

## Advatech Healthcare Europe Limited

# Care Safe Mobility

### Inspection report

Unit 2-4  
Shafers Arcade, 677 High Road  
Benfleet  
SS7 5SF  
Tel: 08008606727  
[www.caresafemobility.com](http://www.caresafemobility.com)

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

### Ratings

#### Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

We have not rated this inspection due to the location being unregistered with Care Quality Commission:

The service did not ensure staff were competent in their roles. The service did not ensure staff understood the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) process.

Policies and procedures were not tailored specifically to the service. Leaders did not demonstrate understanding of the need for service specific policies. Policies were not appropriately signed, dated or version controlled.

The service did not ensure patient assessments were up to date, accurate or were aligned with risk management plans.

There was no policy for the administration or management of medical gases. The provider was unable to demonstrate staff training or competency in the use and storage of medical gases.

The service did not ensure staff followed infection prevention and control (IPC) measures in relation to vehicle cleaning and deep cleaning.

The service did not understand the need for enhanced Disclosure and Barring Service (DBS) checks for all patient facing staff.

The service did not demonstrate understanding of incident reporting, investigating or learning from these. Improvements to keep people safe were not in evidence.

The service did not follow national guidance to help keep patient information safe and secure.

# Summary of findings

However:

- Staff treated patients with care, compassion, and respect.
- Staff recorded patient information using an online platform for ease of information sharing.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

Inspected but not rated



### Rating

### Summary of each main service

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The service did not ensure patient assessments were up to date, accurate or were aligned with risk management plans.

There was no policy for the administration or management of medical gases. The provider was unable to demonstrate staff training or competency in the use and storage of medical gases.

The service did not ensure staff followed infection prevention and control (IPC) measures in relation to vehicle cleaning and deep cleaning.

The service did not understand the need for enhanced Disclosure and Barring Service (DBS) checks for all patient facing staff.

The service did not demonstrate understanding of incident reporting, investigating or learning from these. Improvements to keep people safe were not in evidence.

# Summary of findings

The service did not follow national guidance to help keep patient information safe and secure.

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- Staff treated patients with care, compassion, and respect.
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# Summary of findings

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# Summary of this inspection

## Background to Care Safe Mobility

Care Safe Mobility is registered as an independent patient transport service (PTS) based in Rayleigh, Essex and is operated by Advatec Healthcare Europe Limited. The service registered with the Care Quality Commission on 10 December 2020. The service provides PTS and conveys patients to and from hospitals in Essex and the surrounding areas. The service operates between the hours of 09.30 – 17.00, seven days a week.

This is the first time we have inspected the service under its new name and location. Care Safe Mobility were previously known as Hippo Mobility and was based in Benfleet, Essex.

The Care Quality Commission (CQC) registered manager has been in post since registration commenced on 10 December 2020. At the time of our inspection, the provider had applied to the CQC to add an additional registered manager and the new location in Rayleigh. The applications were under review at the time of our inspection and the provider was operating from an unregistered location.

The service is currently registered for the following regulated activity:

- Transport services, triage and medical advice provided remotely.

## How we carried out this inspection

We have not rated this inspection due to the location being unregistered with Care Quality Commission:

The service did not ensure staff were competent in their roles. The service did not ensure staff understood the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) process.

The service did not provide policies and procedures which were tailored specifically to the service. Leaders did not demonstrate understanding of the need for service specific policies. Policies were not appropriately signed and dated or version controlled.

The service did not ensure patient assessments were up to date and accurate and aligned with risk management plans.

The service did not have a policy for the administration or management of medical gasses and was unable to demonstrate staff training compliance or competency in the use and storage of medical gases.

The service did not ensure staff followed infection prevention and control (IPC) measures.

# Summary of this inspection

The service did not understand the need for enhanced Disclosure and Barring Service (DBS) checks for all patient facing staff.

The service did not demonstrate understanding of incident reporting or learning from incidents to make improvements to keep people safe.

The service did not follow national guidance to help keep patient information safe and secure.

However:

- Staff treated patients with care, compassion, and respect.
- Staff recorded patient information using an online platform for ease of information sharing.

We have not rated this inspection due to the location being unregistered with Care Quality Commission

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service MUST take to improve:**

- The service must ensure it accurately records service specific risks including dates of when each risk was first entered onto the service risk register (Regulation 17 (1)(2) (a)(b)).
- The service must ensure that policies and procedures are in line with best practice guidance, are in date and accurately reflect the service provided. (Regulation 17(1) (2)(a)(b)).
- The service must ensure that it has effective processes for governance, information management, management of risk and performance. This includes ensuring that all risks which arise from the carrying on of the regulated activity are assessed, monitored, and mitigated. (Regulation 17)
- The service must ensure safe recruitment practices are followed and that all staff have an appropriate Disclosure Barring Service (DBS) check, appropriate references, and appropriate employment checks. (Regulation 17(2)).
- The service must ensure they operate effective governance processes to fully assess, monitor, and improve the quality and safety of the service. (Regulation 17(2))



# Summary of this inspection

- The service must ensure infection prevention and control procedures and resources are in place which reflects national guidance. (Regulation 12 (2) (h))
- The service must collect reliable data to understand performance, make decisions and improvements. (Regulation 17 (1) (2) (a)).
- The service must ensure safe and secure storage of patient information in line with GDPR. (Regulation 17 (2) (d) (i) (ii)).

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

- The service should ensure that leaders are aware of and up to date with all the requirements placed upon the service by regulations. (Regulation 17)
- The service should develop and monitor progress against an appropriate service specific strategy for achieving the service's vision. (Regulation 17)
- The service should consider making safeguarding referral information accessible to staff whilst transporting patients. (Regulation 17)






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated

# Patient transport services

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Caring	Inspected but not rated 
Responsive	Inspected but not rated 
Well-led	Inspected but not rated 

## Is the service safe?

Inspected but not rated 

### Mandatory training

**The service provided mandatory training in key skills to staff, however not all staff completed it.**

Staff had access to a mandatory online training programme. The manager provided us with a training matrix and there were gaps throughout indicating that not all staff had completed the training. It was unclear whether all of the training on the matrix was appropriate or standardised to ensure its use was effective. We saw examples on the matrix where staff had not completed safeguarding adults or manual handling. This meant they may not know how to keep people safe.

At the time of our inspection, the service employed two drivers; one driver left the service shortly after our inspection. The remaining driver was not fully trained in mandatory training at the time of inspection. For example, they had not been trained in awareness of mental health, dementia and learning disabilities or in basic life support. The provider could not be assured that all staff employed as drivers were appropriately trained before commencing employment or undertook training as part of their induction. The registered manager was not up to date with safety related training and had gaps in the training matrix. For example, we saw they had not completed Substances Hazardous to Health Regulations (COSHH) training, or manual handling. A lack of specific safety training could result in patients and colleagues being exposed to risks.

### 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.**

Staff understood the need to identify vulnerable adults at risk of harm. The registered manager and an office administrator were trained in safeguarding adults to level 3. All other staff were compliant with level two safeguarding adults, which had been completed as online training.

# Patient transport services

Staff had access to a safeguarding policy for adults, using an online electronic application. The policy provided staff with relevant detail including contact details.

Staff knew who to inform if they had safeguarding concerns and who to contact. Staff gave examples of patients identified as vulnerable.

## Cleanliness, infection control and hygiene

**The service did not manage infection risk well. Staff did not always evidence that all equipment, vehicles, and the premises were regularly cleaned to reduce the incidence of infections.**

All areas and vehicles we inspected looked visibly clean, tidy, and well organised. Despite this, the service location did not have access to vehicle and equipment cleaning facilities. Staff were provided with an anti-bacterial spray and anti-bacterial wipes and were responsible for cleaning their own vehicles offsite.

Staff did not deep clean vehicles regularly. The manager told us the third-party cleaning company had ceased providing the service. The registered manager had sourced a new provider in April 2023 to carry out deep cleaning. Records we looked at did not demonstrate the vehicles had been routinely cleaned at regular intervals prior to and after use.

## Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles, and equipment were not safely managed.**

The main office was on the first floor of a small commercial building. Staff had access to toilets and a small functional kitchen.

The provider had a fleet of six vehicles, which included two ambulances and four wheelchair accessible vehicles. During our inspection we reviewed one ambulance and two wheelchair accessible vehicles. All vehicles looked visibly clean, free of any household or clinical waste. Staff told us they undertook a daily inspection of each vehicle before use. Staff looked at the interior and exterior of the vehicles for any defects, such as a flat tyre or vehicle bodywork damage.

The manager told us they maintained oversight of vehicle checks including servicing, Tax and MOT due dates. Not all vehicles had an in-date Tax certificate and servicing records. One vehicle had an out-of-date Tax Certificate on the DVLA website. Documentation we reviewed showed the vehicle had been used without a valid Tax Certificate. This meant the vehicle was transporting patients without the appropriate road tax which may affect insurance.

Following our inspection, the provider told us they had clinical waste bins on site and collection agreements in place.

Oxygen cylinders were stored securely within vehicles to prevent the risk of injury to staff or patients. The service had a contract with an external medical gas supplier who provided oxygen and removed empty cylinders when necessary.

Staff completed daily checklists to ensure vehicles had access to an appropriate level of equipment. Records we reviewed demonstrated vehicles and equipment had been checked on a regular basis.

# Patient transport services

Vehicles contained fire extinguishers that had been serviced within recommended safety times.

The registered manager told us vehicles were kept at the location car park that had CCTV to ensure safety.

The registered manager told us vehicles were fitted with CCTV cameras in the passenger and drivers' areas. Stickers were displayed on vehicles to warn people of the use of CCTV cameras. Following inspection, the registered manager told us the service did not have CCTV in the vehicles and that this was something they were working towards.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient however did not record how they minimised risks.**

Staff described how they would respond to the deterioration in a patient's health. Staff told us they would do this by calling 999 for an emergency ambulance. One member of staff told us they would administer oxygen if a patient was sweating or struggling to breathe. Following our inspection, we asked the provider for its deteriorating patient policy. The policy was dated 2021 and directed staff to administer oxygen if a patient became unwell. We were not assured staff understood or were competent in oxygen administration and the provider was unable to offer evidence that staff were appropriately trained and supervised to competently administer oxygen.

Staff did not always ensure risk assessments for patients were up to date and accurate. Staff completed risk assessments without aligned with risk management plans to mitigate identified risks. Following our inspection, the provider added management plans to each risk assessment to help manage and mitigate risks.

Staff did not understand Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Staff did not understand what DNACPR decision making meant. Staff did not have sight of DNACPR's on journeys. There was no tailored policy or guides relating to decision making for DNACPR that staff could follow to ensure they understood the DNACPR process. However, following inspection, the provider told us they had implemented a policy statement which had been circulated to all staff.

Staff did not always respond or learn from incidents. Managers did not demonstrate an understanding of incident reporting or learning from incidents. We could not be assured that incidents would be used for improvement and safety purposes.

The service did not always work within its identified limitations and worked outside their own exclusion criteria. For example, the provider told us that they could not offer transport to bariatric patients; however, they responded to a patient who was classified as bariatric. They did not complete a risk assessment and we were told by staff that they went to great lengths to accommodate the patient. This involved employing more staff and extending the time to transport the patient. The registered manager did not acknowledge that this might be an incident. The registered manager did not demonstrate an understanding of incidents or what might be learned from incidents to avoid harm.

Staff shared key information to keep patients safe when handing over their care to others. Staff used an electronic platform on their phones to share detail. Staff took care to provide as much detail as possible prior to bookings to aid smooth transportation.

## Staffing

# Patient transport services

**The service had a high turnover of staff and most of the staff were new to the service. Staff were employed from various backgrounds. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff an induction.**

At the time of our inspection the service employed 6 staff members, including 2 drivers, 3 care assistants and 1 administrator. Two of the care assistants were new and the 2 drivers were employed on an ad hoc basis. One driver left the organisation immediately after our inspection. Some care staff were self-employed and worked on an ad hoc basis. Leaders told us they would use them as and when required.

Staff worked in pairs and vehicle transport was coordinated in advance to ensure staff were available.

## Records

**Staff kept records of patient care and treatment. Records were not always up to date. We were not assured records were stored in line with *General Data Protection Regulation (GDPR)*, or that they were stored securely.**

Staff did not always complete patient notes with the appropriate level of detail. Staff could access patient information using a shared online electronic platform.

The electronic system had several required fields for staff to complete, to assess the patient's eligibility, before the booking could be confirmed. Confirmation was usually completed by email in advance and patients were issued with an invoice/ job reference number.

Patient records were stored on the services computer system. Staff told us patient information was securely stored using passwords and log in details limited to staff with authorised access. The registered manager was not aware of the need to ensure information governance in relation to information sharing. We did not see any demonstrated understanding of up-to-date national guidance around data protection or GDPR.

## Medicines

**The service did not follow best practice when administering, recording and storing medicines.**

Vehicles carried oxygen. In the vehicles that we inspected we found that oxygen cylinders were stored in a safe and secure manner. The service did not carry spare oxygen cylinders. There was a policy in place for oxygen, although this lacked information about the competency assessment of staff who may have to use oxygen for patient care. One member of staff told us they would administer oxygen if it was needed. We were not assured staff were suitably trained and competent in the administration of oxygen which may put patients at risk.

Leaders provided mixed messages about medicines. Staff recorded medicines on a risk assessment form. Staff asked questions about the dosage and administration of medicines on the form. However, when we asked managers about patient medicines, we were told that staff did not administer them. Staff told us the patients kept their medication on their person or it was kept by a person accompanying them. This meant there was a lack of clarity about the storing and administering of medicines. Following our inspection, the provider told us that they had a medicines management policy in place which had been circulated to all staff.

# Patient transport services

## Incidents

**The service did not manage patient safety incidents well. Staff did not recognise incidents and near misses or report them appropriately. Managers did not investigate incidents and shared lessons learned with the whole team and the wider service. There was not an appropriate incident reporting policy.**

Staff did not demonstrate an understanding of what incidents were. The registered manager told us they used an incident reporting system. There was no reference to this system in their Incident policy. Staff had access to the services incident reporting forms, however, staff we spoke with told us they had not used them.

Staff did not have an appropriate incident reporting policy. During our inspection, the registered manager gave us an accident reporting document. Following our inspection, the service sent us an adapted incident reporting document which was not an incident reporting policy. The incident reporting document had no signatory, no version control, no date, and no sign off to demonstrate the document was fit for purpose. The content of the policy did not relate to the service specifically or relay what incidents were, how to report them, who to report them to. The incident policy was not fit for purpose and did not help keep people safe.

The registered manager did not demonstrate an understanding of incident reporting or the learning and improvement to be achieved from having a robust system in place. We were not assured that staff had clear processes in place to guide them in the event of an incident to keep people safe.

The service reported no never events.

Staff did not report any incidents which meant we did not have any evidence of learning from incidents or assurances that staff were reporting and recording incidents.

## Is the service effective?

## Evidence-based care and treatment

**The service did not provide care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.**

Staff did not follow up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers used an online electronic platform to share generic policies with staff. None of the services policies were tailored specifically to Care Safe Mobility. The policies were generic. There were no references within the policies

# Patient transport services

that were unique to the provider, for example, there was no approval signature or version control on any policies. We were not assured the managers understood the importance of policies in operating the service safely and to the required standards. Following inspection, the provider told us they had completed a full review of all policies and tailored them specifically to the service.

## Nutrition and hydration

### **Staff carried out short journeys and provided hydration on vehicles.**

Staff made sure patients had access to bottled water on board vehicles.

## Response times

### **The service did not monitor response times which meant we were unable to determine whether response times were met.**

We reviewed records in relation to patient journeys between January 2023 and April 2023 saw that journeys were recorded and averaged around 3 per day. Staff recorded each journey's start and finish time and this appeared to be for invoicing purposes. There were no records in relation to response times.

## Competent staff

### **The service did not ensure staff were competent for their roles.**

Most staff were new to their roles except the registered manager and one member of staff who was an administrator and care worker. There was 1 driver who was a private hire driver and 1 driver who left their employment immediately after our inspection and was no longer employed. There was a care worker carrying out patient facing work without appropriate training or competencies. The registered manager told us he was qualified to carry out training and competency checks. He provided no evidence to support his qualifications in this regard and we were not assured that patients and staff had access to appropriately trained and competent staff which could put patients and staff at risk of harm.

Leaders recorded on their website that they employed medically trained staff. However, at the time of our inspection the service did not employ any registered or medically trained staff. This advertising was misleading and told the public they would have access and support from medically trained staff.

Managers did not provide us with evidence to demonstrate all staff had a full induction tailored to their role before they started work.

One member of staff had an appraisal on their file. All other staff were new to the service which meant they were not yet due a staff appraisal.



## Patient transport services

Managers told us staff attended team meetings and had access to notes when they could not attend. We reviewed some evidence of notes from meetings; however, they were not standardised, there were no set agenda items, specific dates or details of attendees. This meant we were unclear who attended the meetings, the purpose of the meetings or who had access to the notes.

### Multidisciplinary working

**Staff worked together as a team to benefit patients. They supported each other to provide good care and communicated with other agencies.**

Staff worked with other agencies to understand patient needs. Staff we spoke with gave examples of when they worked with other agencies to request information on risks to help transport patients safely. We saw evidence of reaching out to partner agencies to help understand patient information to keep them safe. For example, an administrator liaised with an occupational therapist for more information to help them in their risk assessment.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff transported with low risk patients. Patients were transported to their appointments with a family member or carer.**

Staff had not completed appropriate training in relation to Mental Capacity Act or Deprivation of Liberty Safeguards. Staff we spoke with shared an understanding of gaining consent and having capacity to make decisions.

## Is the service caring?

### Compassionate care

**Staff treated patients with compassion and kindness.**

We did not observe any patient care. Staff we spoke with told us they were responsive when transporting patients. Staff told us they took time to interact with patients and those close to them in a respectful and considerate way. We did not have feedback from patients or their carers at the time of inspection.

### Emotional support

**We did not observe patient care to determine if staff provided emotional support to patients, families, and carers to minimise their distress.**

### Understanding and involvement of patients and those close to them

# Patient transport services

Staff did not have easily accessible communication aids on vehicles to use where necessary.

Patients and their families who funded their journey privately for transport could give feedback on the service. Staff used a call back system to request feedback from privately funded patients. The service did not collect feedback from patients funded by public services. There were no feedback forms available in the vehicles for people to access.

## Is the service responsive?

Inspected but not rated 

### **Service delivery to meet the needs of local people.**

**The service 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 service worked with other providers of healthcare. We saw that they communicated with other providers to share patient information.

The facilities were appropriate for the services delivered.

The service supported the local health economy by providing additional patient transportation provision for people with additional needs, such as wheelchair access.

### **Meeting people's individual needs**

**Staff did not make reasonable adjustments to help patients access services.**

On request, leaders provided us with a reasonable adjustments policy. However, it was not an appropriate document. The policy had no date on it, no version control, no signature, or reference to evidence-based guidance. Lack of detail for staff to follow could result on varying levels of understanding about patient's needs and potential risks of staff not being able to respond to such needs. For example, the communication needs of patients with a disability or sensory loss.

Leaders told us that they could access information leaflets in languages spoken by the patients and the local community.

Staff told us they could use online translation applications on their phones to help communicate with people whose first language was not English. Staff did not have access to translation services.

Leaders told us there were paper communication aids, however these were kept in the office and we did not see any evidence of these in the vehicles.

### **Access and flow**

## Patient transport services

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

Patient transport journeys were low in numbers and provided on an ad hoc basis. Staff completed a job sheet matrix where they noted patient pick up and drop off times. Staff told us jobs taken were responded to in a timely way; however, there was no system in place to record or monitor this detail.

### Learning from complaints and concerns

**It was not easy for people to give feedback and raise concerns about care received.**

Staff told us they had no complaints or concerns and were unable to give any examples of learning.

Staff told us they followed up each private funded patient journey with a phone call for feedback and said that they received few complaints. We noted some concerns relating to affordability of the service for privately funded patients. Leaders told us they did not follow up on NHS or local authority patient transfer journeys.

Staff could not give examples of how they used patient feedback or complaints to improve daily practice.

## Is the service well-led?

### Leadership

Leaders were unable to consistently demonstrate that they understood how to manage the priorities and issues the service faced.

Leaders did not prioritise the fundamentals before advancing to more complex tasks. For example, having clear tailored policies to help direct them with the day-to-day business, or providing interventions relating to administering medicines without the skills and training to keep people safe. Following inspection, the provider told us they had completed a full review of all policies and tailored them specifically to the service.

Leaders did not have all the required skills and knowledge to run the service. Leaders did not consistently articulate the priorities and the issues the service faced or how they would address the issues currently experienced. Leaders did not provide access to clear policies and processes within the service.

Leaders did not understand their obligations in relation to Care Quality Commission registration regulations. Leaders did not complete appropriate paperwork or function in line with regulation. For example, completion of appropriate paperwork in relation to Statement of Purpose and processes for registering locations within appropriate times.

# Patient transport services

## Vision and Strategy

**The service had a vision which was not specific to the service provided. The vision did not outline an achievable strategy which could be turned into action. The vision did not focus on sustainability of services or align to local plans within the wider health economy.**

Leaders provided a vision and mission statement which was not relevant to the fundamentals of the service. Leaders we spoke with talked of a vision for development of the service; it was not clear in terms of relevance to patient transport service or how it would be achieved.

## Culture

**Staff turnover was high. The staff we spoke with were focused on the needs of patients receiving care.**

Staff employed by the service were recently employed. For example, there were two care assistants who had been employed since March 2023 and a newly employed driver who had been employed for a short period until June 2023. Staff we spoke with told us that they felt respected and valued in the short time they were employed.

## Governance

**Service leaders were unable to demonstrate that they understood or operated effective governance processes.**

The service leadership did not demonstrate an understanding and knowledge of good governance. Governance systems and processes were not strong or embedded within the service. The service had no audit programmes and were unable to evidence learning and improvement based on audit feedback. Further, the service policies and procedures were not tailored to the service or understood by the leadership or staff to ensure appropriate guidance, outline accountability, and set out how to keep people safe. There were recorded meetings, however we saw little reference to health and safety, governance of risks or shared learning.

Leaders did not operate a thorough recruitment system of staff. Leaders did not demonstrate an understanding of the importance of ensuring staff employment and safeguarding checks were completed in a robust way to help keep people safe.

Leaders provided medical gases in the vehicles however had not articulated in a clear policy or in training and guidance how staff should use the gases.

Leaders did not understand the need for appropriate supporting documentation to provide assurances. We were provided with documents that were not specific to the current business. For example, clinical assessment tools that were not suitable for patient transport services and items on the risk assessment that had no bearing on the service.

## Management of risk, issues, and performance

# Patient transport services

Leaders did not manage performance effectively. There was an inconsistent management approach that did not always identify and escalate relevant risks and issues or identify actions to reduce their impact.

Leaders did not ensure compliance with vehicle cleanliness and adherence to infection prevention and control (IPC) principles in a consistent and audited manner. For example, there were no audits such as hand hygiene or personal and protective equipment audits. There were no regular and consistent deep cleans. Staff were also unclear about the importance and principles of infection prevention control.

Leaders provided no detail of key performance indicators. There were no systems in place to demonstrate how they were monitoring performance. This meant there was no way to monitor the quality of the service, identify problems and or provide accountability.

## Information Management

**The service did not collect reliable data or analyse it. Staff did not use data to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Leaders did not have a risk assessed and established safe information storing system. Leaders did not understand the importance of keeping sensitive patient information secure beyond storing it using a username and password. Leaders had not taken steps to carry out an impact assessment. Leaders could not demonstrate how they established that their records were securely maintained. There were no associated risk assessments or any known contractual clauses. This meant patient sensitive information was not being managed following General Data Protection Regulation (2018) (GDPR) guidance.

Leaders advertised a unique selling point of having CCTV in vehicles to promote patient safety. However, there were no policies, systems, or processes to ensure a framework of safe practice of the CCTV in line with national guidance. There was no record of gaining consent from people using the service or protocols for data storage.

## Engagement

**Leaders engaged with patients, and other organisations to plan and manage services.**

Leaders told us they aimed to collect feedback from people who used the service. We did not see any feedback from patients or carers where learning or improvements were made as a result.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The service must ensure it accurately records service specific risks including dates of when each risk was first entered onto the service risk register.</li><li>• The service must ensure that policies and procedures are in line with best practice guidance, are in date and accurately reflect the service provided.</li><li>• The service must ensure that it has effective processes for governance, information management, management of risk and performance. This includes ensuring that all risks which arise from the carrying on of the regulated activity are assessed, monitored, and mitigated.</li><li>• The service must ensure safe recruitment practices are followed and that all staff have an appropriate Disclosure Barring Service (DBS) check, appropriate references, and appropriate employment checks.</li><li>• The service must ensure they operate effective governance processes to fully assess, monitor, and improve the quality and safety of the service.</li><li>• The service must ensure infection prevention and control procedures and resources are in place which reflects national guidance.</li><li>• The service must collect reliable data to understand performance, make decisions and improvements.</li><li>• The service must ensure safe and secure storage of patient information in line with GDPR.</li></ul>