up to date with their mandatory training. Staff were at 100% compliance with mandatory training.

The mandatory training was comprehensive, made up of 22 modules that met the needs of patients and staff.

Staff completed training on recognising and responding to patients with a dementia, learning disability or autism.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Staff and managers had undertaken safeguarding training to a level suitable for their role and in line with intercollegiate guidance.

Staff could explain what constituted abuse and gave examples of when they would need to report this. They understood their responsibilities in line with the safeguarding policies and procedures. Staff knew who to inform if they had concerns.

Safeguarding information was kept up to date in ambulances for staff to access at any time. In the event staff recognised a safeguarding concern out of area, they knew how to escalate concerns to management for a referral to be made immediately.

Patient transport services

Cleanliness, infection control and hygiene

Staff did not always keep equipment, vehicles and the premises visibly clean. The service did have equipment and control measures in place to protect patients, themselves and others from infection, but these were not always effective.

Vehicles were not always visibly clean. Staff had completed documentation in line with the provider's infection prevention and control policy, due for review in 2023, stating that vehicles should be cleaned twice, both before and following each patient journey. However, one of the two vehicles' seen was scheduled for a patient transfer on the day of inspection but there were signs of dust on the doors and stretcher, this meant cleaning that had taken place following patient transfer was not of a high standard. Managers did not have a quality assurance process in place to ensure cleaning was taking place to an appropriate standard.

We observed staff completing cleaning and vehicle checks before transfers, this meant the vehicle was visibly clean prior to the next patient being transported.

Staff completed a daily vehicle checklist which included cleaning and the service had sourced an external cleaning company to complete a monthly deep clean of vehicles.

Staff used personal protective equipment (PPE) and followed good hand hygiene practice and managers audited staff compliance with this practice.

Environment and equipment

The design, maintenance and use of facilities, premises and vehicles kept people safe, however there was not always equipment suitable for the transfer of children. Staff were trained to use equipment. Staff managed clinical waste well.

Managers ensured vehicles were properly maintained and received an annual service. Both vehicles had ministry of transport (MOT) certificates. Staff carried out daily safety checks of vehicles and equipment which included ensuring equipment was fully charged and in date.

The service ensured equipment was properly maintained to help them to safely care for patients. An external servicing company carried out annual servicing of equipment. Equipment carried on the vehicles had service stickers showing the date serviced and a unique reference number.

Cleaning equipment, PPE, medical gases, and replacement equipment for the fleet vehicles were safely stored. Information on the Control of Substances Hazardous to Health Regulations (COSHH) was available at the base.

The service had robust arrangements in place for the safe disposal and collection of clinical waste.

However, ambulances did not carry paediatric equipment, such as a five-point harness, for the transportation of children. The service had not provided transport for any children since commencing the regulated activity in April 2022, but at the time of inspection the service was registered to provide transport to the whole population. Following the inspection, the manager told us they would be amending their registration to only provider services to adults.

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

Patient transport services

The service had a process in place for staff to follow if there was any sudden deterioration in a patient's health. Staff received training and were able to discuss what they would do if a patient deteriorated, including sepsis awareness.

Managers completed a booking form for each patient. Staff used this to populate a patient report journey (PRF) form prior to a transfer so that they were able to identify any risks and make any adjustments to meet the person's needs.

Staff shared key information to keep patients safe when handing over their care to others.

Patient records had a tick box to ensure that staff knew if a patient had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form in place.

Staffing

The service had enough staff with the right qualifications, skills and training to keep patients safe from avoidable harm and to provide the right care and treatment. Managers accepted work based on the staffing levels and skill mix employed by the service.

The service employed staff with appropriate qualifications and skills to provide the right care and treatment for patients within their inclusion/exclusion criteria. The service only employed two members of staff as there were no current contracts in place. Work was accepted on an ad hoc basis.

Managers accepted patient transfers based on the availability of their staff, the service currently employed one full time member of staff and a bank member of staff.

Managers accepted transfers based on the qualifications of staff employed. The service accepted transfers of patients without healthcare needs or who had an escort in place to attend to their care needs.

The service did not use agency staff.

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.

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely.

We reviewed ten patient records, all were completed correctly and were legible. There was an audit programme to review the completed patient records.

When patients transferred to a new team, there were no delays in staff accessing their records. Managers completed booking forms to handover information to staff about patients being transported and a patient record form was completed throughout the journey to hand over care to other providers.

Medicines

The service did not have a policy in place to ensure staff were following best practice when administering, recording and storing medicines.

Patient transport services

The provider did not have a policy in place for staff to follow in relation to the management of medical gases. The provider's medicines management policy, due for review in 2023, stated that staff were not responsible for administering medications except for oxygen. There was no further guidance or information within the policy for staff to follow in relation to oxygen management.

The provider had risk assessed cylinders and we observed medical gases being stored in lockable units on substantial racking in line with this. There was a process in place for the collection of medical oxygen which managers audited.

There was secure storage for oxygen cylinders on patient transfer vehicles and we saw these being correctly used.

Staff had qualifications that included the use of medical gases.

Staff demonstrated a good understanding of how and when a patient would require the use of oxygen.

Incidents

Staff knew what to do if an incident or near miss occurred and to report them appropriately. There were processes in place to investigate incidents and share lessons learned with the whole team. When things went wrong, staff understood they should apologise and give patients honest information and suitable support.

There were no serious incidents reported in the 12 months prior to inspection.

Managers had a process in place to review incidents and feedback any learning to staff in the event an incident occurred.

Staff understood their responsibility to raise concerns and report incidents and near misses in line with the service's policy and felt encouraged by managers to raise these.

Managers shared learning with their staff about never events and serious incidents that happened elsewhere during governance meetings.

Staff were able to tell us about the duty of candour regulation. They were open and transparent, and understood their duty to give patients and families a full explanation if and when things went wrong although the service had not had any incidents at the time of inspection where duty of candour had been required.

Are Patient transport services effective?

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.

The service had developed policies built around best practice resources such as the Joint Royal Colleges Ambulances Liaison Committee.

Patient transport services

Managers discussed relevant standards, guidance and safety alerts at monthly meetings and action taken as necessary. They kept up to date with and shared learning and guidance, including that received from national bodies and other organisations.

Managers informed staff of any reviews or updates via email and a communication folder in office, staff were asked to read and sign updates to confirm their understanding.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. Managers and staff considered the length of time patient journeys would take and scheduled comfort breaks in this. Staff would buy patients food based on their preferences and the cost was not in addition to patient transport costs.

Staff completed a PRF prior to travel to identify patients nutritional needs.

The service ensured that patients with nutritional needs were escorted by a care professional who was responsible for completing patients' fluid and nutrition charts where needed.

Response times

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

The provider accepted transfers based on the capacity of the service and came to agreed and realistic timescales. Managers did not accept transfers they did not believe they could meet the response times for. The service aimed to complete patient transfers within 30 minutes of the agreed collection and arrival times. The service conducted its own audits of transfers delivered, any issues and waiting times. In the four months of audits conducted they had met all service demands and response times.

Managers were available on a 24-hour on call system to be able to accept and respond to both staff and incoming transfer requests.

The manager told us other providers had not set key performance indicators as they did not have any fixed contracts.

Competent staff

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

The provider both checked the DVLA website for staff driving license details and gave staff opportunity to disclose if they had any driving penalty points and the reasons for this, this was then risk assessed on a case by case basis.

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

Managers gave all new staff a full induction tailored to their role before they started work.

Patient transport services

Managers supported staff to develop through yearly, constructive appraisals of their work and regular supervision. All staff had received an appraisal at the time of inspection.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers had sourced opportunities, following supervision, for staff to work with another provider they collaborated with to gain experience in urgent and emergency care.

Managers made sure staff received any specialist training for their role, they kept full training records for staff that were substantively employed by the NHS

The provider had a recruitment policy in place which was in date and due for review October 2023.

However, on the day of inspection recruitment files kept for staff did not include full employment history to adhere with Schedule 3 of the Health and Social Care Act (2014). We raised this with the registered manager who provided a full employment history for both members of staff employed following the inspection.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Manager contacted providers and patients if there was a delay with transfers. This was done via telephone if there was going to be a delay of 30 minutes or more. Delays to transfers were audited, the service so far not had any delay to transfer times for patients.

Staff captured patient information in a single PRF which assessed the patients' needs and plan of care, we reviewed 10 of these records that were fully completed and identified the needs of the patient. This could be updated during journeys to allow for a quick and effective handover between healthcare professionals.

Managers worked collaboratively with a local ambulance provider to access training.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Consent was not always clearly documented in patient records.

Staff received training in the Mental Capacity Act, managers ensured that staff kept up to date with this and informed staff when this was due for review.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and made sure patients consented to treatment based on all the information available.

The service had a restraint and restrictions policy in place. Although the service did not transport patients who were subject to a deprivation of liberty safeguards, the policy detailed the types of restraint, gaining consent for use, and to risk assess if a patient had a medical exemption.

Staff ensured that advanced care delivery was in line with people's preferences by adhering to the wishes in DNACPR and ReSPECT forms.

Patient transport services

The service did not transport patients without capacity unless there was a healthcare professional, family member or friend escorting to make best interests' decisions on the persons behalf. Relatives we spoke to told us they were always contacted to make decisions about patients' journey and care. However, staff did not clearly record consent or conversations with those escorting patients.

Are Patient transport services caring?

Insufficient evidence to rate 

Compassionate care

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

We were not able to observe any direct patient care.

Staff took account of people's individual needs, family members told us their experience with the service had been personalised with regular contact to ensure travel met their expectations and preferences. Staff had ensured that their relative was always comfortable and adjusted the vehicle tyre pressures to ensure a comfortable and safe journey for a patient with brittle bones.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Managers refused a referral as the patient did not meet their eligibility criteria but ensured they gave the patient verbal support and signposted them to both financial and other patient transport providers, to ensure they received the correct services.

Understanding and involvement of patients and those close to them

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

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patient feedback we saw described the staff as "very friendly and kind."

Staff were aware of patients advanced decisions about their care. The service used documentation which captured information about whether a patient had a DNACPR or ReSPECT form in place. Managers ensured these forms were completed in full before agreeing to transport patients and these were in place for all 10 records seen.

Patient transport services

Are Patient transport services responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services dependant on the needs of the local population and providers. The service did not have any current contracts in place and therefore responded flexibly to transfer requests.

Facilities and premises were appropriate for the services being delivered.

Meeting people's individual needs

The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services but did not have information available in other formats or languages.

The provider had patient record and booking forms which identified patients' individual needs whilst being transported. Staff told us they asked provider's when collecting the patient if there had been any changes to the patients' needs since the transport had been booked.

Vehicles had ramps and handrails to help those with disabilities or difficulties mobilising.

Staff told us they would use Makaton and visual communication aids if supporting a person with a learning disability or dementia.

The service did not have a formalised method to access information in languages other than English, but staff told us they utilised online translation methods when required.

Access and flow

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

Managers monitored waiting and travel times and made sure patients could access services when needed and received transport within individually agreed timeframes from each patient.

Managers told us they would contact patients or providers if transfers were delayed by 30 minutes or more.

Managers audited the duration of journey times and comfort breaks to ensure that time of travel was in line with agreed expectations.

Managers worked to keep the number of cancelled transfers to a minimum, the service was aware of its reduced capacity due to the size of the company and refused work when they did not believe they could fulfil a request.

Patient transport services

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

The service did not clearly display information about how to raise a concern in patient areas. However, we raised this during the inspection and the manager addressed this immediately making the process visible on their vehicles used for patient transport.

The provider had a policy on complaints and knew how to handle them.

The service had not had any complaints raised in the four months it had been delivering services.

Managers had a process in place using team meetings to share feedback from complaints with staff if any were raised.

Are Patient transport services well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was a small, family led service, managed by a senior leadership team consisting of the company director, registered manager and safer governance lead.

The leadership team had all been subject to a fit and proper person checks which evidenced they were qualified, competent, sufficiently experienced, sufficiently healthy, and had no personal history of serious misconduct or mismanagement in carrying out a regulated care activity which would make them ineligible for the role.

Leaders understood the challenges to quality and sustainability. Leaders could articulate what the providers priorities were.

Staff told us managers were open, friendly and supportive.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. 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.

The provider's mission was to deliver high quality care and an outstanding experience for all patients. The service was focused primarily on growth and strengthening its quality and governance processes.

Patient transport services

The service had a three-year quality strategy from 2020 to 2022. During the inspection we saw they had achieved many of the goals set out to achieve their quality objectives, such as developing policies and strengthening recruitment processes.

They had six core values which were on their website and staff could discuss what these were and what they meant in detail. The values were friendly, accessible to all, medically safe, inclusive caring, leading by example and you come first. This was an acronym to spell out family as the service was family owned.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.

The service had a whistleblowing policy in place, this included how staff could access the freedom to speak up guardian.

Staff said that the provider had an open culture where they felt they could raise any issues to managers without fear. Staff saw managers on a regular basis which made them feel connected to the service.

Managers invited staff to both senior leadership and external meetings and valued their input and feedback.

Managers promoted the career development of staff. Managers listened to the career aspirations of staff and supported these by exploring opportunities with fellow providers and allowing staff to work flexibly to accommodate these.

The directors were planning a team 'away' day to celebrate the work of staff. Staff were making suggestions to the director about where they would like to go.

Governance

Leaders did not always operate effective governance processes. Staff at all levels were clear about their roles and accountabilities.

The provider's audit process did not always identify issues found on inspection. For example, recruitment records had improved, but there was no audit in place to identify that employee files did not include full employment history, the infection prevention and control policy stated that ambulances should be cleaned before and after patient transport, however the process in place to ensure adequate cleaning had taken place after a transfer was insufficient and the provider's policy reviews had not identified that medical gas management was not included in the medicine's management policy.

Patient records audits were in place to ensure all documentation was completed including if any safeguarding concerns had been identified and raised. However, these did not have check for consent or DNACPR/ReSPECT and therefore had not identified that conversations with patient's carers and loved ones were not being documented.

The provider had a governance and quality management policy in place due for review in 2022, this did not include what audits would take place for quality assurance.

However, roles, responsibilities, and systems of accountability were in place to support good governance and management.

Patient transport services

Management meetings had a standing agenda covering clinical updates, safety alerts, risks, incidents, fleets/estates/equipment, performance, training and appraisal and whistleblowing.

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.

A senior management team meeting took place monthly and minutes were taken, during which risks were reviewed.

The provider had a risk register. All risks had an owner, description, red, amber or green status, mitigating actions and review dates.

Managers were asked about organisational risk, they all discussed how they had reduced risks on the register from 37 to three and were able to discuss these.

The provider had a business continuity plan in place which outlined contingencies and key internal; and external contacts should there be any unexpected events.

Information Management

The service did not collect 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.

The information used to monitor, manage and report on quality performance was accurate. This happened through regular meetings, performance feedback and audits of patient care records.

The provider had an GDPR policy which detailed how to store, retain and dispose of patient information. The manager was also aware of time limits outlined within the provider policy.

There had been no incidents that had required data or notifications to be submitted to external bodies.

However, the provider relied upon the organisations that requested the service to ensure the accuracy of KPI data which were their performance measures and had difficulty acquiring this from them.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Management and staff engaged well, however this was done on an informal basis as there were only two staff employed by the service. Both members of staff told us they felt proud to work for Beverley Ambulance Services Limited and supported by managers.

The services worked well in the local area and was able to share information with other services or providers as needed.

Patient transport services

Learning, continuous improvement and innovation

Managers had a good understanding of quality improvement methods and the skills to use them.

Leaders had used their previous inspection rating as the basis to improve the company and fully completed an action plan by developing system and processes.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that there was an oxygen management policy in place to support staff practice. (Regulation 12(2)(g))</p> <p>The provider did not ensure that adequate cleaning of vehicles was taking place in line with provider policy. (Regulation 12(2)(h))</p>