

Amvale Limited

# Amvale Medical Transport - Ambulance Station

## 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

Amvale Medical Transport – Ambulance Station is operated by Amvale Limited. The service is an independent medical transport provider based in Scunthorpe. The company provides an urgent and emergency care service for a NHS ambulance trust which the service sub-contracts, it also transports national organ retrieval service teams, organs, blood and tissue. They are an accredited service provider for NHS blood and transplant services. Amvale medical transport has two locations, the main headquarters at Scunthorpe and a hub location based at a hotel near Leicester. The service was staffed by paramedics and ambulance technicians and commissioned by a regional NHS ambulance service.

The Care Quality Commission (CQC) carried out an unannounced focussed inspection on the 11th January 2017. The purpose of the inspection was to follow up concerns from the last inspection on July 31st 2015, and check the necessary improvements had been made. The concerns we had from the last inspection of which we issued requirement notices were the storage arrangements for medicines including medical gases and controlled drugs were not secure: the procedure for the transfer of controlled drugs between locations were not always followed: management of key storage provided unrestricted access to ambulance vehicles: procedures for handling documents which included patient identifiable information were not robust.

We found on this inspection that the management and audit of controlled drugs were not robust. Controlled drugs were not checked in and out of the safe at the beginning and end of the paramedics shift. The transportation of medicines form was not completed at all stages during the transportation of controlled drugs and we found one drug in use required a patient group direction as it was not covered in the Schedule 17, and 19 of the Human Medicines Regulations. There was improvement in the management of the key storage and the procedures for handling documents which included patient identifiable information.

### 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. The provider must ensure that:

- Controlled drugs (CDs) are checked in and out of the safe at the beginning and end of each paramedics shift.
- The transportation of medicines form is completed at all stages during the transportation of CDs.
- A patient group direction is in place for drugs not covered in the Schedule 17, and 19 of the Human Medicines Regulations.
- The storage and management of clinical waste is in line with infection prevention and control procedures.

The provider should ensure that:

- The provider should ensure the effective management and oversight of the cleaning materials store room to maintain cleanliness and infection prevention and control.

Following this inspection, we told the provider that it must take some actions to comply with the regulations, and some actions it should take even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected urgent and emergency services. Details are at the end of the report.

**Ellen Armistead**

**Deputy Chief Inspector of Hospitals (North)**

# Amvale Medical Transport - Ambulance Station

## Detailed findings

### Services we looked at

Emergency and urgent care.

# Detailed findings

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### Detailed findings from this inspection

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## Background to Amvale Medical Transport - Ambulance Station

Amvale Medical Transport – Ambulance Station is operated by Amvale Limited. The service is an independent medical transport provider based in Scunthorpe. The company provides an urgent and emergency care service for an NHS ambulance trust from which the service sub-contracted, national organ retrieval service teams, organs, blood and tissue. They are an accredited service provider for NHS blood and transplant services. Amvale medical transport has two locations, the main headquarters at Scunthorpe and a hub location based at a hotel near Leicester. The service is staffed by paramedics and ambulance technicians and commissioned by a regional NHS ambulance service.

Amvale Medical Transport – Ambulance Station is operated by Amvale Limited. The service opened in 2002. It is an independent ambulance service in Unit 1D, Birkdale Road, Scunthorpe, South Humberside, DN17 2AU. It provides a 24 hour service by trained ambulance assistants, ambulance technicians and paramedics. The service holds a number of external contracts for urgent and emergency care and movement of blood products and major organs.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a pharmacist specialist. The inspection team was overseen by an inspector manager and a Head of Hospital Inspection.

# Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the Leicester hub site which was at a hotel. We spoke with seven staff including: registered paramedics, ambulance technicians and a supervisor. Following the inspection we received further information and evidence we requested from the registered manager.

The service has been inspected previously in July 2015 which was a focussed inspection. We found the service had breached Regulation 12 HSCA (RA) Regulations 2014 Safe Care and treatment, Regulation 17 HSCA (RA) Regulations 2014 Good governance and Regulation 18 HSCA (RA) Regulations 2014 Staffing.

## Summary of findings

Amvale Medical Transport – Ambulance Station is operated by Amvale Limited. The service is an independent medical transport provider based in Scunthorpe. The company provides an urgent and emergency care service for a NHS ambulance trust which the service sub-contracts, it also transports national organ retrieval service teams, organs, blood and tissue. They are an accredited service provider for NHS blood and transplant services. Amvale medical transport had two locations, the main headquarters at Scunthorpe and a hub location based at a hotel in Leicester. The service is staffed by paramedics and ambulance technicians and is commissioned by a regional NHS ambulance service.

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. The provider must ensure:

- CD's are checked in and out of the safe at the beginning and end of each paramedics shift.
- The transportation of medicines form is completed at all stages of in the transportation of CDs.
- A patient group directive is required for the drug given which was not covered in the Schedule 17, and 19 of the Human Medicines Regulations covered them.
- The management of clinical waste is in line with infection prevention and control procedures.

# Emergency and urgent care services

The provider should :

- Ensure the effective management and oversight of the cleaning materials store room to maintain cleanliness and infection prevention and control.

## Are emergency and urgent care services safe?

CQC does not currently have the power to rate independent ambulance services. There had been some improvements since our last inspection, we found:

- We did not see evidence that CDs were checked in and out of the safe at the beginning and end of each paramedics shift.
- We observed a discrepancy in one CD box that was a missing ampoule of morphine. We later found this was in the paramedics own drug pouch and was stored in the ambulance safe overnight. The ambulance was parked in the hotel car park.
- We found gaps in the transportation of medicines forms which were in each CD tin. This form included signature checks when the CDs left Scunthorpe base, the courier signature, and the signature of the supervisor on arrival at the hub location at the hotel. Of the 11 tins we checked the transportation of medicines form was not fully completed in seven.
- One drug was used which was not covered in the Schedule 17, and 19 of the Human Medicines Regulations therefore this would require a patient group direction.
- We observed a cleaning materials store room. This was beneath the hotel and was a shared storage room with the hotel. It was very dirty and cluttered; mop buckets were full of dirty water.
- There were no instructions for storage and usage of the cleaning materials in line with the Control of Substances Hazardous to Health national guidelines. This was rectified following the inspection.
- We found clinical waste was stored in the courier vehicle awaiting transport to the main base, but we were unsure how long this had been stored for.

However:

- CDs were stored in the hotel in an appropriate storage facility. Following the inspection we were given evidence of audits. There was an audit for the use of controlled drugs and these were matched against entries made on the patient report forms.

# Emergency and urgent care services

- We viewed audits of the compliance with the medicine policy which had taken place in June 2016 and December 2016.
- Ambulance crews completed patient report forms (PRF), which were based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) guidelines.
- The provider had made significant improvements in relation to the procedures for handling documents which included maintaining security and confidentiality of patient identifiable information. Patient report forms were stored in yellow plastic zipped folders which had been introduced following our last inspection, to retain confidentiality and were kept at the front of the ambulance during operating hours and stored in the locked store room at the end of the shift.
- Ambulances were visibly clean and personal protective equipment was available. We received evidence of regular deep cleaning of all the vehicles.
- The staff we met had clean uniforms.
- We were told dirty linen was left at the hospital and replaced from the hospital stock.
- We observed staff preparing and checking the ambulances prior to their shift starting. Staff completed a vehicle daily inspection checklist at the start of the day.
- Stock was well managed and crews told us faulty equipment was reported and replaced quickly.

## Cleanliness, infection control and hygiene

- We observed staff checking the ambulances at the beginning of the shift. Staff told us they cleaned the vehicles between patients and at the end of the shift. They used appropriate cleaning wipes and had access to mops and cleaning materials at the hospitals and at the base.
- We observed a cleaning materials store room. This was beneath the hotel and was a shared storage room with the hotel. It was very dirty and cluttered with various pieces of wood, plastics and cables piled on top of each other. The mop buckets were colour coded blue and red; these were filled with used dirty water. The mops had used disposable heads on them and were lying on top of each other on the floor. The supervisor could not tell us what the different coloured buckets were used for.
- The cleaning materials were stored on a shelving unit, which was free standing in the middle of the room. There were no instructions for storage and usage of the cleaning materials in line with the Control of Substances Hazardous to Health national guidelines. This was highlighted to the manager during the inspection and we were informed following the inspection that the cleaning materials were stored in a metal locker, with appropriate signage.
- Following the inspection the manager informed us that the mops and buckets were for use for the cab area only. Ambulances were cleaned at the hospitals and were serviced and cleaned by an ambulance make ready team at the Scunthorpe base. We were told team leaders performed spot checks on ambulances and highlighted any issues for immediate rectification.
- Following the inspection we asked the provider to send us copies of any cleaning audits. We received evidence of regular deep cleaning of all the vehicles which was within 12 weeks.
- We inspected four ambulances and reviewed the cleanliness of the vehicles. They were visibly clean. Staff told us the ambulances were deep cleaned at the main base at Scunthorpe.
- Personal protective clothing such as gloves and aprons and hand gel was available on each ambulance.
- We did not inspect actual patient care so could not observe how effectively the personal protective equipment was used.
- Needle sharp bins were not overfilled, were below three quarters full and were dated and signed.
- Staff were provided with sufficient uniforms to allow for a change if need be. Staff were responsible for cleaning their own uniform. The staff we met had clean uniforms.
- We were told dirty linen was left at the hospital and replaced from the hospital stock. Staff were unable to explain if this was a formal agreement.
- Staff were unaware of a protocol for the management of clinical waste. Staff told us that yellow clinical waste

# Emergency and urgent care services

bags were taken off the ambulances at the end of each shift and stored in the courier vehicle in the car park. The courier vehicle was a small van which we were told was initially used daily to transport controlled drugs, medications, medical gases and patient identifiable documentation to and from the base at Scunthorpe and the hub at Leicester. However, we were informed the courier vehicle did not often move from the car park and the transport of the above was undertaken when an ambulance went back to the Scunthorpe base for a deep clean or maintenance.

- We observed a yellow bag full of clinical waste in the courier vehicle. There was no indication of how long the waste had been in the vehicle. The staff told us on occasion waste was disposed of at the hospitals.
- Bins for segregating clinical and non-clinical waste were not apparent at the hub site.

## Environment and equipment

- At the time of inspection there were 10 ambulance vehicles located in the hotel car park which had been there overnight. Staff confirmed they had access to a spare ambulance if needed.
- We observed staff preparing and checking the ambulances prior to their shift starting.
- Staff completed a vehicle daily inspection checklist at the start of the day. Such checks included the vehicle exterior, consumables, dressings, medications, oxygen bag, PPE, and defibrillator checks.
- Each ambulance was set out the same way in respect to the position of the stretcher chair and internal cupboards and fixings. All consumables were laid out the same so staff could access equipment easily in an emergency.
- Within the hotel on the ground floor there was a store room which had a keypad and key lock. The room contained plenty of stock for staff to replenish vehicles. We were told stock was delivered from the Scunthorpe base and paramedic staff told us they had enough stock. This store room was not in use at the previous inspection.
- Prior to the start of the shift we saw the supervisor transfer some stock into the courier vehicle in the car park and used that to stock the ambulances, to save time going in and out of the hotel.

- Crews told us at the end of the shift they would inform the supervisor of stock that needed replenishing. The supervisor would bring the stock to the ambulance at the beginning of the shift.
- Keys for the vehicles were kept in a key safe in the store room. The supervisor allocated the keys to the crews at the beginning of the shift and they were returned to the key safe by the supervisor at the end of the shift. This process had changed from the previous inspection where the keys had been left unsupervised at the hotel reception.
- Faulty equipment on board ambulances was reported to the supervisor.
- The maintenance of vehicles took place at the Scunthorpe base.
- Staff used the mobile data and communication system that the NHS ambulance service used to enable them to receive information for attending calls.

## Medicines

- The previous inspection highlighted concerns regarding the storage and management of controlled drugs (CDs) and medical gases. The Home Office Drug Licensing and Compliance Team had visited the hub site at the hotel in Leicester and approved the issue of a controlled drug licence which supported the possession and supply of schedule 2 and schedule 4.1 controlled drugs at the hotel. These were required to be stored in locked containers in a complying CD cabinet installed in a locked room in the hotel. The store room and the cabinet should only be accessed by the on-site supervisor. The Home Office Drug Licensing and Compliance Team stated the locked containers shall be returned to the CD cabinet at the end of each shift and signed back in by the on-site supervisor and paramedic.
- The store room was on the ground floor of the hotel and was dedicated to the use of Amvale staff. The store room had a key pad and key lock to enter. The key for the store room was held by the two supervisors. The room had closed circuit television in operation.
- Inside the store room there was a key safe which contained the keys to the ambulances and to the controlled drugs safe. The safe was a large metal cabinet. This contained 12 individual lockable metal tins which contained controlled drugs.



# Emergency and urgent care services

- A transportation of medicines form was in each tin. This had signature checks for when the CDs left Scunthorpe base, the courier signature, and the signature of the supervisor on arrival at the hub location at the hotel. Of the 11 tins we checked the transportation of medicines form was not fully completed in seven. We observed some tins had tamper proof tags. We were told a red tagged tin needed to go back to the Scunthorpe base to be replenished as this had been used and a yellow tag was a complete new tin.
  - We observed a discrepancy in one CD box that was a missing ampoule of morphine. We later found this was in the paramedic's own drug pouch and was stored in the ambulance safe overnight. The ambulance was parked in the hotel car park.
  - We did not see evidence that CDs were checked in and out of the safe at the beginning and end of each paramedics shift.
  - Following the inspection we were given evidence of audits. There was an audit for the use of controlled drugs and these were matched against entries made on the patient report forms.
  - We viewed audits of the compliance with the medicine policy which had taken place in June 2016 and December 2016.
  - The courier vehicle had a steel locked box inside which was secured to the floor. We were told this was to hold the CD tins, so they could be given out to the paramedics in the car park prior to their shift. We were told CDs were only put in there during the operational times of the shift. The supervisor would store up to two tins at a time.
  - Paramedics we spoke with told us they kept a range of up to 19 medicines for use during their shift. These were stored in bags which overnight were kept in the store room of the hotel. During the day we observed these in the courier vehicle, where the supervisor handed them to crews at the beginning of their shift.
  - Medical gases were stored in the courier vehicle in the hotel car park. Signage on the courier vehicle displayed warning signs that medical gases were stored in the vehicle. The action plan from the previous inspection stated no medical gases would be stored at the hub location. However, a risk assessment had being completed to manage the risk which included advice from a national supplier of medical gases. The vehicle contained oxygen and Entonox cylinders which were stacked up in the back.
  - Following the inspection the manager provided us with a risk assessment which had been completed for the storage of the medical gases. The manager told us the courier vehicle was not normally stored on site overnight and it was not always necessary to return used cylinders daily. To support the safe carriage and storage of medical gases the vehicle was fitted with racking and the vehicle was parked in an ambulance parking area not used by the general public.
  - Paramedics worked to the guidelines contained within the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the Schedule 19 and Schedule 17 of the Human Medicine Act 2012 in relation to the administration of medications. We found there was one drug, which paramedics held and was not included within these schedules and needed a patient group directive (PGD). PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor. This was highlighted to the manager following the inspection.
  - Any new drugs and drug protocols were implemented in accordance to the guidance from the NHS ambulance service they were contracted to work for.
  - The paramedics we spoke with kept an audit of the drugs they had administered.
- ## Records
- Ambulance crews completed patient report forms (PRF), which were based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) guidelines.
  - PRF forms were stored in yellow plastic zipped folders which had been introduced following our last inspection to retain confidentiality and were kept at the front of the ambulance during operating hours and stored in the store room at the end of the shift.
  - We found patient records stored in the secure store room which were from the previous two days. We were told they were kept in this safe storage and would be transported to the Scunthorpe base within the 48 hours.

# Emergency and urgent care services

- The original copy of the PRF was given to the hospital who took the patient.

## Are emergency and urgent care services effective?

(for example, treatment is effective)

We have not rated this service for effective. This was a follow up focused inspection and elements of this key question were not inspected. We found that:

- Care and treatment was delivered in line with national guidance and best practice.
- Audits were completed regarding the correct use of care pathways.
- All staff had received an appraisal in the last 12 months unless they were new in post.
- Paramedics completed a three monthly professional self-declaration form.
- All staff had up to date disclosure and barring service (DBS) checks and the provider had evidence of checks on the Health and Care Professional Council (HCPC) register for all paramedic staff.

### Evidence-based care and treatment

- Care and treatment was provided and staff followed national guidelines, which included the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines.
- Ambulance staff were able to access policies and procedures for the service to support working with NHS ambulance providers.
- Guidance documents with pathway advice and contact details were available. Staff had access to a paramedical pathfinder application on their mobile phones.
- Staff told us they receive regular updates via email and the NHS provider sent clinical bulletins which were forwarded to the ambulance staff.
- Following the inspection we asked the provider for any audits on the use of pathways and guidelines. We were given evidence of audits of pathways, for example, an asthma audit, chronic obstructive pulmonary disease audit and single limb fracture results audit. The results of the audits were fed back to staff.

### Competent staff

- The provider was asked to supply us with appraisal completion figures for all ambulance staff in the last 12 months. We were given evidence that all staff had received an appraisal last year unless they were new in post. Pre-appraisal paper work was sent to staff for the following year appraisals to commence in April 2017.
- Staff told us they could access continuous professional development on line.
- Some staff were members of the College of Paramedics which helped keep them up to date.
- Following the inspection the manager provided us with a copy of a three monthly professional self-declaration form which staff completed. We saw completed forms by two members of staff.
- The manager sent us evidence of up to date DBS checks for staff and evidence of checks on the Health and Care Professional Council (HCPC) register for all paramedic staff.

### Coordination with other providers

- A local NHS ambulance service contracted with Amvale to provide a varying number of crews, most days, to support the NHS 999 service. Paramedics were usually paired up in the ambulances with a technician or emergency care assistant who was permanently employed by Amvale. This helped ensure that each crew had local knowledge of hospitals and any local pathways and procedures, for example, which hospitals received patients following a stroke.
- Clinical bulletins issued by NHS ambulance providers were shared with ambulance staff by email, and were placed on the ambulance in a folder, to support effective working with NHS providers.
- Staff used the mobile data and communication system that the NHS ambulance service used to enable them to receive information for attending calls.
- Hand-held airwave radios were used providing communication with control and colleagues.

## Are emergency and urgent care services caring?

This was a follow up inspection and therefore we did not inspect this domain.

# Emergency and urgent care services

## Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

This was a follow up inspection and therefore we did not inspect this domain.

## Are emergency and urgent care services well-led?

This was a follow up inspection therefore, we did not inspect all aspects of the well-led domain. We focussed on the governance and management of risk at the hotel location where the service was operating from. We found:

- The storage of controlled drugs was in line with the requirements of the Home Office Drug Licensing and Compliance Team.
- We saw evidence that audits were taking place; however, we found gaps in the completion of a transport of medicines form used to track the transport of CDs from the main site in Scunthorpe to the hub site in the hotel at Leicester.
- The provider had made significant improvements in relation to the procedures for handling documents which included maintaining security and confidentiality of patient identifiable information.
- We raised concerns regarding the cleaning materials store room and the storage of cleaning materials; this was rectified following the inspection.
- The last inspection highlighted a lack of local co-ordination and leadership at the hub site in Leicester. This had been rectified with an on-site supervisor.
- The previous inspection had highlighted that the management of key storage meant there was unrestricted access to ambulance vehicles. The keys for the ambulances were now secured in a locked room in a digital key safe.

### Governance, risk management and quality measurement

- The previous inspection highlighted concerns regarding the storage and management of controlled drugs (CDs) and medical gases. The Home Office Drug Licensing and

Compliance Team had visited the hub site at the hotel near Leicester and approved the issue of a controlled drug licence which supported the possession and supply of schedule 2 and schedule 4.1 controlled drugs at the hotel. The requirements of this notice had been met in regards to the storage of CDs in locked containers in a complying CD cabinet installed in a locked room in the hotel. The store room and the cabinet should only be accessed by the on-site supervisor. The Home Office Drug Licensing and Compliance Team stated the locked containers should be returned to the CD cabinet at the end of each shift and signed back in by the on-site supervisor and paramedic. We found this was in place and following the inspection we were given evidence of audits. There was an audit for the use of controlled drugs and these were matched against entries made on the patient report forms. We viewed audits of compliance with the medicine policy which had taken place in June 2016 and December 2016 and we viewed a risk assessment for the storage of medical gases in the courier vehicle in the car park.

- However, we found gaps in the completion of the transportation of medicines form which was in each CD tin and we did not see evidence that CDs were checked in and out of the safe at the beginning and end of each paramedics shift.
- The provider had made significant improvements in relation to the procedures for handling documents which included maintaining the security and confidentiality of patient identifiable information. Patient report forms were stored in yellow plastic zipped folders which had been introduced following our last inspection to retain confidentiality and were kept at the front of the ambulance during operating hours and stored in the store room at the end of the shift.
- We raised concerns at inspection regarding the lack of assurance of the effective management and oversight of the cleaning materials store room. This was beneath the hotel and was a shared storage room with the hotel. It was very dirty and cluttered; mop buckets were full of dirty water. There were no instructions for storage and usage of the cleaning materials in line with the Control of Substances Hazardous to Health (COSHH) national guidelines. This was rectified following the inspection.

# Emergency and urgent care services

The provider informed us following our comments this had been cleaned and a metal locker with signage indicating COSHH materials was used for the storage of cleaning materials.

- The last inspection highlighted a lack of local co-ordination and leadership at the hub site in Leicester. This had been rectified with an on-site supervisor at the hotel during shift times providing support to the crews.
- The previous inspection had highlighted the management of key storage meant that there was unrestricted access to ambulance vehicles. The keys for the ambulances were now secured in a locked room in a digital key safe. The only access to the key safe was by the on-site supervisors.
- Staff spoke highly of the organisation and enjoyed working for them.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must ensure CD's are checked in and out of the safe at the beginning and end of each paramedics shift.
- The provider must ensure the transportation of medicines form is completed at all stages in the transportation of CDs.
- The provider must complete a patient group directive for the drug given which was not covered in the Schedule 17, and 19 of the Human Medicines Regulations.

- The provider must ensure the management of waste is in line with infection control and prevention guidelines.

### Action the hospital **SHOULD** take to improve

- The provider should ensure the effective management and oversight of the cleaning materials store room to maintain cleanliness and infection prevention and control.

## 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> <ul style="list-style-type: none"><li>• The provider must ensure CD's are checked in and out of the safe at the beginning and end of each paramedics shift.</li><li>• The provider must ensure the transportation of medicines form is completed at all stages in the transportation of CDs.</li><li>• The provider must ensure a patient group directive is completed for the drug given which was not covered in the Schedule 17, and 19 of the Human Medicines Regulations covered them.</li><li>• The provider must ensure the storage of clinical waste is in line with infection prevention and control practices.</li></ul>