

Unit 1

Quality Report

Snaygill Industrial Estate,
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Skipton
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

Unit 1 is operated by Mr. David Ogden. The service provides non 999 responder emergency and urgent care and patient transport services.

We undertook a comprehensive inspection of the service on 28 and 29 January 2020.

The service was rated as good overall.

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.

Summary of findings

The main service provided and inspected was patient transport services. Where our findings on patient transport for example, management arrangements also apply to other services, we do not repeat the information but cross-refer to the patient transport care core service using this statement: See Patient Transport for main findings.

Our rating of this service improved. We rated it as **Good** overall, we found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.
- 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.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However, we found the following issues in relation to medicines management which the provider needed to improve:

- The medicines management policy was not fit for purpose
- Medicines stocks and medicines stored in bags included out-of-date items.
- Checks of controlled medicines were not documented accurately and an up-to-date register of controlled medicines was not maintained.
- Patient Group Directions which were being used did not conform to legal requirements.
- We found a lack of assurance as to the safety of medicines being stored in the medicine fridge.
- Medical gases were not stored safely.
- Medicines audits were not robust as stock checks were not completed each month and the audit completed a few days prior to this inspection had not identified the out of date medicines.
- Governance arrangements for the management of medicines were not robust or consistent.

We shared our concerns as to the safety of medicines management with the provider at the inspection and the provider undertook to take immediate action to mitigate the risks identified to ensure the safety of the service.

Following this inspection, we told the provider that it must take eight actions to comply with the regulations and that it should make two other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected both emergency and urgent care and patient transport services. Details are at the end of the report.

Sarah Dronsfield

Head of Hospitals Inspection North East, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Good



Summary of each main service

The organisation provided emergency and urgent care paramedic and first aid medical coverage at both private and public events. At the time of the inspection, the provider did not have a contract with any NHS or independent provider to provide emergency and urgent care.

Where arrangements were the same, we have reported findings in the PTS section.

Patient transport services

Good



Patient transport services was the main proportion of activity. The organisation provided the service at one remote acute hospital. It provided up to two ambulances and crews daily as required.

The provider undertook 709 patient transfers between August 2019 and December 2019.

We found evidence of compliance in the effective, caring and responsive domains but improvements were required for the safe management and governance of medicines.

Summary of findings

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Good 

Unit 1

Services we looked at

Emergency and urgent care and Patient transport services.

Summary of this inspection

Background to Unit 1

Unit 1 is operated by Mr. David Ogden. The service opened in 2010. It is an independent ambulance service in Skipton, West Yorkshire and operates throughout the UK. The company provides urgent and emergency paramedic and first aid medical coverage at both private and public events, as well as patient transport supplying up to two ambulances and crew per day on an “as required basis” to a remote acute hospital. There is currently no contract in place.

The service was registered to provide the following regulated activities since 12 January 2018:

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

Mr David Ogden first registered with the CQC in October 2010. The service has had a registered manager in post since 2010.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, a CQC pharmacy

inspector and a specialist advisor to CQC professional experience in the independent ambulance sector. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Unit 1

The provider is an independent ambulance service in Skipton, West Yorkshire and operates throughout the UK. The organisation name is Event Fire Services Ltd and the company trade under the name Oak Valley Events.

The company provided urgent and emergency paramedic and first aid medical coverage at both private and public events. When required the service transported patients from events for treatment in hospital. The service provided a patient transport service working on an as required basis with an acute hospital in the Leicester area. The service supplied up to two patient transport services ambulances and crew per daily. There was currently no contract in place to provide emergency care services.

The CQC does not currently regulate services provided at events. This element is regulated by the Health and Safety Executive. The part of the service regulated by the CQC is the urgent and emergency care provided by the service when patients are transported to hospital and patient transport services.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the NHS trust where the service provided patient transport services and Unit 1 in Skipton which is the operating base and headquarters.

We spoke with six members of staff including the registered manager. During our inspection, we reviewed 25 patient records and a sample of 32 of staff files. We inspected four ambulance vehicles.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

The provider had not transported any children in the 12 months prior to our inspection.

Track record on safety:

- No never events reported in the 12 months prior to our inspection

Summary of this inspection

- No Clinical incidents reported in the 12 months prior to our inspection
- No serious injuries reported in the 12 months prior to our inspection
- No complaints in the 12 months prior to our inspection.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Good	Good	Good	Good	Good
Patient transport services	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Notes

Emergency and urgent care

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

The main service provided by this ambulance service was patient transport services (PTS).

Where our findings on patient transport for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the PTS section.

The organisation provided urgent and emergency paramedic and first aid medical coverage at both private and public events. When required the services transported patients from events for treatment in hospital.

Between August and December 2019 the provider transported 10 patients to hospital from event sites.

Summary of findings

We found the following issues the provider needs to improve:

- The medicines management policy was not fit for purpose
- Medicines stocks and medicines stored in bags included out-of-date items.
- Checks of controlled medicines were not documented accurately and an up-to-date register of controlled medicines was not maintained.
- Patient Group Directions which were being used did not conform to legal requirements.
- We found a lack of assurance as to the safety of medicines being stored in the medicine fridge.
- Medical gases were not stored safely.
- Medicines audits were not robust as stock checks were not completed each month and the audit completed a few days prior to this inspection had not identified the out of date medicines.
- Governance arrangements for the management of medicines were not robust or consistent.

However :

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

Emergency and urgent care

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.
- 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.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are emergency and urgent care services safe?

Requires improvement 

Our rating of safe improved. We rated it as **requires improvement**.

Mandatory training

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

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

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

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

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

The management of cleanliness, infection control and hygiene across the service was the same for both the emergency and urgent care service and the patient

Emergency and urgent care

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

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The vehicle had a paediatric harness available and was suitable for children of all ages, excluding neonates.

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

Assessing and responding to patient risk

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.

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

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.

Event medical plans were completed when the service was commissioned to provide medical cover at an event. Staff worked on an as required basis. Event medical plans included an assessment of the number and skill mix of

staff required for the event and contained consideration of the driving skills required and capacity to allow patients to be transported off site if required and to deliver emergency and urgent patient care.

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.

We reviewed the patient contact form for the service and checked the information recorded in ten patient care records for regulated activities undertaken between July and September 2019. Each of the forms recorded multiple sets of clinical observations with an appropriate early warning score recorded. Each of the forms indicated thorough clinical examinations were undertaken.

There was an audit process which included an analysis of information to inform patient outcomes, response times, learning outcomes for ambulance crew and actions taken.

Arrangements were in place for managing and disposing of confidential waste by transporting to the provider's base.

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

Medicines

The service did not have effective systems and processes in place to prescribe, administer, record and store medicines.

During our previous inspection we had concerns with the management of medicines. During this inspection we found all diazepam was stored in the controlled drugs safe and accurately recorded in the controlled medicines register. No out of date stock was present. We found batch numbers were not recorded in the controlled medicines register.

Emergency and urgent care

Temperature control measures were in place for the medicines storeroom and measures were being undertaken to meet the requirements for secure storage of controlled medicines. However, we found medicines stocks included out-of-date items. The controlled medicines register for two vehicles we inspected showed incomplete entries; not all daily checks were documented accurately, and one entry was missing a signature for checking controlled medicine back into the main safe. Diazepam for injection was present in the medicine bags, as opposed to Diazepam Emulsion. Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance indicated the emulsion form should be used rather than the injection form. We did not find evidence that any controlled medicines were administered during 2019.

Glucose in the medicines bag and in stock differed in strength to what was available on the JRCALC app used by paramedics. Various strengths of intravenous Glucose were present in stock and in medicines bags as well as on ambulances. There were 5%, 10%, 20% and 50% variants were in stock; the provider told us there was a difficulty in obtaining the 10% variant and that it had provided guidance to ambulance crews as to how to mix and dilute the various Glucose presentations available. However, the guidance was not approved by the providers lead clinician or a pharmacist.

During our inspection we found two bags for medical gases that were tag marked as 'good to go' which were not correct. One bag contained the incorrect medical gas and the other bag contained no medical gas canister. For patient transport services, medical gases used were supplied by the despatching hospital for the patient's use.

We found medical gases were not stored in a cage; empty and full canisters were kept separately. Large cylinders were stored against a wall and secured to the wall using a chain although this did not provide sufficient protection against explosion. Cylinders were also kept on shelves adjacent to power sockets.

We found medicines bags contained out of date medication and errors were found in made ready medicines bags, despite an audit being completed to show that no out of date stock was present.

We found the Patient Group Directions being used did not conform to legal requirements as of 14 directions in use, only two of these had been approved by a pharmacist.

We were not assured of the safety of medicines being stored in the medicine fridge. The lead for medicines lead did not reset the fridge temperature each day and did not record maximum or minimum temperatures. The temperatures recorded were in the range -2C to 32C. This meant that the provider could not be assured medicines were kept at the correct temperature and were safe to use.

We found medicines audits were not robust as stock checks were not completed each month and the audit completed a few days prior to this inspection had not identified the out of date medicines.

We shared our concerns as to the safety of medicines management with the provider at the inspection and the provider undertook to take immediate action to mitigate the risks identified and to ensure the safety of the service.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

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

Emergency and urgent care

Are emergency and urgent care services effective?

(for example, treatment is effective)

Good 

Our rating of effective improved. We rated it as **good**.

Evidence-based care and treatment

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

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 service confirmed that when attending events staff recorded the time they were alerted to a casualty, the time the casualty was seen, the time they left the site on transfer, the time they arrived at hospital, and the handover time. Patients were seen promptly and there had been no undue delays in their treatment. However, we did not see documented evidence of this.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

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

Multidisciplinary working

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

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

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

At events sites the provider supported welfare referrals for example to drug and alcohol support services.

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

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

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

Emergency and urgent care

Are emergency and urgent care services caring?

Good 

We rated caring as **good**.

Compassionate care

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

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

Emotional support

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

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

Understanding and involvement of patients and those close to them

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

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

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

Good 

Our rating of responsive improved. We rated it as **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.

The planning of ambulance transport to meet the needs of local people across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service. However, the service did not respond to emergency (999) calls or provide an emergency ambulance service.

Meeting people's individual needs

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

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

Access and flow

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

At event sites the provider worked with other providers to facilitate the flow of emergency patients including transfer to hospital.

Emergency and urgent care

The service's arrangements to support access and flow across the service was the same for both the emergency and urgent care service and the patient transport service. The evidence detailed in the patient transport service section of this report is also relevant to the emergency and urgent care service and has been used to rate the emergency and urgent care service. However, the service did not respond to emergency (999) calls or provide an emergency ambulance service so was not required to monitor performance against national standards.

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

Are emergency and urgent care services well-led?

Good 

Our rating of well-led improved. We rated it as **good**.

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

Vision and strategy

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

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

Culture

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

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

Governance

Governance processes were inconsistent across the service. We were not assured these processes were effective in particular, relating to medicines management.

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

Management of risks, issues and performance

Emergency and urgent care

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

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

Information management

The service collected and analysed data which staff used to understand performance and , make improvements. Information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

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

Public and staff engagement

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






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

Innovation, improvement and sustainability

The service was committed to learning and improving services. It had an understanding of quality improvement methods and encouraged innovation.

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

Patient transport services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Information about the service

The organisation provided patient transport services on an as required basis on behalf of an acute hospital in the Leicester area.

The provider had a verbal agreement to provide at least one PTS ambulance and crew daily. At the time of inspection, the organisation was in contract negotiations with the acute hospital.

Between August and December 2019, the provider had undertaken 709 patient transports.

Summary of findings

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.

Patient transport services

- 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.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are patient transport services safe?

Good 

Our rating of safe improved. We rated it as **good**.

Mandatory training

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

We reviewed evidence that confirmed all staff eligible to work had 100% compliance with statutory and mandatory training. Staff we spoke with confirmed this.

When staff were recruited an assessment was made of what statutory and mandatory training they had undertaken. NHS employees were required to produce evidence of original certificates which were scanned and added to their staff folder on the provider's computer system. We saw examples of this in all staff files we reviewed. If any gaps were identified staff were directed to undertake the training on-line with an accredited training provider.

The provider used a spreadsheet of all staff which contained statutory and mandatory training courses listed with dates when their refresher training was due. These were coded red, amber and green. One month ahead of a course becoming due the box turned red and an email was sent to the staff member and their manager alerting them that they needed to undertake the training. If the member of staff did not complete the course, they were not offered work until their training was completed.

Mandatory training requirements included equality, diversity and human rights, moving and handling, safeguarding, infection prevention and control and information governance.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Patient transport services

During our previous inspection we required the provider to prepare a safeguarding policy for the service. At this inspection we found a safeguarding policy was in place which was being revised and was due to be published in February 2020.

The safeguarding lead was able to demonstrate their understanding of safeguarding reporting procedures. The provider had also updated the safeguarding which staff completed if they identified a concern.

The provider had updated their safeguarding reporting procedures following our previous inspection and found theses were now directed to the local authority in line with national guidance.

The safeguarding lead and the registered manager of the service had received training at safeguarding level four for adults and children which followed safeguarding intercollegiate guidance.

We reviewed evidence that confirmed all staff eligible to work had 100% compliance with statutory safeguarding training at level three. Staff we spoke with also provided evidence of their training being up to date. Staff received alerts ahead of their training becoming due as for other elements of their statutory training.

We found safeguarding reporting was undertaken through the provider's app which was used by all staff. The safeguarding section opened a link to an NHS webpage which listed the safeguarding contacts in each area of the country, so staff knew where to make a safeguarding referral. Paper copies of the safeguarding referral form were available on the ambulance vehicle.

The service had not encountered any safeguarding incidents in the 12 months prior to our inspection.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

We found the provider had undertaken regular audits of infection prevention and control procedures. This was included as part of the service's internal audit programme.

During our inspection we saw scorecard information which provided evidence cleaning audits were undertaken. This demonstrated staff adhered to the infection control policies and procedures.

We found a vehicle cleaning document had been introduced and implemented together with a vehicle cleaning protocol which was dated, signed. At the remote site cleaning of ambulance vehicles was undertaken by the crew, using the same checklist which was kept locally before being sent over to the headquarters on a monthly basis.

We saw evidence of the regular deep cleaning of vehicles by the service. Deep cleaning of frontline ambulances was undertaken on a four-weekly basis during the event season (summertime) and a six-weekly basis during the off-season (wintertime).

We found the provider used an ultraviolet marker pen which was randomly drawn onto parts of the saloon and following cleaning it was used to help ensure that parts marked were now clean. An 'I am clean' sticker was used for other items which staff removed after use. However, the cab area of each vehicle we inspected was not fully clean, implying deep cleaning had not been fully completed undertaken.

The provider maintained logs of deep cleaning undertaken on each vehicle as well as a tracking spreadsheet to monitor progress with deep cleaning. The log sheets had recently been revised to include batch numbers of the cleaning products used. The cleaning products used by the provider were approved for use in a healthcare setting and COSHH data sheets were kept on site.

We observed cleaning equipment was available in the ambulance base. A colour coding system was used to separate cleaning equipment that was used in different areas. Vehicles and equipment were visibly clean although the cab area in one vehicle required cleaning as previously stated.

At this inspection we observed an ambulance crew wiping down ambulance vehicles using anti-bacterial spray and wipes after each patient contact. Personal protective equipment was available for ambulance crew. Records of daily cleaning were maintained in the 'vehicle daily checks log.'

Patient transport services

The infection prevention and control policy was in date and available for staff to access via the provider's intranet. Policies relating to hand hygiene, personal protective equipment, equipment cleaning and vehicle hygiene were in place providing guidance for staff in managing contact with patients safely.

We reviewed evidence that confirmed staff had 100% compliance with statutory infection prevention and control training. Staff we spoke with also provided evidence of their training being up to date.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The premises including the store rooms were well laid out and visibly clean.

We found the provider had put in place arrangements to address the logistical challenges for remote working. We saw procedures were in place with local hospitals. In addition, we found ambulance vehicles were returned to the provider's base for maintenance.

During this inspection we found all items of equipment were in date, daily checks were completed and a 'van inspection and defect report' check was completed, which we observed was signed and dated.

We found consumable items were stocked on the ambulance vehicles we reviewed and staff we spoke with confirmed adequate stocks of equipment were available.

We inspected three front-line ambulances which were ready and available for use. The provider confirmed hand cleansing gel was provided although we did not observe this was readily available on the vehicles. Both vehicles had adequate stock levels of consumables, all items were in date, and every piece of equipment had an in-date service sticker from an outside agency. Other vehicle was marked as out of service this meant staff were aware not to use this vehicle.

The service used separate sharps boxes for the safe disposal of medicines and sharps. One of the sharps bins was not labelled appropriately. We did not observe a

record of expiry dates or frequency of changing sharps boxes. Clinical waste from ambulance vehicles was returned to the base and disposed of in a clinical waste bin which was removed by an external contractor.

During this inspection we found the provider has adopted a standardised approach to equipment bags used within the service.

We observed that the app the provider had developed enabled staff to report incidents and vehicle faults using the same incident form which was then automatically emailed to the management team. The app included forms for requesting stock and other supplies, which were either delivered to the remote site the next day or noted by the logistics officer when the vehicle returned from an event.

Paediatric restraint equipment was available on vehicles we inspected. At the remote site, no paediatric patients were transported.

Vehicle keys were kept on a noticeboard with specific hooks for each vehicle. On each key a card was used for asset tracking and on the reverse of this card due dates for Ministry of Transport test, servicing and deep cleans were listed.

Assessing and responding to patient risk

We found a deteriorating patient policy was in place which was due for review in January 2020.

At our previous inspection we requested the provider implement an operating procedure or protocol to provide guidance for staff in relation to the management of deteriorating patients. At this inspection we found ambulance paramedic and technician staff had been trained in using early warning score systems and how to record the patient's score on the patient care record. The reverse of the patient record included the early warning scoring table and an escalation matrix. Our review of records included an appropriate instance of a pre-alert made by a crew to the receiving unit due to the deterioration of the patient en-route.

We found ambulance staff had access to an on-call system which used two members of paramedic staff with further escalation to one of three members of medical staff if required. Ambulance staff also had access to the provider's

Patient transport services

policies and guidance and would be directed to contact the local urgent emergency care centre or hospital if required. Staff we spoke with confirmed these arrangements were in place.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.

The provider had employment contracts in place for the registered manager, deputy manager, the equipment and supplies lead and an administration assistant. Operational staff were engaged on an 'as required' basis and did not have employment contracts or set hours of work.

The provider's staff records confirmed 18 members of paramedic staff, four first responder emergency care practitioners (level three) for patient transport services, five technician staff, two registered nursing staff and seven emergency care assistants were approved and registered to work for the provider.

Rota and shift patterns were aligned to demand for patient transport services. Ambulance crews we spoke with told us they worked a 10am to 10pm shift for four days each week. The provider's key performance information indicated for the 12 months prior to our inspection, staff turnover was 2% against a 5% standard.

We found the provider's staff records confirmed a registration procedure was followed and references were obtained confirming the member of staff's suitability for the role prior to them commencing work for the service. The service checked the Health and Care Professions Council records to confirm paramedic staff who worked for them were trained and registered.

During our previous inspection we found the provider needed to implement systems to monitor the hours staff worked to comply with the European working time directives. At this inspection we found the provider had taken action to monitor the hours staff worked. In addition we spoke with two members of ambulance staff who told us sufficient cover arrangements were in place including for breaks and team leaders were available to cover for 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.

We observed the transfer of patients at collection and pick-up points included the handover of information relevant to the patient's care and the record made of the transaction being completed appropriately. Information to support the transfer was obtained from the despatching hospital. The log sheets we reviewed were clear and detailed as to relevant times and special individual needs, for example mobility and relative details for the safe drop off at destination.

Medicines

The service did not have effective systems and processes in place to prescribe, administer, record and store medicines.

For patient transport services, ambulance vehicles did not carry medicines. Medicines which accompanied patients were sealed and handed directly to the receiving destination care worker.

Incidents

The service managed patient safety incidents well. Staff knew how to recognise incidents and near misses and reported them appropriately.

Policies for clinical adverse incidents, non-clinical adverse incidents and adverse incidents with a third-party provider were in-date. Staff we spoke with knew how to report an incident. Ambulance crew members were enabled to report incidents, including incidents associated with the transport of a patient experiencing a mental health crisis.

An incident form template was included in the providers app together with mandatory fields to complete. The incident form was used for the reporting of all incidents. Following completion of an incident form it was submitted to the provider's senior manager team for review and subsequent action and feedback to staff.

No clinical incidents were reported in the 12 months prior to the inspection. The provider's clinical scorecard confirmed no accidents, incidents or near misses had occurred in the reporting period.

Patient transport services

The service informed staff about changes in policy or procedure that had been made following safety incidents or safety alerts. The line manager received an email or phone call to the line manager who cascaded the information.

Are patient transport services effective? (for example, treatment is effective)

Good 

Our rating of effective improved. We rated it as **good**.

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 developed its policies and procedures with reference to practice guidance from national organisations in the sector. Guidance from the National Institute for Health and Care Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) were used which reflected current practice.

During our previous inspection we had concerns that there was no system in place to ensure staff read, understood and adhered to the provider's policies. At this inspection staff told us they now signed for policies and, were aware of the provider's app which included policies and guidance. Staff we spoke with confirmed and we observed their use of the app to access policies and guidance.

At this inspection we found there were contingency plans in place for staff to access policies, procedures or guidance should the providers mobile phone app fail.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

Ambulance crew we spoke with told us they facilitated the patient having necessary food and drink during a journey. We observed during the three patient journeys the ambulance crew asked patients about their nutrition and hydration needs.

During longer journeys, ambulance crew told us they ensured patients had enough to eat and drink. For example, the crew may have arranged for a snack box to accompany the patient.

Response times

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

The provider had a process in place to review and store centrally ambulance response times, and recorded information about the outcomes of people's care and treatment.

We saw evidence of an audit of the daily running sheets for patient transport services in November 2019 to gauge the effectiveness of its response. We reviewed a sample of 15 audit forms from the most recent three months. The analysis of information to inform patient outcomes included response times, learning outcomes for ambulance crew and actions taken. The analysis gave assurance the service was provided in a timely way and patients obtained the best outcomes.

The provider's performance scorecard included evidence of customer satisfaction which was audited to support quality benchmarking.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

The provider had developed and used an induction appraisal form to identify gaps in staff knowledge. After any development needs had been addressed the induction appraisal form was approved by senior managers.

Patient transport services

There was a process in place to check staff had read and understood the contents of the staff handbook, had accessed the organisation's policies and procedures and had understood and adhered to guidance.

The provider had introduced a system to assess the ongoing competence of staff delivering patient care and to identify staff under performance. However, we were unclear how often it had been applied.

The provider had in place an in-date recruitment policy which described procedures to be followed when employing staff or volunteers. We confirmed the provider was undertaking appropriate employment and driver's licence checks. We reviewed evidence for four staff who had been recruited since our previous inspection; the provider was awaiting references and as such, they were not offered any work. Driver training was undertaken, and we observed certificates confirming this were present in staff files.

We reviewed evidence which showed provider had completed appraisals for 75% of the staff eligible to work. The remaining 25% of staff worked infrequently for the provider. The provider's performance scorecard included evidence of completion of staff appraisals.

Multidisciplinary working

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

We spoke with the provider about the multidisciplinary working arrangements in place to support the effective operation of the service. The provider liaised with a range of providers and commissioners of services both within and outside the NHS as well as other public sector organisations, for example the police and fire services and local authorities. Safety action group pre-event planning meetings were minuted and included evidence of action taken.

During our previous inspection we recommended the provider should record patient handover information in addition to a signature from the receiving service. At this inspection we found although no signatures were obtained handover arrangements were very thorough supported by multidisciplinary working.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

We spoke with the provider as to the health promotion support and advice given to patients during the provision of services. For patient transport services, we found examples of ambulance staff liaison with social services providers to support referrals for additional social support.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff followed guidance in obtaining patients' consent for their transport and care needs and documented their consent in the patient record. Staff had received training in consent, the mental capacity act and deprivation of liberty safeguards. Staff demonstrated an awareness of best interest decisions and deprivation of liberty safeguards.

The provider had in place a policy and guidance for the transport of patients with mental health needs. Staff we spoke with demonstrated an understanding of the mental capacity act and could describe how they supported patients with mental health needs using the guidance. Ambulance crew we spoke with gave examples of instances where it was inappropriate and unsafe to transport the patient where they had discussed with them and had been supported not to transport.

Are patient transport services caring?

Good 

Caring was not previously rated. We rated it as **good**.

Compassionate care

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

Patient transport services

We observed patient transport services staff during patient journeys. Maintaining the dignity of patients was a clear priority for staff. They ensured patients were dressed appropriately and parked as close as possible to the pick-up and destination points.

We observed patient transport services crew members as they gave compassionate care which respected the patients' individual needs, for example as the patient was assisted to transfer to a wheelchair and escorted to the ambulance, moving and handling techniques employed by the crew reflected precisely the patients' individual needs.

The service respected patients' confidentiality. The ambulance crew we spoke with gave several examples of not discussing patients' information with them in front of other patients.

Emotional support

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

We observed staff as they supported patients with emotional needs during their journey in the patient transport services ambulance vehicle and at the pick up and destination points where emotional support and reassurance were needed most. Staff were skilled in providing the appropriate level of emotional support to reassure and calm the patients.

Understanding and involvement of patients and those close to them

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

We observed staff as they involved and explained to patients each aspect of their care and transport needs using a supportive conversational style. Staff continually kept the patient informed of what was happening and of what they would be doing next which provided reassurance for patients. Ambulance crew checked with the patient whether anyone needed to be informed of their discharge arrangements.

Are patient transport services responsive?

Responsive services are organised so that they meet your needs.

Our rating of responsive improved. We rated it as **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.

The provider worked proactively with commissioners and prospective commissioners of services to meet the patient transport needs of local communities and to plan care and transport needs. At our inspection some contracts for the provision of patient transport services were in the process of being revised.

For care and transport provided for events, the provider participated in the event planning safety action groups which met ahead of the event to plan and resource medical and transport requirements.

The provider worked with a contracting support organisation to facilitate and plan prospective contracts for services.

Meeting people's individual needs

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

The ambulance crew we spoke with explained they had a level of familiarity with patients who were transported regularly so their needs were known.

Ambulance crews informed us they had received training and to support the needs of patients living with dementia. This meant the provider was working towards complying with the accessible information standard by providing patients with a disability or sensory loss with information in a way they could understand.

Ambulance crew we spoke with explained they worked in conjunction with other providers of patient transport services to meet the needs of bariatric patients.

A communications book was available on the ambulance vehicle to support the needs of patients requiring

Patient transport services

communication support including patients with a learning disability. Each ambulance vehicle we observed included a multi-lingual emergency services phrase book to assist staff in supporting patients with extra-sensory needs.

Guidance was available to support the care and transport needs of partially sighted patients.

Patients with mental health needs who met the eligibility criteria were transported. This did not include patients subject to a section.

Staff received training in 'equality, diversity and discrimination' in January 2020.

Access and flow

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

During our inspection we found the provider had introduced a performance scorecard and was developing quality metrics to monitor the service. This mean the provider could monitor performance in relation to timeliness and quality.

For patient transport services, we observed the ambulance crew worked proactively with the discharging hospital patient tracking staff and with destination providers to minimise delays in the patient pathway and to support access and flow. The patient transport services crew recorded the progress of the patient journey as it progressed to support subsequent monitoring of the journey.

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, policies showed complaints were investigated and shared lessons learned with all staff, including those in partner organisations.

The provider had implemented a revised service feedback forms which showed the provider was an ambulance service.

The provider's complaint procedure document described the complaints procedure. The service's post-treatment leaflet included complaint information for the patient and ambulance crew confirmed it was used for patient complaints.

The performance scorecard included information about complaints received which confirmed the service had received no complaints in the 12 months prior to our inspection.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Good 

Our rating of responsive improved. We rated it as **good**.

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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.

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Are patient transport services well-led?

Good 

Our rating of well-led improved. We rated it as **good**.

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.

During this inspection we found a registered manager designate had recently commenced in post working alongside the current registered manager. The ambulance crew we spoke with were able to describe the leadership structure which was in place including team leader arrangements for remote working. Staff working at the remote site told us leaders from headquarters visited most weeks and they had direct and regular access to the leadership team.

Patient transport services

We found evidence that leaders had supported staff to develop their skills and take on more senior roles. Staff in team leader roles had been promoted internally.

Vision and strategy

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply them and monitor progress.

The provider's mission statement stated: "To provide high quality ambulance and medical services along with fire services to customers in the events, film and health and safety industries, all around the UK. Taking great care and pride in our work with the highest priority on transporting patients with safety, comfort and care." We observed the mission statement was displayed in the headquarters building.

The registered manager told us the service recognised the value of the mission statement which was a driver for change in monthly meetings linked with the strategy and identified with the providers values.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

We found the provider had adopted a positive culture, which we observed, that prioritised meeting the needs of patients.

Ambulance crew we spoke with told us they liked working for the organisation. There was no lone working as all PTS ambulances were crewed by two staff.

Staff we spoke with told us managers were friendly and approachable. They told us they had regular dialogue with the management team so that they felt involved in what was happening and they found managers were supportive. Ambulance crew said they had no concerns.

Governance

Governance processes were inconsistent across service. We were not assured these processes were effective, in particular relating to medicines management.

We reviewed evidence which showed managers met twice monthly during the busiest periods. Meetings included management representation from the remote site and meeting notes and actions were recorded and followed up.

We saw evidence the provider had commenced a clinical audit programme for patient transport services to support clinical governance of the service.

The provider's performance scorecard provided evidence internal audits were undertaken which included clinical and quality audit. Patient transport services staff we spoke with confirmed they received feedback from the audit.

However, at this inspection we also found evidence governance arrangements were inconsistent in some areas. The providers governance arrangements had not identified issues with the management of medicines in a timely way, demonstrating they were inconsistent.

The medicines management policy was not fit for purpose although this had been identified by the provider the day prior to the inspection.

Managers including the registered manager designate for the service were present at the inspection and initiated immediate steps in relation to the medicines stocks so we were assured as to the safety of the service.

Management of risks, 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Patient transport services staff we spoke with told us they conducted a risk assessment before commencing a new job which included an assessment of risks associated with moving and handling the patient. Where an unacceptable level of risk was identified staff escalated their concerns to managers to agree on action to be taken.

The service had a risk register in place which identified current risks. Risks were rated by number and severity with risk owners, mitigation arrangements and a date identified for finalisation.

Patient transport services

The provider's risk register was reviewed at monthly or more regular management meetings. The provider's performance scorecard included evidence of the review of areas of risk identified for example health and safety, environmental concerns, information security, business continuity, quality of service provision, human resources, staff training; paperless system, internal audits and finance including supplier review and evaluation.

The provider prepared a quarterly key performance indicator summary which showed whether internal performance standards had been achieved or missed.

Information management

The service collected and analysed data which staff used to understand performance and , make improvements. Information systems were integrated and secure.

During our inspection we reviewed evidence which showed the provider used a combination of paper and electronic records. The provider was aware of the retention periods for information. The provider disposed of confidential waste by shredding them.

Public and staff 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.

For patient transport services, the provider routinely used a patient feedback form to obtain the views of people it had transported.

We reviewed the 22 patient feedback responses the provider received for patient transport services from the week prior to our inspection and a sample of feedback responses received before that. These were consistently complementary of the service.

We reviewed the feedback patient transport services received from commissioners of the service. The feedback was consistently very positive.

We found evidence the provider engaged with staff through staff meetings and other means and used the information for service improvement. The registered manager confirmed the service had not undertaken staff surveys.

Innovation, improvement and sustainability

The service was committed to learning and improving services. It had an understanding of quality improvement methods and encouraged innovation.

We found an asset tracking system had been implemented by the provider to improve the effectiveness of the service. First aid bags and paramedic bags were each asset tracked on the system with a system of checking items within the bags against a checklist which remained with the bag. Minimum stock levels were recorded on the checklists and the bags were not overstocked.

The provider's app was a bespoke development. The app provided easily accessible information for staff which included policies, patient group directions, safeguarding, early warning scores, incidents and complaints, administrative forms for staff, management forms and minutes of meetings, finance information and invoice submission, operations and calendar of events and when and where staff were required. Staff used this to register for work. Staff were able to demonstrate their use of the app.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must routinely remove all out-of-date items from medicines stocks and medicines stored in bags. **(Regulation 12: Safe care and treatment)**
- The provider must undertake a robust audit of all medicines within the location and maintain regular medicines audits with a related action plan to progress audit results. **(Regulation 12: Safe care and treatment)**
- The provider must ensure daily checks of controlled medicines are accurately documented and maintain a complete and up-to-date register of controlled medicines. **(Regulation 12: Safe care and treatment)**
- The provider must introduce a revised medicines management policy which reflects current guidance in management of medicines practice. **(Regulation 12: Safe care and treatment)**
- The provider must ensure each patient group direction is approved and signed by a pharmacist. **(Regulation 12: Safe care and treatment)**

- The provider must implement a standard operating procedure to monitor medicine fridge temperatures and record mitigating actions when the temperature exceeds the recommended levels. **(Regulation 12: Safe care and treatment)**
- The provider must ensure medical gas canisters are stored safely, in line with national guidance, a cage or equivalent. **(Regulation 12: Safe care and treatment)**
- The provider must implement robust and consistent governance arrangements for the management of medicines. **(Regulation 17: Good governance)**

Action the provider **SHOULD** take to improve

- The provider should ensure deep cleaning of vehicles undertaken is done effectively
- The provider should ensure hand cleansing gel is readily available for the use of ambulance crew.
- The provider should ensure all sharps bins are appropriately labelled.

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>Regulation 12 (2)(g) the proper and safe management of medicines</p> <p>The medicines management policy was not fit for purpose</p> <p>Medicines stocks and medicines stored in bags included out-of-date items.</p> <p>Checks of controlled medicines were not documented accurately and an up-to-date register of controlled medicines was not maintained.</p> <p>Patient Group Directions being used did not conform to legal requirements.</p> <p>We found a lack of assurance as to the safety of medicines being stored in the medicines fridge.</p> <p>Medical gases were not stored safely.</p> <p>Medicines audits were not robust as stock checks were not completed each month and the audit completed a few days prior to this inspection had not identified the out of date medicines.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance arrangements were inconsistent as the provider had not identified issues with the management of medicines in a timely way</p>