

Central Medical Services Ltd

Ambulance Station

Quality Report

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Date of inspection visit: 18 July & 24th July 2016
Date of publication: 29/09/2017

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

Ambulance Station is operated by Central Medical Services. The service provides emergency and urgent care and patient transport services. The service has a service level agreement with a local NHS ambulance service and other NHS organisations. It also provides emergency care provision at public events, which is not inspected by Care Quality Commission (CQC) because this falls outside of the scope of CQC registration.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 18 July 2017, along with an unannounced visit to the service on 24 July 2017.

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.

The main service provided by this service which we regulate is patient transport services.

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 good practice:

- There were no never events or serious incidents reported in this service between April 2016 and April 2017.
- Staff we spoke with had a good understanding about duty of candour.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Infection prevention and control processes were in place and equipment had been checked in line with the service policy.
- Staffing levels were planned, implemented and reviewed to ensure patients received safe care and treatment at all times.
- Emergency equipment was readily available, maintained and serviced.
- Staff assessed and responded appropriately to potential risks to patients.
- Staff received training to provide them with the skills and knowledge required for their role.
- Medical record documentation was completed in line with national standards.
- Policies for care and treatment were in date, accessible and reflected relevant research and guidance.
- Patients received safe treatment and care was provided to a good standard.
- Patients told us that staff treated them with kindness, compassion, dignity and respect.
- Staff responded compassionately when patients needed help and supported patients emotionally. This was reflected in feedback from patients.
- Patients were able to provide feedback which was unanimously positive about the care and treatment they had received.
- Patients were involved and encouraged in making decisions about their care.
- Services were planned and delivered in a way which met the needs of the local population.
- Staff we spoke with were positive about local leadership.
- Staff told us that managers were both visible and accessible and that they would have no concerns in raising any issues directly with them should the need occur.

However, we also found the following issues that the service provider needs to improve:

- At the time of inspection the service did not have an effective governance system in place to monitor activity and improvements.
- The fire extinguishers we reviewed were not all in date.

Summary of findings

- The service did not have the correct warning signs displayed on the doors where cleaning chemicals were stored.
- A patient group directive (PGD) had not been signed off before a medication was stored on the vehicles for administration.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the Chief Inspector of Hospitals

Ambulance Station

Detailed findings

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Patient transport services (PTS)

Detailed findings

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Background to Ambulance Station

Ambulance Station is operated by Central Medical Services. It is a Nottinghamshire based independent ambulance service that provides a patient transport service throughout the United Kingdom.

The service was registered with the Care Quality Commission in 2011 and has had a registered manager in post since 2011.

The main service provided is emergency or specialised ambulance transport to support the NHS and other private organisations. The principal areas of work include high dependency patient transport from the local NHS hospital trust and transporting patients on behalf of the trust.

The service has a contract to provide a 999 emergency ambulance response with a NHS ambulance service trust to assist with winter pressures.

Ambulance Station operates 24 hours a day, seven days a week. They operate a range of vehicles to meet the needs of patients, from patient transport ambulances to a fully equipped paramedic ambulance.

Examples of some of the journeys undertaken include:

- Routine patient journeys, including outpatient appointments
- Paramedic or nurse escort journeys
- Emergency patient journeys by car or ambulance
- Inter-hospital transfers and specialist retrievals
- Transport for transplant
- Local authority journeys
- Nursing home or specialist community unit journeys
- Medical Team contract or ad-hoc transport
- Medical Equipment, blood and supplies
- Air-side repatriation
- European wide transport.

The service also provides emergency patient transport for an air ambulance service in the West Midlands. At short notice the service provides an emergency ambulance to meet the aircraft, which normally carries a medical team and patient with family, and transport everyone to the local children's hospital.

The service carries out a number of unregulated activities; such as providing emergency care provision at public events.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in patient transport and urgent and emergency services. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service has 12 ambulances and two cars for rapid response.

Staffing consists of two directors of the company, a part-time human resources lead and an operations administration assistant who are based at the location. At the time of our inspection, the service was in the process of recruiting a team leader and a medical director.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the ambulance station. The senior team informed us that the name Ambulance Station was incorrect and they were going to change it to Central Medical Services East Midlands. We spoke with nine staff including; registered paramedics, patient transport drivers and managers. We spoke with eight patients and two relatives. We also reviewed thank you emails and messages received from patients. During our inspection, we reviewed ten sets of patient records.

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

The activity for the service between July 2016 to June 2017 was:

- 4,010.5 hours of ambulance provision
- 127 air ambulance transfers
- 10,304 hours 999 response
- 431 events covered

- 395 patients recorded on Central Medical Services paperwork
- 3,672 patients treated on 999 work (report forms not held by Central Medical Services).

Track record on safety between April 2016 and March 2017:

- Zero never events.
- Clinical incidents included six no harm incidents, zero low harm incidents, zero moderate harm incidents, zero severe harm incidents and zero deaths.
- No serious injuries were reported.
- No written complaints had been received.

Patient transport services (PTS)

Summary of findings

Ambulance Station is operated by Central Medical Services. We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 18 July 2017, along with an unannounced visit to the service on 24 July 2017. 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.

Patients' were protected from avoidable harm and abuse. Staff were aware of how to report incidents and the service had a good track record on safety.

Patients received effective care and treatment that met their needs; patient's care and treatment was planned and delivered in line with evidence-based guidance, standards, best practice and legislation. However, robust processes were not in place to monitor the performance of the service.

Patients were supported, treated with dignity and respect and were fully involved in their care. Feedback from patients was consistently positive about the way staff treated them.

Patients' needs were met through the way services were organised and delivered.

The leadership and culture promoted the delivery of high-quality patient-centred care; leadership was effective and all staff were committed to providing an excellent service.

Are patient transport services safe?

Incidents

- There were no never events reported in this service between April 2016 and April 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- Staff were aware of how to report incidents. The service had an Incident Policy that set out how the organisation would learn from and act on incident reports from all personnel to improve the quality and safety of its service delivery. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents.
- Clinical incidents between April 2016 and March 2017 included six no harm incidents, zero low harm incidents, zero moderate harm incidents, zero severe harm incidents and zero deaths.
- Incidents were reported using incident report forms which were available to all staff on the vehicles. There were six minor incidents reported from January 2016 to June 2017 all had clear actions which were implemented. For example, a piece of equipment was not working on a vehicle; staff were unable to plug in infusion pumps. A replacement vehicle was sought the same night. A new inverter was purchased and installed prior to the vehicle being used again. Inverter check was added to the pre-shift vehicle checklist.
- 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. The service were aware of the regulation but had not needed to use the process.
- Staff we spoke with had a good understanding about duty of candour. Staff talked of being open and transparent with the public.

Clinical Quality Dashboard or equivalent

Patient transport services (PTS)

- The service did not use a quality dashboard. It reviewed its incidents, complaints and response times through audits and gave feedback to all staff through a closed social media site and emails.

Cleanliness, infection control and hygiene

- All staff completed infection control training on induction and on annual mandatory training.
- All of the vehicles were cleaned between patients and had a six weekly deep clean which included steam cleaning of vehicles to reduce the presence of microorganisms. The service kept a record and monitored compliance with the deep clean programme. We reviewed 21 deep clean forms which demonstrated six weekly cleans had been performed. However, daily cleaning schedules were not always fully completed. This meant it was unclear if staff had cleaned vehicles. In the event of a significant contamination, the company provided a deep clean at short notice. Staff told us they responded promptly. The vehicle was taken off the road whilst the deep clean took place.
- During the inspection we saw that vehicles were mostly visibly clean, equipped with appropriate equipment including spillage kits, antibacterial wipes and personal protective equipment for staff. However, one of the seven vehicles had a visibly dirty floor.
- We saw sharps bins were available on vehicles and in the clinical room. They were dated and not overfilled.
- Each vehicle also had yellow bags for the safe disposal of clinical waste. The main clinical waste bin was locked and kept in the garage away from public access.
- However, we found the service did not have the correct warning signs displayed on the doors where cleaning chemicals were stored.
- Posters providing information on effective hand hygiene were placed above all hand basins in the service headquarters. Alcohol hand gel was readily available on all vehicles and we observed staff using this before and after patient contact.
- All staff we spoke with had correct uniform with name badges in accordance with the uniform policy. Staff were provided with uniforms, which staff were responsible for laundering themselves.

Environment and equipment

- The service had 12 patient transport vehicles. We checked seven vehicles and found that all were in good condition and well maintained.

- The service used a local garage for the management of its fleet. We saw completed and up to date vehicle maintenance schedules. All vehicles had an up-to-date MOT, annual service and were fully insured. The insurance certificates on the vehicles had not been changed and they were out of date. We escalated this to the managers who arranged for the up to date certificate to replace the old version.
- Essential emergency equipment was available on all seven vehicles inspected and was fully serviced and tested. Packages containing sterile supplies were intact and in date. However we found one vehicle out of the seven we looked at had not been checked in terms of its equipment, including the oxygen masks and defibrillator.
- Fire extinguishers on vehicles we inspected were stored securely but not all had an out of date sticker on them. We found five fire extinguishers were out of date; three water fire extinguishers were dated January 2016, one dry fire extinguisher was dated January 2016 and another extinguisher was dated April 2017. Another two fire extinguishers did not have a date check label on inspection. The senior team booked an appointment for the fire officer to visit whilst we were on inspection.
- We observed staff checking that patients were secured in their seats prior to the vehicle moving.

Medicines

- Medicines were stored correctly and safely within the office buildings. We reviewed the medicines record log and found that they were not always clear when medications had been taken out or returned which meant that there could be confusion with stock counts. We highlighted this to the managers who made arrangements to review all entries to ensure stock levels were accurate in addition to, amending the log to ensure it was clear.
- A patient group directive (PGD) was not completed. A patient group direction allows some registered health professionals to give specified medicines (such as painkillers) to a predefined group of patients without them having to see a doctor. The PGD was in the process of completion. We escalated this to the managers who removed the medication from vehicles.
- Oxygen was stored safely for use on vehicles, we checked five vehicles which all had cylinders stored securely.

Patient transport services (PTS)

- Oxygen cylinders were stored securely at the base and were in a well signed, ventilated room.

Records

- All records were managed and kept safely; they were stored in filing cabinets in locked rooms. This meant confidentiality was maintained and records could be reviewed retrospectively if necessary. They were kept for two years before disposal by shredding according to the provider's policy.
- We observed that all patient records were stored securely on vehicles. Vehicles were kept locked when they were unattended.
- We reviewed ten patient record forms which were signed and dated; they were legible and demonstrated thorough plans of care.
- The ambulance crew recorded patient observations and any treatments provided during transfers and shared this information with staff on arrival at the destination. The exception to this, were patients who were accompanied by a specialist team. On these occasions, the crew were providing transport services only and the specialist team maintained their own records.
- When patients were transferred between two healthcare providers, patient records from the referring provider would be transported with the patient and passed onto staff at the destination.

Safeguarding

- The provider's safeguarding children training aligned with the, "Safeguarding children and young people: roles and competencies for healthcare staff – Intercollegiate document: March 2014." Safeguarding training level two (adults and children) was provided to all staff.
- During induction, staff completed an introduction to safeguarding training course that they attended in person. Training compliance from January 2017 to June 2017 was 49% for safeguarding children level three and 52% for safeguarding adults level two. The service was on target to have all staff updated by the end of the year. We were not made aware of the level of training compliance for safeguarding children level two.
- The organisation's safeguarding policy was accessible to all staff. In each vehicle there were safeguarding forms to enable staff to have quick access if a safeguarding referral was needed to be made.

- Staff we spoke with during our inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so.
- The senior team was not trained at safeguarding level four at the time of our inspection however they had booked a date in September 2017 for the safeguarding lead and a director to attend. The training provided to the staff was delivered by a member of staff appropriately trained to deliver the safeguarding training to staff.

Mandatory training

- All staff, including sub-contracted staff, undertook a comprehensive mandatory training programme which included the following topics with attendance figures from April 2017 to July 2017; conflict resolution 47%, consent 54%, dementia 54%, duty of care 48%, resuscitation (adult, child and infant) 43%, privacy and dignity 35%, manual handling 46%, learning disabilities 42%, infection control 46%, information governance 41%, health and safety 41%, fire safety 49%, equality and diversity 43%, duty of candour 49%. The figures provided indicated that the service was on track to ensure all staff completed their training by the end of March 2018.
- Staff were supported to attend training.
- We reviewed individual staff records relating to driving level qualifications and revalidation dates of driving level training and found these were recorded on the provider's training spreadsheet. This was 100% compliant.

Assessing and responding to patient risk

- Staff were trained during their induction to provide the skills and knowledge required for their role.
- The service completed risk assessments for all planned activities. This included a risk assessment of the patient's conditions, their location and access to the building. Risks for staff attending were also reviewed to ensure that staffing numbers and abilities were appropriate to the needs.
- The service had clear escalation processes in place. Staff called the senior team on a defined contact number to ask for advice and guidance.

Patient transport services (PTS)

- All patients were monitored during their transfer. We saw that the National Early Warning Score (NEWS) was used to monitor patients' clinical observations. An early warning score (EWS) is a guide used by medical services to quickly determine the degree of illness of a patient.
- If patients deteriorated during transportation, the crew were able to provide emergency support as needed and would either call emergency services for back up, or transfer to the nearest acute hospital.
- We were told that the service did not transfer patients who were detained under the Mental Health Act or any patient who had a history of violence or aggression.
- Staff we spoke with were clear on the protocols they would follow to meet the support needs of patients who presented with challenging behaviour.

Staffing

- Staffing consisted of two directors of the company, a part-time human resources lead and an operations administration assistant who were based at the location. At the time of our inspection, the service was in the process of recruiting a team leader and a medical director.
- Managers told us that due to the nature of the commercial independent ambulance contracts, the service used permanent staff and zero hour contracts for the ambulance crews.
- Managers we spoke with advised that if the service did not have sufficient personnel to deliver a service safely, then the contract or transfer would not be accepted.
- We reviewed six sets of staff records, which demonstrated that staff training, and employment safety checks had been completed in accordance with policy.

Response to major incidents

- Prevent duty training was part of mandatory training (The Prevent duty is the duty in the Counter-Terrorism and Security Act 2015 by which staff in health care settings must have training to identify ways to prevent people from being drawn into terrorism). One hundred percent of staff had attended the training.
- Managers told us they did not have a service level agreement (SLA) with local NHS trusts to be involved with their major incident policies. However if a request to provide services was made they would endeavour to meet those demands.

- Adverse weather conditions were addressed by the staff and managers collectively. If it was unsafe to travel, staff would be stood down until the weather conditions improved.

Are patient transport services effective?

Evidence-based care and treatment

- The service had a range of corporate guidelines which were available on the provider's electronic system and in paper version in a folder in the office. We reviewed 18 guidelines, found that all were up to date and referenced to current best practice.
- Staff we spoke with were aware of the national guidance relevant to their practice. For example, NHS Business Service Authority (NHS BSA) 2017 Guidance on the security and storage of medical gas cylinders.
- New or updated policies were circulated by email and the service's closed social media account.

Assessment and planning of care

- Handovers took place between shifts and staff we spoke with were confident to handover to their receiving party. This meant that systems were in place to enable the continuity of care and treatment of patients.
- Staff were involved in planning the care for individuals and we observed comprehensive documentation of patient care with clear treatment plans and where they were transporting patients to.
- Upon notification of a patient transport request, the call taker completed a risk assessment of the patient's need in order to plan care appropriately. The call taker would then confirm this information and decide on a quotation. The service ensured that appropriately trained staff were allocated according to the risks identified.
- Leaflets were available on ambulances for staff to assist them whilst transporting patients. These included stroke and dementia pathways and a non-verbal pain score form.

Response times and patient outcomes

- Due to commercial competition the service did not complete any formal benchmarking. They reported that they measured patient outcomes by reviewing completed job sheets and through the feedback they

Patient transport services (PTS)

received. Outcomes collated by trusts were not shared with the service. During this inspection we did not see robust processes in place to monitor the performance of the service.

- Ambulance services and trusts that commissioned the service performed site outcome visits, to discuss any issues identified by the service. The service was due its visit by a local NHS trust the day after our inspection.
- Staff completed log sheets to record journey times. The senior team explained there were rarely any issues with the journeys and they prided themselves on having a workforce committed to providing high quality care.

Competent staff

- All staff (permanent and those staff on a zero-hours contract) were provided with the training to enable them to work in a knowledgeable and effective way.
- A line manager carried out clinical observations of crews 'on the road'.
- From January 2017, 56% of staff had received an appraisal. All of the staff had dates for their appraisals throughout the year to ensure they were completed within the calendar year.
- Staff were trained in areas such as safe moving and handling techniques, how to use ambulance carry chairs and slide sheets.
- We checked six staff files and found them all to be complete. They all had enhanced disclosure barring service (DBS) checks, full occupational health checks and induction training completed.

Coordination with other providers and multi-disciplinary working

- When staff transferred a patient's care to another healthcare provider such as a hospital or hospice, they ensured the handover they received was clear and precise to enable them to give a thorough handover to staff receiving the patient.
- The service had received positive feedback from a member of staff from a local NHS trust. The crew of two technicians had been first on the scene at a major trauma and were praised for the care they had provided whilst waiting for the paramedics to arrive.

Access to information

- Operational staff documented full patient handovers when collecting patients from providers.

- Staff told us that 'do not attempt cardiopulmonary resuscitation (DNACPR) orders were discussed with the staff on the wards prior to leaving. If the DNACPR order was not current, a discussion with the nurse and doctor would take place to ensure a current order was written for the patient prior to transferring them.
- Staff could access the service guidelines, and other company information through an application on their phones.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed training on the Mental Capacity Act (MCA) 2005 and Mental Health Act training on induction. Compliance was 40% from January 2017 and all staff were due to complete training by December 2017.
- Staff we spoke demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Mental Health Act.

Are patient transport services caring?

Compassionate care

- Patient feedback we received was extremely positive in terms of patient care.
- The service trained all staff in safe moving and handling of patients and this helped staff to maintain patient dignity during patient transport.
- Patients said staff had respectful and caring attitudes to relatives and carers travelling with them.
- Feedback we reviewed from families and patients was positive about all aspects of the care they had received. We saw feedback from a relative stating, "A big thank you from my family for the quick response to our call and for the caring nature of the staff."
- We observed staff providing care that was compassionate and patients being treated with respect for their privacy and dignity at all times.
- All of the patients we spoke with who used the service told us staff were kind and very professional.

Understanding and involvement of patients and those close to them

- Patients we spoke with told us they were fully involved in their transfer plan and staff explained everything to them throughout their journey.

Patient transport services (PTS)

- A relative of a patient gave feedback stating, “I just want to say how fantastic the service was this morning, your staff are a credit to you. Thank you for getting my mum home safely”.
- All of the patients we spoke with who used the service told us staff explained the care given to them.

Emotional support

- Managers and staff created a strong, visible, person-centred culture and were highly motivated and inspired to offer the best possible care including meeting service users emotional needs.
- Staff provided emotional support to patients when needed. A relative gave feedback in an email to the service, which stated, “You made a very distressing time bearable and it was good to see mum smile when she knew she was home”.

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

Service planning and delivery to meet the needs of local people

- The senior team were continually developing the service and staff recruitment which enabled the service to identify areas in which there were opportunities to better meet the needs of patients.
- The service arranged for crews to provide patient transport journeys for a neighbouring NHS trust during times of peak demand for example, winter pressures. However, there was fluctuation in demand from the contract providers that made service planning more fluid for managers.

Meeting people’s individual needs

- Staff completed equality, inclusion and diversity training as part of the mandatory training programme. The needs of different people were taken into account when providing transport services.
- Staff assessed patient’s individual needs and each patient had their own documented care plan.
- The vehicles were designed to provide a safe and dignified transport solution to those whose weight, or condition, required specialist transport.

- All staff we spoke with told us they did not have problems communicating with patients whose first language was not English. Each vehicle had a booklet with translated medical terms in a variety of languages and staff had access to language line to assist their communications with patients whose first language was not English.
- The identification of patients with complex needs, such as those living with dementia, learning disabilities or physical disabilities, were identified both at the transport booking stage and through crew interaction with their patient.
- The service had picture cards, which staff used where appropriate, to communicate with people who had a learning disability.

Access and flow

- The service accepted allocated work details which were recorded electronically and were used to inform the resource required in order to effectively fulfil the booking.
- Data was collected from staff completing job record sheets, which were reviewed internally by the office manager to inform resource planning, and which were shared with the senior team.

Learning from complaints and concerns

- Information relating to how a member of public could make a complaint was available on the vehicles.
- The service had a management of patient complaints policy, which gave detailed directions of how a patient complaint should be investigated. From May 2016 to June 2017 the service had received no written complaints. There had been three verbal complaints, which on review, had been managed appropriately.
- Patients were able to provide feedback and instructions about how to do this was displayed on the vehicles. A feedback form was given to the patients following a completed journey, which enabled them to give feedback in writing or they could give feedback by telephone.
- If a complaint was to be received formally, it would be forwarded to the patient experience lead for complaints. The lead was responsible for the investigation of complaints and providing feedback to the patient.

Patient transport services (PTS)

Are patient transport services well-led?

Leadership of service

- The service was a small business and the leadership team consisted of two directors and a part-time human resources manager.
- Staff were able to tell us who the managers and team were and their roles in the service.
- The staff we spoke with said they felt valued by management, who kept them well informed.
- Staff told us that managers were accessible and that they would have no concerns in raising any issues directly with them should the need occur. They could access managers in the main office during working hours or managers were contactable 24 hours a day, seven days a week by telephone.
- We reviewed the managers 'in touch' email where the managers updated staff with any issues such as medicines management and renewed vehicle defect forms.
- Managers introduced new systems, with staff being asked to participate with piloting them first. We reviewed an email to staff requesting volunteers to try out a new fleet management system, which was an app on a mobile phone.

Vision and strategy for this this core service

- The service did not have a strategy however, they had a mission statement 'to provide high quality medical and ambulance services, truly believing in patient care and customer services'.
- Staff could describe the service values and how they would apply them to their role, however, they were not so aware of the mission statement for the organisation.
- We saw communication to the staff informing them of the validity of contracts with local NHS trusts.

Governance, risk management and quality measurement

- The senior team completed several audits, for example spot checks of medicines management. However they were not formally discussed at a governance meeting.
- Managers demonstrated a good understanding of the service and concerns we identified during this inspection were acted on immediately. However

managers had recognised the need to improve how the service collected and used data to monitor quality and performance. The management team planned to ensure an evidence trail to improve governance of the service.

- The provider had policies in place which were in date, including equality and diversity policy, information governance and fit and proper person policies.
- The service had a very detailed, comprehensive risk register which included risks related to; staff, vehicles, operations, events and fire. For example, two risks relating to staff were lone working and potential injury working on a moving vehicle. All risks were allocated to a member of the senior team and had been reviewed and were in date.
- Senior leadership meetings were held and minuted. We reviewed three sets of meeting minutes, two from April 2017 and one from June 2017 which followed a standing agenda. Infection control issues, complaints and incidents were discussed however there was not an action log to evidence progress. This meant that progress that was made could not be evidenced. The service had recognised this and was committed to improve their processes.
- As part of the service's process, patient feedback received throughout the year was fed back immediately to individual members of staff. Feedback was shared with staff via the closed social media page and emails.

Culture within the service

- We observed a positive culture throughout the service. Staff we spoke with were proud of the work that they carried out.
- Staff told us that all of the managers were supportive and approachable. They were able to speak to them at any time.
- Staff spoke positively about their roles and said they were part of a team committed to providing an excellent service.

Public and staff engagement

- The service did ask the public to provide feedback. There were posters in vehicles too. However, the response from the public was not as good as the service would have liked.
- The service was in the process of purchasing a new uniform and had asked staff for their opinion.

Patient transport services (PTS)

- The managers recognised that staff were not represented at the team meetings and planned to review their attendance at the senior team meetings.

Innovation, improvement and sustainability

- The service was developing and there was consistent growth. The managers hoped to expand to have further locations nationally.
- The managers had advertised for a team leader due to the expansion of service. There had been interest and they were due to shortlist to interview very soon.
- The service was in the process of recruiting a medical director to improve governance and the development of the board of directors.

Outstanding practice and areas for improvement

Outstanding practice

The service had picture cards, which staff used where appropriate, to communicate with people who had a learning disability.

Areas for improvement

Action the hospital MUST take to improve

The provider must have an effective governance system in place to monitor activity and improvements.

Action the hospital SHOULD take to improve

The service should ensure the fire extinguishers are reviewed and are all in date.

The service should ensure the correct warning signs are displayed on the doors where chemicals which are used for cleaning are stored.

The service should ensure that the patient group directive is completed and signed off before medication is stored on the vehicles.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17 (1) (2) (b): Systems or processes must be established and operated effectively, such systems or processes must enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Ambulance Station did not complete any formal benchmarking of the service.• There was not a formal process in place to measure outcome activity. For example, number of patient journeys or time from collection of patients to their arrival at required destination.