

365 Secure Care Ltd

365 Secure Care

Inspection report

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary


- The service failed to control infection risk well, the service did not demonstrate high levels of cleanliness or good adherence to the principles of infection prevention and control.
- The service failed to ensure that all premises and equipment were clean, secure, suitable for the purpose for which they are being used, properly used and properly maintained.
- Managers failed to demonstrate how they monitored the effectiveness of the service.
- Managers failed to demonstrate that they had sufficient oversight of risk and performance.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients and acted on them.
- Staff provided good care and treatment. Managers made sure staff were competent and mandatory training compliance was completed. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. The service proactively encouraged both negative and positive feedback as they valued all feedback as an opportunity to improve.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Requires Improvement 	The service had not been previously inspected. We rated it as requires improvement. See summary above for details.

Summary of findings

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Summary of this inspection

Background to 365 Secure Care

365 Secure Care Ltd is registered with the CQC to provide the following regulated activity;

- Transport services, triage and medical advice provided remotely

The provider has had a registered manager in post since registration in 2019.

365 Secure Care Ltd provided a range of patient transport services but did not transport patients with additional needs such as patients experiencing mental ill health.

The service also provided services in the event medical sector and training which are currently not regulated by CQC.

The provider's activity levels from March 2022 to March 2023 were:

- 16865 patient transport journeys subcontracted from local NHS ambulance trusts,
- 8384 patient transport journeys subcontracted from local NHS hospital trusts,

The provider's main operating base was from their operations base in Barnsley.

The main service provided by this provider was patient transport services.

How we carried out this inspection

The inspection was carried out by two CQC inspectors. The inspection was overseen by Sarah Dronsfield Deputy Director of Operations.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

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 all vehicles are cleaned and maintained in line with national guidance and company policy. (Regulation 12 (2) (e) (f) (h).
- The service must ensure all medical gases are stored safely and pose no safety risks. (Regulation 12 (2) (f) (g).

Summary of this inspection

- The service must ensure that all premises and equipment are clean, secure, suitable for the purpose for which they are being used, properly used and properly maintained. (Regulation 15 (1) (a) (b) (c) (d) (e).
- The service must collect reliable data to understand performance, make decisions and improvements. (Regulation 17 (1) (2) (a).
- The service must ensure there are clearly defined assurance processes, including audits, and that all staff are aware of the required frequency and recording of these. (Regulation 17 (1) (2) (b).

Action the service SHOULD take to improve:

- The service should ensure that all issues are actioned and addressed promptly when identified.
- The service should ensure that it adheres to all aspects of their provider policies.
- The service should consider developing a strategy and vision for service development.
- The service should consider methods for innovation and continuous improvement.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Patient transport services

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

Is the service safe?

Requires Improvement 

Mandatory training

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

All staff had completed all mandatory training within the previous 12 months. Staff compliance for all active staff was on target to meet compliance levels and we noted that completion of all outstanding training was planned within 12 months. All staff showing as non-compliant were due to them not being with the service for over 12 months.

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients living with mental health needs, learning disabilities, autism, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw the electronic system which alerted managers to any training that was approaching expiration.

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.

All staff received training specific for their role on how to recognise and report abuse. We saw that all staff had completed or exceeded the required level of adult and children safeguarding training for their role as recommended in the intercollegiate guidance.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Patient transport services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had made no statutory safeguarding referrals in the previous 12 months but had made referrals through the local NHS trust systems as per their contractual agreements. No negative feedback had been received from any of the NHS partner organisations.

Cleanliness, infection control and hygiene

The service failed to control infection risk well. Staff did not consistently use equipment and control measures to protect patients, themselves, and others from infection. They failed to keep equipment, vehicles, and the premises visibly clean.

We inspected six vehicles during inspection which we were told by senior leaders had been subject to the usual daily pre shift processes and were 'ready for use'. Five vehicles had significant issues with regard to cleanliness. We saw large amounts of dust and other debris on flat surfaces. We observed damage to the interior of the vehicles that would prevent effective cleaning.

We were told that senior leaders undertook 'spot checks' every morning of random vehicles, we requested completed records for the last six months and were provided with nine records with one check completed in September 2022, one record in October 2022 and seven completed in February 2023. We saw issues with cleanliness highlighted in three records and delays in actioning issues in four records.

We observed staff to be non-compliant with the principles of bare below elbow (BBE). We observed staff wearing long sleeves, but no sleeve protectors were available for use on any vehicle that we inspected.

Hand hygiene audits were not completed, therefore we were not assured that staff were following best practice.

Cleaning records were provided which demonstrated that staff had confirmed that vehicles had been cleaned in accordance with the service's policy. We did not see any process that provided assurances that the cleaning had actually been undertaken. We reviewed the services transport audit which included recording of information, we reviewed 53 individual vehicle audits and saw issues with the recording of completed cleaning in 21 examples.

We saw no evidence that staff labelled equipment to show when it was last cleaned.

We were told that all vehicles were deep cleaned by an external company every six weeks, following inspection we were provided with information that demonstrated that deep cleaning was undertaken and that there were no omissions.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles, and equipment did not always keep people safe. Staff did not always manage clinical waste well.

Patient transport services

We were provided with records of vehicle checks that staff completed at the end of their shift to record cleaning and maintenance of each vehicle, all records were dated after our inspection visit so we were not assured that this was completed prior to issues being raised during our inspection visit.

We observed areas of the ambulance station, primarily around the cleaning areas that were visibly dirty, we reviewed station cleaning records that stated that those areas had been cleaned, therefore we were not assured that effective cleaning of the building was undertaken nor recorded appropriately.

Staff did not manage clinical waste effectively. We saw multiple examples of clinical sharps disposal that did not follow best practice or in line with the services clinical waste policy. We also saw examples of clinical waste bins being left unlocked in areas that the public could easily access.

We observed multiple trip and slip hazards throughout the ambulance station due to items being left on the floor and spills not being cleaned promptly.

We observed that storage of medical gases was not in line with best practice. Medical gas bottles on all vehicles were not adequately secured due to oxygen bottles not fitting within the securing bracket. Medical gases within the ambulance station were stored in an appropriate location but were stored vertically and were not secured which posed a safety risk. During interviews with senior managers, we were told that they were aware of these issues but had not addressed them. Following inspection, we were provided with copies of the medical gases audit for the previous six months, we saw no acknowledgement of the issues raised and we also noted that medical gases stored on each vehicle was not part of the medical gases audit.

We reviewed the service's fire risk assessment from November 2022 and saw that there were issues highlighted that had not been addressed by the time of our inspection visit such as obstacles on the floor that would hinder rapid evacuation.

We observed that the one fire exit on the ground floor had been bolted shut and was inoperable in an emergency. We raised this immediately and received assurances following the inspection visit that this had been rectified.

The design of the environment followed national guidance. We were told that all vehicles were cleaned after each shift, maintained under warranty, and deep cleaned by an external company every six weeks. We reviewed all documentation that recorded cleaning by the external company and saw no omissions in the routine deep cleaning of vehicles.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. The staff were provided with action cards which were kept on each vehicle which detailed clearly how to manage any deterioration.

Staff utilised and reviewed risk assessments for each patient which were provided by either the local ambulance trust or the local NHS hospital trust prior to the patient journey. Staff were empowered to complete their own dynamic risk assessment at any stage of the patient journey and were able to escalate where appropriate.

Patient transport services

Staff knew about and dealt with any specific risk issues which would be identified before the journey being undertaken. We were given examples of staff requesting additional support from other crews and managers in order to respond appropriately to emerging patient risk.

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers gave all staff a full induction.

Senior staff regularly reviewed and adjusted staffing levels and skill mix. They could adjust staffing levels daily according to the needs of providers requesting the service and to ensure appropriate skill mix for each vehicle.

We reviewed the new staff induction programme and found it to be comprehensive for the needs of staff which enabled senior managers to ensure that all staff were suitably trained before undertaking patient contact. All staff reported that the induction was thorough and that they always felt supported.

We reviewed ten staff files including the registered manager's and the managing director and saw one example of a reference being provided by a member of the senior leadership team within the service from a company that did not feature on the applicants CV.

We also reviewed two staff files of staff who had a positive return on their disclosure and barring system (DBS) check. Both members of staff had the appropriate risk assessments completed prior to employment but there was no evidence that service's safe recruitment policy had been followed as there was no documentation in either file that demonstrated that the risk assessment had been discussed and signed off by the senior management team.

Records

Staff kept detailed records of patients' care and treatment but there was an inconsistent approach to the completion of records. Records, when completed were clear, up to date, stored securely and easily available to all staff providing care.

All records provided from the commissioning NHS ambulance and hospital trust were provided electronically through a secure system.

The service also completed paper records on each patient journey to ensure rapid access to information should it be required. We reviewed 10 patient record forms submitted following inspection and saw that they were completed in line with the service's policy.

We reviewed the services transport documentation audit which included recording of information, we reviewed 53 individual vehicle audits and saw issues with the recording of information in 21 examples of patient records, this included but was not limited to patient name, date of birth, address, and level of need.

Records were stored securely.

Patient transport services

Medicines

The provider did not administer medicines as part of the patient transport services.

Incidents

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

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

Staff reported serious incidents clearly and in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff involved in the incident received feedback from the investigation of internal incidents.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident.

We saw examples of learning following incidents; a theme of vehicle damage had been identified and was addressed by the use of staff guiding drivers when reversing.

Is the service effective?

Evidence-based care and treatment

The service provided policies and procedures on care and treatment based on national guidance and evidence-based practice, but staff did not always adhere to guidance and policies and managers did not always gain assurance that staff followed guidance.

The service provided up to date policies based on national guidance and evidence-based practice but failed to ensure that staff always followed them. We saw multiple examples across the service of staff and managers not following the services' policies. For example, we identified issues in the recruitment policy and the storage of medical gases.

Patient transport services

At the time of inspection, the service did not transport patients subject to the Mental Health Act.

We saw evidence current staff had access to all company policies and protocols online. Staff could use IT systems to access forms, such as policies, equipment checking logs, incident reporting and safeguarding forms.

Nutrition and hydration

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

We saw that water was always available on all vehicles. We were told by staff that they currently did not transfer patients excessively long distances so food was not required but could be arranged if required.

All staff understood that patients could have different religious, cultural or other needs.

Response times

The service could not demonstrate how they monitored, and agreed response times so that they could facilitate good outcomes for patients. They were unable to use the findings to make improvements.

During inspection there was no awareness of what the existing performance targets were or how the service met them. Following inspection, we requested journey response time information which demonstrated that there were agreed response times set by the local NHS ambulance trust but senior managers could not articulate how they monitored or would use that information to improve the service.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve. We saw evidence of how the service supported staff through the use of manager led supervisions.

Patient transport services

Managers supported staff to develop through yearly, constructive appraisals of their work. Current appraisal rate for all eligible staff was 100%.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not always follow national guidance to gain patients' consent, but they knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

We saw examples of staff recording that a patient may have reduced capacity to consent to transport but did not see documentation to demonstrate that they followed the service's policy of then contacting the clinical support desk for advice.

Staff clearly recorded consent in the patients' records in all 10 records that we reviewed but we saw omissions in the recording of consent in records audited in December 2022.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Is the service caring?

Good 

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with additional needs.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

Emotional support

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

Patient transport services

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. We saw that all vehicles had communication aids available for use.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients gave positive feedback about the service.

Is the service responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population.

The provider undertook the majority of all completed patient transport journeys for the local NHS ambulance trust and local NHS hospital trusts. The provider reported that they had dedicated points of contact and that the working relationship was positive.

Meeting people's individual needs

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

Staff gave examples of how they supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports when transporting them.

Patient transport services

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff could give examples of different tools and techniques to communicate with patients with differing needs.

Staff had access to communication aids to help patients become partners in their care and treatment. We saw that staff had access to communication aids such as flash cards. We were told that staff could access interpreters and signers if required.

Access and flow

It was demonstrated that people could access the service when they needed it, in line with national standards, or that received the right care in a timely way.

Performance data was shared from the commissioning NHS ambulance trust and the provider was consistently meeting performance targets.

The provider ensured that a set number of vehicles were available at the times stipulated in the commissioning contract and that there were contingencies in place if issues arose at short notice such as staff sickness or vehicle breakdown. The service had exceeded its target of 85% of vehicles to be available at any one time every month for the last 12 months.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received if they required alternative languages or formats. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The provider had received 2 formal complaints in the preceding 12 months before inspection, we saw that both had been closed.

Staff knew how to acknowledge complaints and told us that patients would receive feedback from managers after the investigation into their complaint.

We were told that managers would share feedback from complaints with staff and would use any learning to improve the service.

Is the service well-led?

Leadership

Patient transport services

Not all leaders were able to consistently demonstrate that they understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Not all senior managers had the skills and knowledge to run the service. Not all senior managers were able to consistently articulate the priorities and the issues the service faced nor how they would address the issues currently experienced. We saw examples of senior managers not following the policies and processes of the service, we saw issues within policies such as recruitment, infection prevention and control and the storage of medical gases.

All senior leaders reported that they had an 'open door' policy and that they would frequently undertake clinical shifts with staff in order to increase their contact and approachability.

We saw examples of staff being encouraged to improve through training courses and apprenticeships to facilitate career progression.

Vision and Strategy

The service did not have a vision for what it wanted to achieve nor was there a strategy to turn it into action.

Senior leaders could not articulate what the service vision and strategy was nor that they were planning on developing one. We saw no information available to staff or patients detailing any vision or strategy.

We were told that there were no current plans to expand their business model beyond their current contracts with the local NHS ambulance and hospital trusts as they were focused on maintaining those contracts.

Culture

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

All staff told us that they felt respected and valued.

Staff told us that delivering excellent patient care was everyone's main priority.

We were told that the culture was one of no blame and all staff being treated equally regardless of role or grade. All staff felt empowered to raise any issues or concerns with the senior management team.

The service had a Freedom to Speak Up Guardian (FTSU) who wasn't directly employed by the service.

All staff were aware of their responsibilities under duty of candour. Staff could give us examples of how duty of candour would be applied.

We saw that the service had provided additional training to all staff in duty of candour and whistleblowing.

Governance

Patient transport services

Not all leaders were able to demonstrate that they operated effective governance processes throughout the service. Staff at all non-managerial levels were clear about their roles and accountabilities but there was an inconsistently applied system in place to ensure those responsibilities were met. Staff had regular opportunities to meet and discuss their roles.

We saw insufficient evidence to demonstrate that all leaders managed effective systems to ensure that vehicles and the environment was safe, and that staff and patients were not at increased risk of harm.

We reviewed existing processes and audits during inspection and found multiple issues that had either been overlooked or noted but not actioned or actions that were contrary to the specifications of the relevant company policy. For example, we saw senior leaders not following the terms of company policies to ensure safe recruitment of staff. Senior leaders were aware of issues with the incorrect storage of medical gases but did not articulate how they planned to address the issue.

We saw that systems were in place, but no consistent assurance was sought from senior leaders to ensure the quality of work undertaken. Following inspection, we requested copies of documentation covering a six-month period of daily management 'spot checks' that audited environment and equipment, we were only provided with nine daily reports which did not provide assurance that the existing system to provide managerial oversight was effective.

Management of risk, issues, and performance

Leaders did not always use existing systems to manage performance effectively. There was an inconsistent management approach that did not always identify and escalate relevant risks and issues or identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

We were told that the service audited staff compliance with regard to vehicle cleanliness and adherence to infection prevention and control (IPC). During inspection senior leaders informed us that all vehicles were ready for use but on review five out of six vehicles were not of the required standard of cleanliness. We reviewed IPC audits and saw key audits such as hand hygiene were not undertaken, and we saw other audits that highlighted issues but had not been actioned such as damage to the interior of vehicles.

Senior leaders informed us that they undertook a daily management review of the ambulance station. When we escalated issues with oxygen storage and inoperable fire exits, senior leaders with overall responsibility for those areas told us that they were aware of these issues, but they had not been recorded or addressed.

Senior leaders were not able to articulate during inspection what key performance indicators (KPI) they were monitoring performance against nor was there a system in place to do so, as no KPI data was available until after the inspection.

We saw multiple examples of risks being identified but not actioned, policies and processes not being followed and not all managers were able to demonstrate that they were aware of best practice and current guidance.

Information Management

Patient transport services

The service did not collect reliable data. Staff did not have data in easily accessible formats, to understand performance, make decisions and improvements. Data was not submitted externally but notifications were consistently submitted to external organisations as required. The information systems that were in place were integrated and secure.

We saw no examples of the service gathering data in order to understand performance and then utilising it to make improvements. Key performance data which had been collected by the commissioning NHS ambulance trust was only supplied following inspection.

Senior leaders were unable to articulate how they used data to understand performance, make decisions or improvements.

We were given no examples of the service submitting data to external organisations such as performance data but it did submit statutory notifications when required.

Engagement

Leaders and staff actively and openly engaged with patients and staff. They collaborated with partner organisations to help improve services for patients.

The service regularly engaged with staff through informal contact on an ad hoc basis through to formal staff meetings, supervision, and appraisals.

The service engaged with local charities or organisations such as local hospital-based charities and through sponsorship of local sports teams.

We saw multiple methods of how the service currently engaged with the public utilising such methods of online reviews, follow up phone calls and being encouraged throughout their patient journey to give both positive and negative feedback.

We reviewed patient feedback, and it was overwhelmingly positive.

Learning, continuous improvement and innovation

Not all staff were committed to continually learning and improving services. They did not demonstrate a good understanding of quality improvement methods. We saw no innovation or participation in research.

We did not see nor were we told about any innovation within the service. Senior leaders could not describe any quality improvement methods.

There was no understanding articulated regarding quality improvement methods.

We saw no processes in place to collect information that would contribute to continuous learning and to improve services provided.

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

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The service did not ensure that all vehicles were cleaned and maintained in line with national guidance and company policy. (Regulation 12 (2) (e) (f) (h).
- The service did not ensure that all medical gases are stored safely and pose no safety risks. (Regulation 12 (2) (f) (g).

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The service did not ensure that all premises and equipment are clean, secure, suitable for the purpose for which they are being used, properly used and properly maintained. (Regulation 15 (1) (a) (b) (c) (d) (e).

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service did not collect reliable data to understand performance, make decisions and improvements. (Regulation 17 (1) (2) (a).
- The service did not ensure that there are clearly defined assurance processes, including audits, and that all staff are aware of the required frequency and recording of these. (Regulation 17 (1) (2) (b).