Town Travel Ltd

Town Travel Limited

Quality Report

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Date of inspection visit: 9 January 2018
Date of publication: 04/04/2018

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

Town Travel Limited became registered as an ambulance service in May 2016, and provides patient transport services to the local communities of Swindon.

We inspected this service using our comprehensive inspection methodology. We carried this announced inspection on 9 January 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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 areas of concern:

- Neither the registered manager nor the director were able to clearly define the duty of candour or their responsibilities around this regulation.
- The mandatory training system was unclear and did not provide the oversight of training compliance.
- There was no formalised policy or guidance to support the management of a medically deteriorating patient.
- There was evidence infection control issues were taken into consideration for every patient journey, however, we did not evidence of management plans to safely manage the risk of infection when risks were identified.
- There was no service level agreement setting out procedures for the management of linen or disposal of clinical waste.
- Journey forms were incomplete due to missing information.
- Risk assessments and associated management plans were not always documented to give an account of the decision making process to safely manage risks.
- The service was not compliant with Revised Code of Practice for Disclosure and Barring Service Registered Persons 2015. However this issue had been rectified before we left site on the day of the inspection.
- Performance data was only collected for the contracted work and there was no evidence as to how this was scrutinised to identify current performance and areas which required improvement.
- The complaints policy did not identify a timeframe in which complaints should be investigated and responded to.
- There were no systems or processes to enable the registered manager to monitor the safety, quality or performance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was no formal governance framework to evidence and support the delivery of good quality care.
- There were no processes to assess, monitor and mitigate risks relating to the service.
- There was no audit programme to identify the strengths of the service and where improvements were required.

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

- There was a comprehensive system to report and respond to incidents.
- Systems and processes reflecting relevant safeguarding legislation were effective to safeguard adults from avoidable harm and abuse.
- The maintenance and servicing of equipment ensured the safety of patients.
- Daily and weekly safety checks carried out on the vehicles.
- The storage of oxygen was in line with national guidance.
- Staff completed driving competencies when commencing employment with the service.

Summary of findings

- The service communicated and worked well with other organisations. We received positive feedback about the service from other organisations.
- Staff understood their role and responsibilities with regards to consent to care and treatment.
- Staff spoke in an insightful way about patient care and how comfort and dignity was integral to the way they provided the service.
- All of the comment cards we received from patients provided consistently positive feedback about the service.
- Staff demonstrated a passion to ensure good patient care.
- Patients were well informed during journeys.
- The service was able meet the needs of the patients who travelled with them.
- The service was flexible to the needs of the demands and organisations they worked for.
- Staff spoke positively about management, their leadership and the culture of the organisation

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

Amanda Stanford

Deputy Chief Inspector of Hospitals (South) on behalf of Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Town Travel Limited is an independent ambulance service in Swindon, and primarily serves the local communities of Swindon. The service carries out work commissioned by Swindon Clinical Commissioning Group to provide patient transport services for the local NHS hospital trust. The service is also the preferred provider for other local organisations and is also commissioned privately by individual members of the public. The service does not transport children. We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve. We found areas where the service performed well during our inspection. For example, equipment and vehicles were well maintained and safe for use, the service worked well with other organisations, there were systems and processes to safeguard adults from avoidable harm and abuse and the service was able meet the needs of the of patients who travelled with them. However, we also found areas where improvement was needed. There were no systems or processes to enable the registered manager to monitor the safety, quality or performance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no formal programme of clinical or internal audit used to monitor quality or to identify areas for improvement or any document to identify risk to the service and how they were managed. Following the inspection, the service sent us an action plan identifying a small number of areas they had made improvements to the service following the feedback during the inspection.

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Background to Town Travel Limited

Town Travel Limited registered as an ambulance service in May 2016. It is an independent ambulance service in Swindon, and primarily serves the local communities of Swindon.

The service carries out work commissioned by Swindon Clinical Commissioning Group to provide patient transport services for the local NHS hospital trust. Town Travel carry out sub-contracted for another local independent ambulance service provider. The service is the preferred provider for other local organisations and can be commissioned privately by individual members of the public. The service does not transport children.

The service provides patient transport seven days a week. Between 1 January 2017 and 8 January 2018, Town Travel Limited had carried out 411 patient transport journeys.

The service became registered with the CQC in 2016 and has had a registered manager in post since May 2016. The provider is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely

Town Travel has not previously been inspected by the CQC.

We carried out an announced inspection of Town Travel Limited on 9 January 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a second CQC inspector.The inspection team was overseen by Daniel Thorogood, Inspection Manager and Mary Cridge, Head of Hospital Inspections.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

During the inspection, we visited Town Travel Limited's base. The service has two ambulances. One is used regularly for patient transport journeys, whilst the second is a spare vehicle. We spoke with six members of staff, including the registered manager and ambulance staff. We spoke with one patient during the journey we attended. We received 21 'tell us about your care' comment cards, which patients had completed before our inspection. During our inspection, we reviewed 20 journey record sheets.

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

Activity (January 2017 to January 2018)

- Between January 2017 to January 2018, 411 patient transport journeys were carried out.

At the time of our inspection, there were six members of staff working on bank contracts for the service.

Track record on safety:

- No serious incidents
- No complaints

Summary of findings

Are services safe?

We do not currently have a legal duty to rate independent ambulance services.

We found the following issues:

- The registered manager and director were not able to clearly define duty of candour or their responsibilities to meet this regulation.
- The mandatory training system was unclear and causing the management team some confusion.
- Staff had not completed level one safeguarding children training, however, this was due to be carried out by all of the staff in February 2018.
- There was evidence to demonstrate infection prevention and control risks had been considered, however, there were no management plans documented on the journey form to mitigate identified risks.
- There was no formalised policy or guidance available for the crew to support with the management of a medically deteriorating patient.
- There was no formalised agreement for the management of linen or disposal of clinical waste.
- Patient journey forms were incomplete due to missing information.
- Risk assessments and associated management plans were not always documented to give an account of the decision making process to safely manage the risk.

Patient transport services (PTS)

- The service was not compliant with Revised Code of Practice for Disclosure and Barring Service Registered Persons 2015. However this issue was rectified before we left site on the day of the inspection.

We found the following areas of good practice:

- There was a system to report and respond to incidents.
- Systems and processes reflecting relevant safeguarding legislation were up to date and effective to safeguard adults from avoidable harm and abuse.
- The maintenance and use of equipment kept ensured the safety of patients.
- There were daily and weekly safety checks carried out on both vehicles.

Are services effective?

We do not currently have a legal duty to rate independent ambulance services.

We found the following issues:

- Not all aspects of the business had been formalised in the form of standard operating procedures or policies.
- Performance data was only collected for the contracted work. However, there was no evidence as to how this was scrutinised to identify areas of performance which required improvement.
- There was no formal induction process for staff. However, following the inspection, the service provided us with evidence of a new checklist they planned to use moving forwards for new members of staff.

We found the following areas of good practice:

- Staff completed driving competencies when starting employment with the service.
- The service communicated and worked well with other organisations.
- Staff understood their role and responsibilities with regards to consent to care and treatment.

Are services caring?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff spoke in an insightful way about patient care and how comfort and dignity was integral to the way they provided the service.
- We received 21 comment cards from patients which provided consistently positive comments about the service.
- Staff demonstrated a passion to ensure good patient care and positive experiences at all times.
- Patients remained well informed during journeys.

Are services responsive?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service tried hard to meet the needs of patients who travelled with them
- The service was flexible to the needs of the demands and organisations they worked for.
- No complaints had been received in the last year prior to the inspection.

We found the following issues:

- The complaints policy did not identify a timeframe in which complaints should be investigated and responded to.

Are services well-led?

We do not currently have a legal duty to rate independent ambulance services.

We found the following issues:

- There were no systems or processes to enable the registered manager to monitor the safety, quality or performance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was no formal governance framework to evidence and support the delivery of good quality care.
- There were no processes to assess, monitor and mitigate the risks relating to the service.

Patient transport services (PTS)

- There was no audit programme to identify the strengths of the service and areas where improvements were required.

We found the following areas of good practice:

- Staff spoke positively about the leadership of the service and how they were approachable and supportive.

Are patient transport services safe?

Incidents

- There was a system and policy to report and respond to incidents. The incident reporting policy outlined the incident reporting procedure, the role and responsibilities of the staff reporting and investigating the incident. The service had a standardised, paper based incident reporting form. We were unable to determine the effectiveness of the incident reporting system due to no incidents having been reported in the last year prior to our inspection.
- There had been no incidents reported between January 2017 and January 2018. Staff told us they knew how to report incidents. In the short time they had been working for the service they had not had cause to report any incidents or near misses
- Staff were able to provide us with examples of incidents they would report. For example, if a patient slipped getting on or off the vehicle, if the vehicle was involved in an accident, or if any of the lifting equipment had a defect.
- The service had a policy available outlining the role and responsibilities of staff in the application of duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was introduced in November 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This regulation requires staff to be open, transparent and candid with patients and relatives when things go wrong.
- During a discussion about the duty of candour regulation, despite prompting, neither the registered manager nor director, were able to define the duty of candour, or their responsibilities in relation to the regulation. This meant if a notifiable incident had occurred requiring the application of the duty of candour, the management team would not have been aware of their responsibilities in regards to this.

Following the discussion, both the registered manager and director recognised the need for their understanding of the duty of candour and its application, rather than just having the policy available.

Mandatory training

- Staff received mandatory training in safety systems, processes and practices. Staff completed mandatory training in infection control practices, safeguarding, Mental Capacity Act and Deprivation of Liberty, health and safety, moving and handling, information governance and first aid training. Staff also received training in areas such as dementia awareness, medicine awareness, person centred care and end of life care.
- The system for capturing compliance with mandatory training was unclear. Two electronic systems were in use. One system identified each individual staff member and the other was a colour coded system which had been partially been set up at the time of the inspection. The aim of this system was to use colour to identify when the staff member was required to update their mandatory training. We discussed mandatory training compliance with the registered manager and director. They were unable to tell us if the staff were complaint with mandatory training. It was clear the two systems were causing confusion and not providing a clear oversight of mandatory training compliance. Following the inspection, the management team told us training data was in the process of being transferred to the colour coded system, which would be the main and only system used moving forwards. This would provide a clearer oversight of mandatory training without any confusion.
- Evidence of staff mandatory training was also held in each individual staff member's personal file in the form of the training certificates. The registered manager and director were also qualified trainers and assessors for many of the mandatory training qualifications. Mandatory training was done on site to reduce time lost for service continuity.
- There were some gaps with compliance in mandatory training. Of the six staff, two were 100% complaint with mandatory training, three members of staff were lacking compliance in one area and one member of newly appointed staff to the team was lacking compliance in six areas. The registered manager and director were being provided with assurance in the form of copies of training certificates for this member of staff. This member of staff had completed training with their current employer in another ambulance service. Therefore, this gave them some flexibility to carry out the training and ensure the service was able to cover the requirements of the contracted work.
- Information provided following the inspection demonstrated all six members of staff were compliant with information governance, equipment training, Automated External Defibrillator (AED) training and oxygen therapy training. Of the six members of staff, five were compliant with dementia awareness, infection prevention and control and the Mental Capacity Act, four were compliant with people movers, moving and handling, whilst just three were compliant with equality and diversity training.

Safeguarding

- Systems and processes reflecting relevant safeguarding legislation were up to date and effective to safeguard adults from avoidable harm and abuse.
- The service had a policy for safeguarding adults and children which identified the roles and responsibilities of the staff if they needed to raise a safeguarding concern. The policy also provided guidance as to the procedure to be followed when raising a concern, who to raise the concern with and how the incident should be recorded. There had been no safeguarding concerns raised by any member of staff working for the service at the time of, or prior to our inspection.
- Staff had a good awareness of identifying safeguarding concerns. All staff working for the service were currently employed in other roles such as a paramedic and a health care assistant, they were well practiced in recognising patients at risk.
- Staff completed a yearly mandatory training session in safeguarding adult's level one. Only one out of the six members of staff employed by the service had not completed this training. This member of staff had recently joined the service. The registered manager and director were being provided with assurance in the form of copies of training certificates for this member of staff. This member of staff had completed training with their current employer in another ambulance service. The director was trained to level three adult safeguarding and was certified to train staff working for the service. Staff had not completed safeguarding children level 1. Although the service did not transport children, they required level one training as there was the potential

they may come across children when taking a patient home. Having safeguarding children training level one would provide the staff with their role and responsibilities about safeguarding children. This course was being introduced as part of mandatory training programme for the service and was due to be delivered to staff in February 2018.

Cleanliness, infection control and hygiene

- There was evidence to demonstrate the service was assessing the risk of infection, however, we saw no documented management plans to safely manage and prevent the spread of infection. The service had an infection control policy referencing current guidance and best practice in infection control such as, Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (2015). Infection control risks formed part of the routine questions asked when a patient was referred to the service.
- Staff undertook mandatory training in infection, prevention and control. Training data identified five out of the six staff were compliant with infection, prevention and control training. The registered manager and director were being provided with assurance in the form of copies of training certificates for this one member of staff. This member of staff had completed training with their current employer in another ambulance service.
- Patient-related infection prevention and control risks were considered when patients were referred to the service, but no evidence of management plans existed in place to mitigate risk to the spread of infection. The journey booking form contained a prompt to request information about infection control. The form also had a specific area to record infection control risks. There was evidence on the 20 journey forms we looked at to demonstrate risks had been identified. Despite the presence of risk, there were no management plans to provide guidance to the staff as to how to manage concerns during the journey or how to safely clean the ambulance after the journey.
- Staff followed good hand hygiene practice. There was a supply of hand gel on the ambulances for staff and patients to use. We observed good hand hygiene practices during a patient transport journey we attended.
- Personal protective equipment (protective equipment designed to protect from the spread of infection) was available on the vehicles. Equipment such as gloves and aprons were available if required, for staff to protect themselves and patients from spread of infection.
- The provider had cleaning schedules and checklists to ensure effective prevention and control of the spread of infection. Daily vehicle cleaning schedules were outlined in the infection, prevention and control policy. We saw evidence of completed vehicle cleaning checklists demonstrating vehicles had been cleaned. Both ambulances were visibly clean inside and outside. The registered manager carried out regular inspections of the vehicles to ensure their cleanliness.
- Documented audits of other areas of infection control did not take place. For example, hand hygiene audits were not undertaken.
- Each ambulance had a fluid spill kit (a cleaning kit to clean up any bodily fluid spillages) on board to safely manage any spillage and risk of cross infection. Each ambulance also carried a pack of anti-bacterial wipes to wipe down surfaces and equipment during and between journeys. This ensured the vehicles were as clean as possible for each patient.
- Vehicle interior deep cleaning as outlined in the infection prevention control policy was supposed to take place once a year. However, we were told by the registered manager deep cleans were supposed to be carried out six weekly. We saw an electronic record of the deep cleaning schedule. This showed vehicles had been deep cleaned twice in the past six months. We were told now the service was carrying out a far greater number of journeys due to the contracted work, vehicles would be deep cleaned six weekly
- Staff could request a deep clean if there was an incident of a significant contamination, such as bodily fluids. Under these circumstances, deep cleans could be undertaken quickly. The vehicle was taken off the road, and the spare vehicle used to replace it whilst the deep clean took place. There had been no requirement for this since the service first registered in May 2016.
- The procedure for the disposal of linen was not formalised and therefore not monitored to ensure risks were safely managed. This practice was not covered by a service level agreement with the local NHS hospital. The registered manager explained all used linen was

bagged in the appropriate clinical waste bags and taken to the appropriate area in the hospital to be disposed of safely. Replacement linen was collected at the same time.

- The procedure for the disposal of clinical waste was not formalised and not monitored to ensure risks were safely managed. This practice was not covered by a service level agreement. The provider disposed of clinical waste where the transfer journey ended. Appropriate clinical waste disposal bags carried on each of the ambulances. Clinical waste was disposed of in a designated at the receiving hospital. This procedure was outlined in the infection, prevention control policy.

Environment and equipment

- The maintenance and use of equipment kept patients safe. The service maintained an electronic log of each vehicle containing information about dates for renewal of insurance, MOT and servicing. These were all in date. There were also arrangements for vehicle repairs with a local garage when required.
- Equipment was serviced to ensure it was safe for use. Records demonstrated equipment had been serviced and had been certified as safe for use. Equipment included defibrillators, oxygen equipment, wheelchairs and tail lift capacity checks.
- Equipment on the vehicles was stored safely and securely. All items were secured in the vehicle to ensure they did not pose a danger to patient or staff when the vehicle was in motion. All items had clearly marked storage locations so staff could easily locate and access equipment at all times.
- First aid consumables were stored in a specific box. These were in date and only a small quantity sufficient for the needs of the service were held on the vehicle. This ensured expiry dates were easy to identify and out of date stock removed if required.
- The service had specified 5% blue light usage permission as part of their vehicle insurance. There was a policy available for staff regarding the use of blue lights. Both vehicles were blue light vehicles, and would only be used if the driver on duty was blue light qualified. This applied to all but one member of staff working for the service. This meant, despite the vehicles not being emergency vehicles, in an emergency, the vehicle could be authorised by attending paramedics to transport a stretcher bound, or immobile patient to hospital under blue lights. This could only be done with this attending paramedic if the patient was deemed critically ill and their vehicle was unsuitable for transport. There was a section for staff to document on the journey form if they had been authorised to use blue lights.
- Staff were aware of their responsibilities when carrying out vehicle checks. Daily and weekly checks were carried out on both vehicles to ensure they were safe for use. Details of vehicle checks were recorded on a checklist. We reviewed checks which had taken place and saw staff recorded any defects or concerns they had regarding vehicles. Concerns were noted and actions were taken by the registered manager.
- Vehicles were kept in a secure area when not in use. This consisted of a gated compound which was monitored by a local security company.
- Vehicle keys were stored securely when vehicles were not in use. Vehicle keys were stored in a locked safe in a locked office. The office block also had designated key card entry. Only authorised staff had access to the keys.

Medicines

- The service had a medicines management policy. The policy set out the role and responsibilities for medicines management and provided guidance for staff about the administration of medicine during a journey. The policy was clear the staff should not exceed their scope of practice in the management of medicines and should adhere to their role and job description when managing medicines during a journey.
- The service did not carry any medicines for emergency purposes. No medicines were stored on the ambulances or at the ambulance base.
- Ambulances were equipped with oxygen cylinders in case they were required to replace an empty oxygen cylinder for a patient during a journey. Staff were aware they were not permitted to adjust a patients oxygen due to this being a prescribed medicine. The role and responsibilities of the staff regarding oxygen had been set out in the service medicines management policy.
- The storage of oxygen on the ambulances was in line with the Department of Health: Health Technical Memorandum 02-01 (HTM02) guidance and all bottles were in date. However, the service did not have a service level agreement with a recognised medical gases agent to replace empty or expired bottles. Instead, the service collected new oxygen cylinders at local NHS hospital under a verbal agreement.

Patient transport services (PTS)

Records

- Patient records were held securely in the office at the provider's base and during a journey. Journey forms contained adequate prompts to enable the service to identify and meet patients' needs. However, there were gaps in the information obtained about a patient at the initial booking stage and throughout the journey.
- An assessment of need was carried out for patients referred to the service and completed on a journey booking form. Booking forms contained patient details, the referring location and the drop off address and their mobility status. There was also space for further information to be added if required. This meant staff had the necessary information available to meet a person's needs and ensured the necessary equipment was available for the journey. All booking forms had a yellow carbon copy attached which was given to the patient or receiving centre following the journey. All staff we spoke with told us about their understanding and responsibilities about patient confidentiality.
- Journey forms accompanied the patient for the duration of the journey. They were returned to the office at the end of the day and stored in a locked safe until they were filed securely.
- Patient journey forms were not always completed. We reviewed 20 patient journey forms. All were legible, however nine of these forms had one or more sections which had not been completed. For example, the patient's mobility status, booking reference numbers and journey times had not been completed. The quality of record keeping by staff had not been audited to identify areas for improvement.
- When booking patient transfers, details of any patients with 'do not attempt cardio pulmonary resuscitation' (DNACPR) documentation would be recorded on each job sheet, if this information was available at the time of booking. We saw an example of a patient journey record where the DNACPR had been identified and documented on the form. We were told the service would ensure they had they original copy of the form for the patient for the duration of their journey.

Assessing and responding to patient risk

- There was evidence risks had been identified and taken into account for patients who may have been at risk or had specific needs. However, risk assessments and management plans were not clearly documented. There was no formal evidence to demonstrate how the service made decisions to manage potential risks, and the management plan they followed to safely manage risk.
- We saw an example of a journey form for a bariatric (heavy or large) patient. The form identified four members of staff would be required to ensure the patient was transported home safely. There was no further documented evidence as to why four members of staff were required or a management plan to identify how the service planned to safely manage the risk. Despite this, during a discussion, the registered manager and director were able to discuss why four members of staff had been required for the journey and what they did to manage the risks and transfer into the patient's home safely.
- Guidance was not available to staff for the management of a deteriorating patient. The provider had no written policy or standard operating procedure available for the staff to support with the management of a medically deteriorating patient. Staff told us they would stop the vehicle and assess the situation. If they were close to a hospital they would drive directly to the hospital, or if they were not near a hospital and required immediate attention, they would call 999 for an emergency response. This mirrored the expectation of the registered manager and director despite there being no formalised guidance for staff to refer to.
- All staff were trained to deliver Basic Life Support and automatic external defibrillators were carried on the vehicles to aid resuscitation. At the time of our inspection, this situation had never occurred.

Staffing

- A safe recruitment procedure was in place to safeguard patients against unsuitable staff. A recruitment policy was available to assist managers in the recruitment, selection and retention of staff, and to ensure they met employment legislation and best practice. We reviewed all six staff files. We found they contained the required information to meet the legal requirements, including Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Information included evidence of identity checks or a recent photograph and references of their conduct in previous employment.
- The provider was not complaint with the Revised Code of Practice for Disclosure and Barring Service Registered

Persons 2015. The provider had no policy around the secure handling of information by the Disclosure and Barring service. Copies of staff DBS certificates were held in the staff member's individual record. To comply with data protection legislation about the retention of confidential personal information, DBS must not be stored by the provider and must be given back to the staff member. We discussed this with the registered manager and director during the inspection. By the end of the inspection, we saw this issue had been rectified and DBS certificates had been removed from the staff files.

- There were six members of staff employed by the service. Each member of staff had a held another role with another ambulance service or within healthcare locally. All staff were employed on a bank contract and chose their working hours. The service had just recently, in line with being awarded the contract with the local Clinical Commissioning Group, taken on five new members of staff. This was to ensure they had enough capacity to cover the requirements for the contracted work.
- Staffing rotas were planned a month in advance. Staff would submit their availability to management and shifts were covered appropriately.
- Staff worked in pairs for each journey. This ensured patients had face to face contact with at least one crew member during their transport to, or from the hospital. Their roles alternated between driver and escort on each journey.
- All Staff wore a uniform and had an identity card. This made patients and members of the public aware the members of staff worked for the service. Staff also wore hi-visibility jackets which identified them to hospital staff and patients alike.
- Staff managed their own rest breaks during a shift. There was no policy or procedure identifying when staff should take their break, for example after driving for a specific amount of time. The service relied on staff experience to safely manage their welfare needs.
- Staff received a handover from the local NHS hospital for the contacted work they carried out. We observed staff receiving information about a patient due to travel with the service. We observed a discussion around risk however, on this occasion no risk was identified and no further documentation was required on the journey booking form.

Response to major incidents

- There were contingency plans for a range of issues which could affect business continuity. The service had a business continuity plan to manage incidents which would affect service provision. These included loss of vehicles, office flooding and fire. The policy was available for staff and outlined their role and responsibility if these events were to occur. The policy also contained contact details for relevant people to contact in an emergency, such as the registered manager and director.

Are patient transport services effective?

Evidence-based care and treatment

- There were policies and procedures available to support evidence-based care and treatment. Staff had access to paper copies of policies and procedures at the office. Policies and procedures referenced the most current nationally recognised guidance and legislation. However, some areas of the service had yet to be formalised in the form of a policy or standard operating procedure. For example, the management of deteriorating patients or actions to take when patients' have a valid do not attempt resuscitation status.
- Staff had access to policies which were held in paper form in a file in the office. If staff requested, policies could be emailed to them directly by the registered manager or director. We were told if the business grew sufficiently in the future, an online electronic portal would be looked into to enable staff to access policies online. If staff needed clarification about part of a policy or procedure whilst on the road, they could contact the registered manager or director at any time for advice.
- The registered manager was responsible for ensuring policies reflected the most current guidance available. The service received email alerts when national guidance or legislation had been updated to ensure policies were kept up to date.

Assessment and planning of care

- An assessment of patients' needs and care required during transportation was taken at the initial booking stage. The assessment and planning of patients' care

made sure they obtained the correct information to ensure they had the correct equipment available for the patient. This also ensured the safety and wellbeing of the patient throughout the journey.

- The commissioned contracted work was booked in and planned on the day in conjunction with the local NHS hospital. Private work was booked either in advance, or at times, on the day.
- The large majority of journeys were short distance and local. Due to this, patients nutrition and hydration needs were met prior to and following their journey. On rare occasions, the service would carry out a long journey. If this was over two hours in duration, the service would supply bottled water and a cup or a straw for patients. They would also ensure at the booking stage the patient was given sufficient nutrition and hydration prior to the journey. If the patient was being picked up from hospital for a long journey, the ward would provide a picnic bag for the patient. Comfort breaks would be planned throughout the journey in conjunction with the patient. These types of journeys were few and far between.
- Staff were involved in planning transport journeys and ensuring they were equipped to ensure an effective service for patients. For example, if a piece of equipment was required to improve comfort during the journey for a patient, staff would take this into account in the journey plan. There were stretchers, wheelchairs, bariatric equipment and appropriate seating, equipped with seatbelts available depending upon the patient's individual need.
- The number of staff required to carry out a private patient transport journey was assessed at the initial booking stage. Patients were always asked their mobility status during the initial booking stage. This determined the number of staff required to carry out the journey. For example, if a patient was independently mobile, just one member of staff would be required for the job. All of the contracted commissioned work required two members of staff for each shift. This was due to the varying nature of the work carried out from the local NHS hospital.
- The management of patients' pain was planned and managed by the hospital or patient privately prior to the journey. Staff carried communication charts on the ambulance to identify pain for those patients with communication difficulties. This meant they were able to hand over this information at the receiving centre to ensure pain was managed appropriately and effectively.
- The service did not transport patients with mental health conditions. Patients with mental health needs would be transported with a provider who could accommodate effectively for their needs.

Response times and patient outcomes

- The contract commissioned by the local Clinical Commissioning Group required the service to capture specific data about service performance. Prior to the contract starting in December 2017, the provider did not produce clinical dashboards or an equivalent system available to establish an overview of the safety and quality of the service. Therefore, this meant the service had been unable to monitor safety, quality or performance for trends and themes through the use of audit or any other method. Despite the recent implementation of data collection for the contracted commissioned work, there was no evidence this data was reviewed and scrutinised. This meant there were no means to identify areas where the service was performing well and where areas of improvement were required to improve the quality and safety of the service.
- There was no system to enable the service to determine whether they were delivering an effective patient transport service. As a result, the service was unable to benchmark itself against other independent ambulance services nationally carrying out a similar service and to build on their performance.

Competent staff

- There was no induction documentation to evidence the topics included or an assessment to establish when the new staff member was deemed competent in their role. On starting their role with the service, the member of new staff spent three shifts with either the registered manager of director to familiarise themselves with the role. We were told there was no formal process to the induction and the member of staff would accompany either the registered manager or director in transport journeys to see first-hand how the service worked. Staff we spoke with in regards to the induction felt this process was adequate to provide them with oversight of the requirements of the role. All staff came from clinical backgrounds, such as the ambulance service and healthcare backgrounds and were familiar with the line of work.
- All of the six staff had been employed by the service for less than one year, therefore, they had not yet had their

first annual appraisal. Staff required appraisals to provide an ongoing assessment of their competence. At the time of our inspection, both the registered manager and director were aware staff appraisals would be required however, there were no plans for this. Following our inspection, we saw the electronic appraisal action tracker for each member of staff. This identified the date of each staff member's first appraisal. The documentation for the appraisal process was still under development.

- Following the inspection, the service sent us a copy of the new induction checklist list to be used with new starters moving forwards. The checklist identified topics to be covered with staff at various points into their employment, such as the first day and the first week. Each section had to be signed by the registered manager or director to identify the new member of staff was competent in each specific area. The form also enabled further supervision and a date for a re-review of the competence if the member of staff needed more time.
- New members of staff undertook driving competencies with either the director or registered manager. This ensured their familiarity with the vehicle to ensure they were competent to carry out their role. Staff remained escorted by the registered manager, director or a competent member of staff until they felt confident driving the vehicles and the management team felt they were competent. However, this process was not formalised to evidence staff competence in this area.
- The driving style of each ambulance driver was constantly monitored electronically. This took account of the speed travelled, breaking times and force of breaking. These aspects of driving had a direct impact on patient comfort during the journey. On joining the service, staff had the opportunity to experience how it felt to travel in the back of the ambulance on a stretcher. This was to provide them with a better awareness of how the patient felt during the journey and make them a more sympathetic driver.

Coordination with other providers and multi-disciplinary working

- The registered manager and director had a good working relationship with staff at the local NHS trust working from the discharge lounge, and the representative who had commissioned the contracted work. They told us they frequently spoke either on the telephone or face to face to discuss any issues or concerns. This ensured they were able to provide a seamless and efficient service for patients.
- There was good communication and team working between the ambulance staff and the local NHS hospital staff. We saw staff engaged in a handover from the receiving unit and there was a good dialogue between the two. This ensured the needs and requirements of patients had been fully identified to ensure a smooth journey.
- Feedback we received from organisations about Town Travel Limited spoke highly of the service and the way in which they worked. They told us they felt they worked well as a team and their flexibility, effort and support with journey planning was "worth its weight in gold."

Access to information

- Staff were made aware of any do not attempt resuscitation (DNACPR) and treatment escalation plans at the initial booking stage. We saw recorded evidence that DNACPR's had travelled with patients which had been noted on the journey sheet making staff aware. These were also confirmed by staff during the handover. This ensured staff were aware of any decision made about resuscitation for a patient travelling with the service. The registered manager told us this was a standard question asked at the referring stage. There was no prompt on the journey form to identify the question had been asked. Following the inspection, the service developed the journey form to include a section for DNACPR to identify this question had been asked for each patient at the booking stage.
- Staff had access to advice and support during their shift. Staff would carry a mobile phone belonging to the service during each shift. At any point, they could call either the registered manager or director if required. Staff told us they were always helpful and supportive. Staff also had telephone access to the registered manager and director in both office hours and out of hours if required.
- Staff kept the registered manager and director informed of any issues they encountered when transporting a patient. For example, if they were delayed waiting for a patient after arriving at the referring organisation or if

they were unable to access the patents property. This meant the senior team were aware of any challenges staff were facing and where possible, could look to support them
- Satellite navigation systems were available in all three ambulances. The systems provided crews with information to establish the quickest route to their destination.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had in place a policy for capacity to consent, which included adults with mental health needs who lacked the capacity to consent. The policy provided guidance as to what consent was, the principals of the Mental Capacity Act 2005 and the role and responsibilities of the staff in gaining consent from patients for each journey.
- Training in Mental Capacity Act, Deprivation of Liberty Safeguards and dementia care was mandatory for staff and carried out yearly. One member of staff out of the six employed by the service had not completed the training.
- Patient's consent to care and treatment was obtained in line with legislation and guidance. Staff understood that consent was needed, for example we observed staff gaining consent when moving patients.
- The service had not been required to transport a patient under a Deprivation of Liberty Safeguards. Staff told us they were aware of their role and responsibilities around carrying out a transfer of this nature due to the training they had undertaken.

Are patient transport services caring?

Compassionate care

- During the inspection we were only able to observe one episode of direct patient care.
- We reviewed two patient feedback forms during our inspection. Both of these, contained positive feedback. We also received 21 comment cards from patients who had been transported by the service. All of the comments we received were positive. Comments included, "excellent overall," "exceptional in terms of responsiveness" and "fantastic, over and above expectations." Of the 21 comment cards we received, six described the service as either excellent or fantastic, whilst four described the service a very good.
- Staff treated patients with kindness, compassion, dignity and respect. The comments left by patients on feedback forms included "very professional and reliable." Other comments included "absolutely fantastic service, very caring and compassionate staff, "the crew are very helpful and respectful" and "I felt very at ease with the staff."
- Feedback forms identified how patients felt comforted by the interpersonal relationships the staff built up between themselves and the patient during the journey.
- Staff were caring, sensitive and supportive to patients' needs. Patients commented, "Very polite, friendly and helpful.", "The staff told me where I was going and were very friendly."
- Staff were compassionate and went the extra mile to settle patients into their home following the journey. For example, on the journey we attended the staff identified in the patient's home the bathroom light bulb needed replacing. Staff replaced the bulb and also made the patient a cup of tea. Additionally staff ensured the patient's lifeline alarm was on the patient in case of an emergency; they helped the patient get dressed into more comfortable clothes and turned on the heating before leaving.
- We received positive feedback from a member of staff based at the discharge lounge at the local NHS hospital, where the service was based for their contracted work. We were told the staff were very considerate and compassion towards patients. If they were quiet, the staff would support patients from the discharge lounge outside to a car picking them up. They would also take the time to provide company and talk to patients waiting in the discharge lounge to go home.
- The registered manager told us the emphasis was patient care and patient satisfaction. Patient safety and comfort was their priority for every journey. They strived to ensure every service user was treated with care, dignity and respect.
- Staff were extremely passionate about providing good experiences for patients and building relationships with patients who used the service regularly. Staff

commented on the high standard of care they could provide given the short distances they travelled around the county. This gave them extra time to ensure patients were comfortable before they left them alone.

Understanding and involvement of patients and those close to them

- During the inspection we were only able to observe one episode of direct patient care.
- Staff kept patients well informed. We spent time at the local NHS hospital where the contacted work took place. The registered manager had come to the hospital to check in with the staff. Whilst in the discharge lounge, we saw the manager talking to the patient waiting for the Town Travel Ambulance to return and take them home. The manager provided the patient with regular updates to the patient as to the whereabouts of the vehicle by use of the vehicle tracker application on a mobile phone.
- Responses provided by patients on comment cards demonstrated how staff were helpful and communicated and kept patients informed throughout the journey. One patient had commented "they were very helpful, friendly and communicated with me at all times."
- Relationships between people who used the service, those close to them and staff were caring and supportive. Patients who used the service told us staff were welcoming to their relatives and carers travelling with them.

Emotional support

- During the inspection we were only able to observe one episode of direct patient care.
- Staff supported patients emotionally. We observed staff reassuring patients and communicating in a meaningful manner to reduce any fears that patients may have had. For example, we saw staff explaining to patients where they were going and if there were any bumps in the road ahead.

Are patient transport services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The service had recently been commissioned by the local Clinical Commissioning Group to provide patient transport for a local NHS hospital. The contract was commissioned to support the flow of patients through the hospital to better manage the winter pressures. The contract had been planned for three months from 1 December 2017 until 1 March 2018 between the hours of 11am and 9pm. There was a possibility the contract may be extended at the end of the three month period. However, there was a degree of uncertainty as they were not likely to find out if this was going to happen until six weeks prior to the contract ending.
- Discussions about the contract, service provision and performance were carried out via telephone conversations with a representative from the local Clinical Commissioning Group (CCG). These meetings were informal and there were no minutes evidence the conversations which had taken place, or actions which had arisen from discussions. The senior managers felt they had a good relationship with the representative from the CCG and told us they frequently communicated with each other. They told us they were always able to speak directly to the representative and their questions were always answered.
- Prior to the contract being commissioned, the service carried out patient transport work directly on request by other organisations, such as the NHS or independent health services. The service could also be booked for used privately by patients living in the local area.
- The service did not have much flexibility to cope with the different level of demand for the service. At the time of the inspection, there had been discussions with the local Clinical Commissioning Group as to whether the service required a third vehicle. The service had two vehicles. One was in use to carry out journeys on a daily basis, whilst the other remained at the base for emergencies. For example, if the vehicle being used broke down with a patient on board, a spare vehicle would be available to go and pick up the patient and continue their journey.
- The service had recruited five new members of staff to ensure they were able to deliver the terms of their contracted work. New staff recruitment meant there was sufficient staff with availability to cover the contracted work over the five weekdays and within the time frame

required. The registered manager also told us if the service did not have sufficient staff to cover a shift and deliver the service safely, the transfer would not be accepted.

- Planned private work was communicated to staff when they visited the base prior to a journey. The registered manager would provide the crew with basic details about the job and provide them with the journey booking form for reference. The contracted work required the staff and vehicle to be stationed at the local NHS trust between the hours of 11am and 9pm. During this time, the staff would receive the required information from the discharge lounge at the trust and complete the journey forms using the information provided.

Meeting people's individual needs

- Services were planned and delivered to take into account patients with complex needs, for example those living with learning disabilities. Each ambulance had a set of communication aids. These included simple words and phrases which patients could point to identify their needs. There was also a communication sheet containing pictures to support patient to identify their needs.
- The service was able to meet the needs of bariatric patients who required their transport services. The service had a stretcher and a hoist available to accommodate bariatric patients during the journey.
- The service tried where possible to ensure anxiety was kept to a minimum for dementia patients during journeys. Both ambulances had the capacity to transport two members of staff, the patient and one further chaperone for the patient. The service encouraged family members or relatives of patients with dementia to travel with their loved one to ensure familiarity for the patient in an unknown environment. This meant the patients was less likely to become distressed or agitated during the journey.
- Staff had access to a translation application on the ambulance mobile telephone to support patients whose first language was not English. There had not been an instance where use of this application had been required.
- Staff understood the importance of looking after patients and ensuring their needs were met during the journey. A member of staff at the discharge lounge of the local NHS hospital gave an example of how the service ensured the comfort of a patient for their journey on the ambulance. The patient required a specialist wheelchair which had not accompanied the patient during their hospital admission. The hospital were unable to source the required chair for the patient to aid the patients discharge. The service travelled to the patients home to collect the wheelchair prior to taking the patient home to enable them to travel in comfort.

Access and flow

- A flexible service was provided to meet the need of the organisations they worked for. Patients could book private transport journeys seven days a week. The majority of the private work carried out by the service was within core business hours between 9am and 5pm. The service also provided a service for a local NHS hospital between 11am and 9pm as part of their commissioned work by the local Clinical Commissioning Group.
- The service was flexible to the commissioned contracted work to support the winter pressures in the NHS. We were told by the team in the discharge lounge how the service on several occasions had worked over their contracted hours during busy periods to ensure patients were able to go home.
- The office was open five days a week during core business hours. Outside of these, people could still contact the service as calls were directed to either the registered manager or directors' mobile phone. Outside of business hours the service would receive calls, manage bookings and respond to queries.
- The provider accepted private transfer work which was usually booked in advance. This work was normally carried out during business working hours. Work could only be carried out at short notice, if they had the staff and a vehicle available. The service had in the past had to turn down work due to not having capacity.
- The service used technology to track the whereabouts of the ambulances at any given time. The registered manager had an application on their mobile phone to enable them to see the location of the vehicle and the associated driving style of the crew. This also allowed crews and the registered manager to update each other on current road disruptions or roadworks to improve journey times.
- The service had carried out a significant increase in journeys since the start of the contracted work in December 2017. Between January 2017 and January

2018, the service had carried out 360 patient transport journeys. Prior to the contract work commencing, work was variable and inconsistent. Some months would be busy, for example, January 2017 where 48 journeys were carried out, whereas some months such as August 2017 were quiet and the service only carried out six journeys. The service had carried out over double the number of journeys in December 2017, during the first month the contracted work started.

Learning from complaints and concerns

- The service had a complaints policy. The policy covered the procedure for managing complaints, roles and responsibilities of the staff. The policy stated the service had a 24 hour period in which a complaint was either responded to in full or the complainant was sent an acknowledgement letter. The policy did not outline the period of time in which a response should be provided in full following the acknowledgement letter.
- The service had received no complaints between January 2017 and our inspection.
- There was no information available on the ambulances to inform patients about how to make a complaint. However, following our inspection, we saw a copy of the new poster which was going to be displayed on the ambulances. This poster contained information for patients about how to make a complaint to the service.

Are patient transport services well-led?

Vision and strategy for this this core service

- The service had a document identifying a clear vision along with a set of strategic objectives. The service wanted to be the private ambulance service of choice in Swindon. The strategic objectives included, providing a seamless, high standard service in vehicles which were clean, safe and fit for purpose. The service's objective was to respond quickly and safely to the needs of patients whilst ensuring quality was at the core of the service provision. The document stated the service planned to do this by engaging in an annual framework of monitoring and reviewing the quality of the service. During the inspection, we found there was no governance framework to enable any form of monitoring or oversight of the service.
- The service had a set of core values. The values focused on making sure each person was valued as an individual, privacy and dignity and respect was offered for all patients using the service. The service was committed to taking the time to get things right whilst continuing to strive to improve services for patients.

Governance, risk management and quality measurement

- There was no governance framework to evidence and support the delivery of good quality care. The service had no systems or processes to monitor the safety, quality or performance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked whether the two members of the senior management team held regular formal meetings to discuss the service and how it was performing. We were told discussions occurred frequently about the business; however these were informal and not documented.
- There was no system or process to provide a comprehensive assurance system ensuring service performance measures were reported on, monitored and action taken to improve performance. The service had been asked to maintain a performance spreadsheet for their contracted work by the Clinical Commissioning Group (CCG). The spreadsheet included information about the journey times, reason the journey was carried out and details why journeys were aborted or stood down. This information was sent to the CCG every two weeks. Despite collecting this information, there was no documented evidence the senior management team has reviewed and scrutinised the performance data to identify themes or trends where performance could be improved. No other performance data was captured or monitored for work carried out outside the contract.
- The service did not maintain a risk register or any other similar document to identify risks to the service provision. There were no processes to assess, monitor and mitigate the risks relating to the service, or the health and safety and welfare of patients and others. During the inspection we had a discussion with the senior managers about risks to the service. We discussed sustainability of the business as a potential risk to the service. We also discussed the risk of not being able to staff the required shifts due to the limited number of staff employed on bank contracts and their other working commitments outside of Town Travel

Limited. We also discussed the event of complete vehicle breakdown and how this would be managed. The managers were able to tell us, in this event this occurred, they would be able to borrow a vehicle from a neighbouring independent ambulance. They also maintained one vehicle at the base ready to use in an emergency if required. Despite being able to discuss the risk and how they would manage this, this had not been formally documented.

- There was no programme of internal audit or other system to identify the service's strengths and areas for further development. The service did not carry out any auditing around cleanliness, infection control, outcomes or documentation. There was no managerial oversight of risk, performance, outcomes or safety; therefore, we were not assured the senior management team were fully aware of how the service was performing. The management team told us things were reviewed and discussed on a daily basis as they occurred. The lack of audit or processes to provide an oversight of the service did not enable the identification of any trends and themes which could impact upon the quality or safety of the service.
- The senior management team actively sought the views of external stakeholders with regards to the provision of the ambulance service. We saw a copy of the feedback form which had been sent to various organisations they had carried out work for. Despite sending out the forms, no feedback had been received. The provider held a short term contract with the local commissioning group (CCG). The team told us they had regular telephone contact with from the representative from the CCG. We were told they regularly discussed the service and had received positive feedback however, none of this had been documented.

Leadership / culture of service

- Both the registered manager and director believed there was a culture of openness, honesty and acceptance within the service. They felt they had a good working relationship with the staff and felt they were dependable and reliable.
- Staff spoke positively about management, their leadership and the culture of the organisation. They told us about their availability and accessibility and were confident in asking for advice and support. Staff said they enjoyed working for the service and took pride in their work. All staff we spoke with said the registered manager and director were approachable and they always listened to them.

Public and staff engagement

- The service engaged with patients where appropriate and their relatives in order to assess their experience of the quality of the service provided. A form was given to the patient or their relative or sent out following the journey. We reviewed the only two forms which had been returned. These both provided positive comments about the service and the staff. However, we did not see any information on the ambulances providing patients with details of how they could provide feedback.
- The registered manager and director engaged with staff when they arrived at the office to start their shift, or pick up the ambulance to carry out private work. This gave them the opportunity to discuss any issues with staff and generally ensure their wellbeing. Staff told us they would feel comfortable to approach both the registered manager and director if they had any issues. They felt as a team they would solve any issues or concerns together. Staff told us at the time of our inspection they felt they had everything they needed and were well supported and therefore had no issues or concerns.

Innovation, improvement and sustainability

- At the time of the inspection, the future sustainability of the business was not assured. The contracted work commissioned by the local Clinical Commissioning Group was due to end at the end of February 2018. There was a possibility the contract may be extended, however, at the time of the inspection, this was unknown. This meant there was also uncertainty for the staff taken on to enable the service to meet the demands of the contracted work. The senior team told us they were continuing to market the service to ensure the local population were aware they could be used for private journeys.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Ensure there are effective systems in place to be able to assess and monitor the service in terms of quality, safety, performance and risk.
- Take prompt action to ensure a sound understanding of the duty of candour regulation and roles and responsibilities with regards to the application of the duty of candour.

Action the hospital SHOULD take to improve

- Ensure all staff have completed level one safeguarding children training.
- Make sure the ambulance deep cleaning schedule is upheld in line with the infection, prevention and control policy.
- Ensure there are formalised agreements for the disposal of clinical waste and soiled linen and re-issue of clean linen.
- Establish a formal agreement for the replacement of empty or out of date oxygen cylinders.
- Make sure journey forms are completed and documentation audits are performed to identify areas for improvement.
- Review the system which contains mandatory training data to ensure this provides a clear oversight of compliance.
- Establish a formal induction programme which identifies staff are competent to carry out their role.
- Make sure driving competencies are documented to identify staff are competent to carry out this aspect of their role.
- Review the complaints procedure to provide clear guidance on the timeframe in which a full response should be completed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. Neither the registered manager nor director, were able to define the duty of candour, or their responsibilities in relation to the regulation.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was no governance framework to evidence and support the delivery of good quality care. There was no system or process to provide a comprehensive assurance system ensuring service performance measures were reported on, monitored and action taken to improve performance. There was no programme of internal audit or other system to identify the service's strengths and areas for further development. The service did not maintain a risk register or any other similar document to identify risks to the service provision. There were no processes to assess, monitor and mitigate the risks relating to the service, or the health and safety and welfare of patients and others. There was no formal documented evidence to demonstrate how the service made decisions to manage potential risks, and the management plan they followed to safely manage risk in relation to patient risk.