Air Med Transport Limited

Air Med Transport Limited

Quality Report

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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 know to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Air Med Transport Limited provides patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 17 May 2017, along with an unannounced visit to the ambulance service on 25 May 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 was patient transport.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following issues that the service provider needs to improve:

- The safeguarding lead was not trained to level 3 and did not have sufficient knowledge and qualifications to train their staff in safeguarding vulnerable adults and children.
- Equipment was not strapped securely within an ambulance having the potential to cause serious harm to the driver and passengers if an accident were to occur.
- One fire extinguisher had not been serviced for six years.
- The code for the safe was displayed on the door enabling access to the safe.
- Three staff had no documented Disclosure and Barring Service (DBS) checks.
- There were no translation facilities for patients whose first language was not English.
- There were no visual aids to enable staff to communicate with patients living with learning disabilities.
- Information on how to make a complaint or provide feedback was not available to patients within ambulances.
- The service did not use a risk register or similar tool to assess and monitor their risks.
- There were no deep cleaning logs.
- Staff reused disposable mop heads.

However, we found the following areas of good practice:

- Appropriate storage of medical gases.
- Equipment was mostly well maintained.
- Effective use of dynamic risk assessments to reduce the use of restraint when transferring people living with mental illness.
- Staff demonstrated a compassionate, empathetic and caring attitude towards patients, putting patient's best interests at the heart of their work.

Summary of findings

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements to help the service improve. We also issued the provider with four requirement notices. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Air Med Ltd had two sub-contracts to provide patient transport service and a contract with NHS blood and organ transfer. Patient transport services were provided from a base in Great Barr. Vehicles were kept at this base where we undertook our inspection.

Air Med Transport Limited

Detailed findings

Services we looked at

Patient transport services (PTS);

Detailed findings

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Background to Air Med Transport Limited

Air Med Transport Limited provides a patient transfer service. The service opened in March 2016. It is an independent ambulance service in Birmingham. The service primarily serves the communities of the West Midlands. However, they also transfer patients in Oxfordshire and Manchester.

The service has had a registered manager in post since 22 March 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Merry Pearcey and two other CQC inspectors, one of whom has expertise in ambulance services. The inspection team was overseen by Tim Cooper, Head of Hospital Inspection.

Facts and data about Air Med Transport Limited

The service is registered to provide the following regulated activities:

- Transport services
- Triage and medical advice provided remotely

During the inspection, we visited the base station in Birmingham. We spoke with six staff including; patient transport drivers, administrators and management. We were unable to speak with patients during our inspection as there were no local transfers taking place. During our inspection, we reviewed four sets of patient records and five staff files.

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

Activity (April 2016 to March 2017)

- In the reporting period April 2016 to March 2017 there were 224 patient transport journeys undertaken. These included 174 patients with mental health issues.

Six patient transport drivers, four of which were emergency blue light drivers worked at the service, which also had a bank of temporary staff that it could use.

Detailed findings

Track record on safety

- No never events
- No clinical incidents
- No serious injuries
- Three complaints

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Air Med Transport Limited provides a patient transfer service. The service opened in March 2016. It is an independent ambulance service in Birmingham. The service primarily serves the communities of the West Midlands. However, they also transfer patients in Oxfordshire and Manchester.

Summary of findings

We always ask the following five questions of each service:

Are services safe?

We found the following areas of good practice:

- Appropriate storage of medical gases.
- Equipment was mostly well maintained.
- Effective use of dynamic risk assessments to reduce the use of restraint when transferring people living with mental illness.

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

- The safeguarding lead was not trained to level 3 and did not have sufficient knowledge and qualifications to support their staff in safeguarding vulnerable adults and children.
- Equipment was not strapped securely within an ambulance having the potential to cause serious harm to the driver and passengers if an accident were to occur.
- One fire extinguisher had not been serviced for six years.
- The code for the safe was displayed on the door enabling access to the safe.
- Staff reused mop heads. The service revised their infection control policy and informed staff by the time of our unannounced inspection a week late.
- There were no deep cleaning logs.
- There were no documented audits of booking records.

Not rated

Patient transport services (PTS)

Are services effective?

We found the following areas of good practice:

- Staff followed national guidance relevant to their practice.
- Staff and services worked well together to deliver effective care and treatment.
- The service monitored their performance and ensured timely transfers of patients.
- Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Not rated

Are services caring?

We found the following areas of good practice:

- Staff demonstrated a compassionate, empathetic and caring attitude towards patients.
- Staff were passionate about providing good experiences for patients, treating them with dignity and respect.
- Staff gave clear explanations to patients describing all procedures and highlighting where the bumps in the road were to put patients at ease.

Not rated

Are services responsive?

We found the following areas of good practice:

- Staff took the needs of different patients into account when providing transport services.
- There was a shared understanding between staff every patient had individual needs.
- The service fully investigated complaints and shared lessons with staff for ongoing learning and improvement to the service.

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

- There were no translation facilities for patients whose first language was not English.
- Information on how to make a complaint was not available to patients within ambulances.
- There were no visual aids to aid staff to communicate with patients living with learning disabilities.

Not rated

Are services well-led?

We found the following areas of good practice:

- The service had a vision and strategy which staff were able to articulate.
- The leadership team were visible and staff felt well supported to do their roles.
- There was an open, learning culture within the service where staff felt able to report incidents without fear of blame.
- The manager monitored staff training, maintenance of equipment and vehicles and learning from incidents and complaints.

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

- The service did not document spot checks on vehicles and records audits of job sheets and risk assessments.
- The service did not use a risk register or similar tool to assess and monitor risks.

Not rated

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- The service reported no never events between April 2016 and March 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.
- The organisation had an incident management policy that outlined the arrangements for reporting, managing and learning from incidents. Staff understood the requirement to report incidents and used an electronic incident reporting system.
- The service reported five incidents between April 2016 and March 2017 that they classified as minor. One was an administrative error, two involved minor damage to vehicles, another was a tyre blowout and the last was where a vehicle had to swerve to avoid an oncoming lorry. None of the incidents impacted adversely on patients.
- Staff were aware of their responsibilities to report incidents and told us that the service shared learning through its regular meetings. Staff gave us an example of learning from incidents. For example when a mental health patient absconded. The manager fully investigated this incident and learning included additional training for staff.
- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology. We did not see any incidents that required application of duty of candour. Staff understood the principles of being open and transparent with the public.

Cleanliness, infection control and hygiene

- There was an infection control policy that addressed all relevant aspects of infection prevention and control including environmental cleaning and laundering of uniforms.
- Staff completed infection control training on induction and within their annual mandatory training. Seven out of ten staff had completed infection control training. Three staff were in the process of their induction.
- Staff had access to cleaning sprays, wipes, disposable gloves and aprons. Staff could replace these items at the base when required. Cleaning products in ambulances were kept in an overhead storage locker.
- The service used colour-coded mops with different cleaning products to prevent cross contamination. However, we saw that staff reused the disposable mop heads. We spoke with the manager about this. The service updated the infection control policy and informed staff to dispose of mop heads after single use by the time of our unannounced inspection a week later.
- The sluice area was visibly clean and tidy.
- Alcohol hand gel was freely available to staff within the station and on vehicles. This was stored and labelled correctly.
- Staff wore visibly clean uniforms with name badges displayed. They were responsible for washing their own uniforms. If uniforms were contaminated during a journey then staff would risk assess the situation and obtain clean uniforms as soon as possible. For example if the patient transferred had a blood-borne virus and uniforms were contaminated with blood then the staff would destroy their uniforms.
- Vehicles had the correct bags for the safe disposal of clinical waste. Staff understood the correct procedure for disposing of their clinical waste. The service had a contract with an external company to remove clinical waste.
- Vehicles were visibly clean and staff cleaned them after every job. The service had an arrangement with other independent ambulance services around the country where staff cleaned vehicles, if necessary, rather than returning to base. If crews finished late and were unable to clean the ambulance, they cleaned them the following morning before use.

Patient transport services (PTS)

- Staff told us vehicles were deep cleaned every few months and immediately after contamination. There was no documentary evidence of this and the manager agreed they needed to improve their 'deep clean' records.
- The job sheets documented whether patients had any infection control risks to ensure staff took the necessary precautions.

Environment and equipment

- The ambulance station was purpose built and well maintained, with space for vehicles and equipment storage facilities.
- Vehicles were safe and appropriate for the transport of patients detained under the Mental Health Act.
- The service had a system in place to ensure all equipment was safety checked by an external provider and we saw these checks were carried out.
- We saw that staff carried out daily vehicle safety checks which they documented. Staff told us if the vehicle checks identified a fault they reported this to their manager and did not take the vehicle out on the road.
- The ambulances were equipped with additional equipment such as a defibrillator and machines for taking blood pressure and monitoring oxygen levels in the patient's body. Staff checked these items daily as part of the vehicle and equipment checks. The manager ensured equipment was serviced regularly and stickers were in place to confirm the next service. Other equipment such as the first aid kit and fire extinguishers were within their service date except for one fire extinguisher. We informed the manager who replaced the fire extinguisher within one week, by the time of our unannounced inspection.
- Essential emergency equipment was available on all vehicles we inspected and was fully serviced and tested. Packages containing sterile supplies were intact and in date. Medical gases on the vehicles we inspected were in date and stored securely.
- Seats in the back of vehicles had seat belts. Patients transferred on trolleys were strapped in using belts. Trolleys were fitted with locking mechanisms to stop them moving during transit.
- We found staff had not securely fastened a wheelchair at the front of an ambulance. This had the potential to cause serious harm to the driver and patients if an accident had occurred. We discussed this with the manager during our inspection who addressed this.
- We saw completed and up-to-date vehicle maintenance schedules. All vehicles had an up-to-date MOT, annual service and insurance.
- There was a system in place to ensure staff replenished supplies on the ambulances at the start or end of each shift. There was a store located at the ambulance station which had items such as personal protective equipment, for example aprons, gloves and hand gel.
- Vehicle keys were stored securely within a safe within the ambulance station. However, we found the code to the safe stuck on the door frame. We informed the manager who immediately removed the code.

Medicines

- No medicines were stored on any of the vehicles within the ambulance station and ambulance staff did not administer medication.
- Oxygen was stored safely for use on vehicles. Staff trained to give oxygen were able to give this to patients if a doctor had prescribed it. Staff were not allowed to alter the flow rate of the oxygen. If a patient required an increased dose of oxygen, the transferring service provided a nurse escort.
- Oxygen cylinders at the ambulance station were stored securely in a ventilated room with a warning sticker on the door. Compressed gas storage arrangements complied with the British Compressed Gases Association Code of practice 44: The Storage of Gas Cylinders, 2016.

Records

- The administrative staff created patient records from the office at the ambulance station. The administrator collected relevant information during the booking process and recorded each patient's health and circumstances. The ambulance crew picked up this information through a social media application via mobile phones. The manager had assurance this was a secure way to share patient information.

- This meant that ambulance crews were informed about any need or requirements the patient may have during their journey. Staff had signed to say that they had read and understood the data protection policy to ensure the confidentiality of patient information.
- All booking records were managed and disposed of correctly and were stored in a locked filing cabinet.
- We saw that patient records were stored securely on vehicles which staff locked when unattended.
- There were no documented audits of booking records. The manager told us that he regularly checked documentation to ensure it was complete and accurate.
- When booking patient transfers, details of any patients with 'do not attempt cardiopulmonary resuscitation (DNA CPR) documentation in place would be recorded on each job sheet.
- Staff told us that they would not transfer patients unless the DNA CPR form was dated and completed accurately.

Safeguarding

- The manager, who was the safeguarding lead for the service, was not trained to level 3 in safeguarding vulnerable adults. They did not have sufficient knowledge or qualifications to support their staff. We discussed this with them and they agreed to receive the required training.
- All staff received online training in safeguarding vulnerable adults and children to level 2.
- The service had a safeguarding policy which was accessible to staff. In the ambulance station there was a safeguarding flowchart displayed on the noticeboard with local contact numbers.
- Most of the staff had an understanding of their responsibilities to protect vulnerable adults. However, they did not tell us they would make safeguarding referrals themselves but would refer concerns to their manager. The service made no safeguarding referrals between April 2016 and April 2017.
- The service did not transport children under the age of 18 years.
- The manager had not completed Disclosure and barring service (DBS) checks for three members of staff. We discussed this with the manager who told us they had been waiting for staff to bring the checks in. We saw the service completed these checks by our unannounced inspection a week later.

Mandatory training

- Staff completed mandatory training online, including infection control, safeguarding, first aid and manual handling. Another ambulance company, with which Air Med Transport Ltd had a sub-contract, supplied this training.
- Seven out of ten staff had completed all of their mandatory training. Three new members of staff were undergoing their induction which included mandatory training. Bank staff were also up-to-date with their mandatory training.

Assessing and responding to patient risk

- Staff were trained in first aid which gave them the skills to notice if a patient was deteriorating and when to contact the emergency services. Staff told us they would administer first aid, contact control and make the decision to take the patient to the nearest emergency department or call 999.
- Staff had a good understanding of the policies and procedures to manage challenging behaviour or violent patients.
- There was effective use of dynamic risk assessments to reduce the use of restraint when transferring people living with mental illness. Staff described how they would use 'de-escalation' techniques and only use mechanical restraint (any restrictive device (e.g., seatbelt, straitjacket, vest, or physical confinement) used to restrict a person's free movement, most commonly in emergency situations) as a last resort.

Staffing

- There were six staff including one full-time administrative staff, one part-time administrative staff, three full-time drivers and one part-time driver. Nine bank staff were employed and all staff received the same training.
- The manager was available to support staff by phone 24 hours a day.

Patient transport services (PTS)

- The service provided two drivers on long journeys to share the driving and provide time for adequate breaks.
- If patients were sectioned under the Mental Health Act, three escorting staff, from the hospital/unit they were transferring from, would accompany the patient. This was in their transfer policy which they complied with.
- If female mental health patients were transferred, a female staff member with mental health training would accompany them. The manager told us if female staff were not available they would request an escort from the hospital or unit they were transferring from. The service was currently recruiting more female staff to meet this need.
- New members of staff shadowed experienced staff for two months to gain the required competencies.

Response to major incidents

- As an Independent ambulance service, it was not part of the NHS major incident planning and so did not have a major incident policy. However, the service had a business continuity plan that staff were aware of.
- Staff communicated adverse weather conditions to the control office to ensure they found alternative routes to avoid delays.

Are patient transport services effective?

Evidence-based care and treatment

- Staff were aware of national guidance relevant to their practice. For example, 'Do not attempt resuscitation' guidelines and guidance on use of restraint when transferring mental health patients.
- All staff were required to sign policies and updates to state they had read them. The manager updated staff on new policies and procedures via a closed social media group. We saw that policies were in date with regular review dates.

Assessment and planning of care

- Staff took details of transfers and recorded them on job sheets. Staff then completed risk assessments to ensure they allocated the correct vehicle and appropriately trained staff to the job. For example if a female staff member was required or a patient had mobility problems. Administrative staff sent job sheets to ambulance crews via encrypted social media.
- The job sheets detailed specific patient requirements for example if a patient had mental health needs. Staff did not have access to stab vests when transferring patients with mental health needs who presented with challenging behaviour that may cause a risk. We discussed this with the manager who had placed an order for stab vests by the time of our unannounced inspection a week later.
- Staff also carried out another risk assessment, following discussion with hospital staff, when they arrived to pick patients up and were able to request further staff if required.
- The service did not supply food for patients during transfer. Staff requested packed lunches be provided if necessary by the transferring hospital/unit. Bottled water was available for patients on all vehicles.

Response times and patient outcomes

- The service monitored the number of journeys, response times and the time patients spent on vehicles. Most journeys were for patient transfers (244) followed by transferring organs and the senior nurse for organ transfer (133 journeys) between April 2016 and March 2017.
- The manager explained that it was essential to ensure a timely service due to the critical nature of transferring organs for donation.

Competent staff

- The manager carried out an annual professional development review with all staff which staff told us they found useful.
- All staff had an induction when they started working for the service. The manager allocated new staff a mentor and provided shadowing experience with experienced crew on ambulances for two months. Staff told us that their induction had been useful. Staff received mandatory training and had to read and sign to state they understood the policies and procedures.

Patient transport services (PTS)

- All staff had training in mental health patient care, secure patient transport, restraint and transportation and four staff in blue light driving. Another ambulance company who Air Med Transport Ltd had a sub-contract with provided training.

Coordination with other providers and multi-disciplinary working

- When staff transferred patients to another healthcare provider such as a hospital, they ensured patient handover at pick up was clear and precise to enable a thorough handover to staff receiving the patient. Staff from one of the private hospitals that Air Med Transport Ltd transferred patients for gave positive feedback about the service stating, "Very reliable, even when needed at short notice."
- We saw good communication between the control staff and crews and received positive feedback from staff about how well the whole team worked together.

Access to information

- Each crew member used a mobile phone to access patient records via encrypted social media. Staff had signed to state they had read the data protection policy to ensure confidentiality of all patient records.
- Patient records were stored securely on ambulance during transfers.
- Ambulance crew received patient handovers when collecting patients from hospitals/units. This included whether patients had up to date do not attempt resuscitation (DNACPR) paperwork. Staff understood what to check and told us they would not transfer patients without accurate, up to date paperwork.
- All vehicles had up to date satellite navigation systems.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had received training in consent, the mental capacity act and deprivation of Liberty safeguards and understood their responsibilities.
- Staff obtained patients' consent to care and treatment in line with legislation and guidance.
- Staff received training on the use of restraint of people who lacked mental capacity and understood the difference between lawful and unlawful restraint practices. The service monitored the number of times staff used restraint.

Are patient transport services caring?

Compassionate care

- We were unable to speak to patients on the day of our inspection as there were no local transfers taking place.
- Staff we spoke with were gave examples of how they would transport patients and this demonstrated a kind and caring manner. For example they described how they would comfort patients with mental health problems and try to put them at ease.
- Staff described how they used calm language to build a rapport with patients.
- Staff were passionate about providing good experiences for patients and described how they would treat them with dignity and respect to make them feel as comfortable as possible.

Understanding and involvement of patients and those close to them

- Staff were professional, supportive and put patients at the heart of their service.
- Staff told us they explained to patients how long journeys would take and kept them informed of delays.
- Staff described how they would reassure patients to take their mind off the journey and keep them informed of things that may impact on their comfort, for example where the bumps were in the road.
- Staff told us they explained to patients all procedures they carried out for example when using a stretcher.

Emotional support

- Staff described transferring patients with mental health problems who had behaviour that was challenging. Staff explained how they would try to distract patients, remain calm and only use mechanical restraint as a last resort.

Patient transport services (PTS)

- One staff member told us, “All our staff go above and beyond to make patients comfortable and put patients at ease.”

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 service sub-contracted from two private ambulance companies for non-emergency patient transfers and also had a contract with NHS blood and transplant for organ transfers.
- The service received clear guidance around policies, procedures and working practice expected to maintain the ongoing contract with one of the sub-contracted ambulance companies.
- The manager attended meetings organised by the clinical commissioning group involving the police, fire service and local GPs to aid collaborative working.
- The service met the needs of patient transfers both locally within the West Midlands and further afield in Manchester and Oxfordshire using its own bank staff if additional resources were required.

Meeting people’s individual needs

- The service took account of the individual needs of different people, including those in vulnerable circumstances. Staff had received training on caring for patients living with dementia and spoke sensitively about how they would care for elderly patients and patients with mental health needs.
- The patient transport service vehicle was accessible to patients with mobility problems.
- The service did not have access to interpreters for patients whose first language was not English. Staff told us they would use an internet search engine translation application on their phones to help communicate with patients. We raised this with the manager who said they would look into alternative methods for example, using a translation service. Staff spoke several languages between them including: Urdu, Punjabi, Hindi and Swahili.
- There were no visual aids accessible to staff to aid communication with patients with learning disabilities. There were no aids for patients with significant sight loss. We spoke to the manager about this who agreed to review this.
- One member of staff had completed sign language training to aid communication with patients with hearing problems.
- The service did not have facilities to transfer bariatric (clinically obese) patients. There was an arrangement with an external company to do these transfers if required.

Access and flow

- The administrative staff at the ambulance station answered calls promptly and organised crews dependent on patient need in a timely way.
- The service provided patients with timely transfers. The manager monitored departure, journey and arrival times.
- The service had to ensure timely arrival at the destination hospital due to the critical nature of organ transfers.
- Staff informed the receiving hospital/service if there were any delays during transfers.

Learning from complaints and concerns

- Between April 2016 and March 2017 Air Med Transport Ltd, received three complaints. There were no themes identified.
- The service investigated all complaints fully and shared learning with staff in staff meetings. For example, a senior nurse of organ donation (SNOD) complained that the driver was very chatty, which the SNOD did not appreciate as they had had a long day. As a result, the manager reminded drivers to be mindful and aware of the role SNODs place in the transplant process and the stresses they may be under.
- There were no posters displayed in vehicles advising patients how to feedback on the service. We discussed this with the manager and a poster was prepared in several languages on the day of our inspection. Staff displayed the posters in vehicles by the time of our unannounced inspection a week later.

Patient transport services (PTS)

Are patient transport services well-led?

Leadership / culture of service

- This was a small service where the manager was also the provider.
- We saw that the manager was a fit and proper person to carry out their duties as they had been through the CQC registration process.
- Staff told us that their manager was visible and always approachable by phone 24 hours a day.
- There was a positive culture between staff who had a good rapport and felt well supported and valued by their manager.
- Staff described an open, learning organisation where they felt able to report incidents with a no blame culture.

Vision and strategy for this this core service

- The service displayed their vision within the ambulance station and staff articulated what it meant to them. This included providing a safe and effective transport service that was responsive to the individual needs of patients.

Governance, risk management and quality measurement

- The manager monitored equipment and vehicle safety and maintenance checks. However, they had not seen the risk of the wheelchair not secured in the ambulance and that one of the fire extinguishers had not been checked.
- The service completed risk assessments including: first-aid, driving, infection control, lone worker and manual handling. The service did not use a risk register or similar tool to assess and monitor their risks.
- We saw staff meeting agendas and minutes which covered infection prevention and control, working practice, continual professional development and vehicle maintenance and upkeep.
- The manager told us they reviewed job sheets and risk assessments for completeness and addressed any issues with their staff to ensure constant improvement. There was no documentary evidence of this.
- The service had recently registered with a company to provide ongoing quality monitoring (ISO 9001).Recommendations included ensuring that the service documented all spot checks on the cleanliness of vehicles and all audits. The manager acknowledged that documentation required improvement.
- The manager monitored staff training to ensure staff were competent to safely transfer patients.
- A governance lead was responsible for writing and updating policies and procedures. The service had regularly reviewed policies which were in date.
- The service fully investigated incidents and complaints in a timely fashion and shared lessons learnt with staff to ensure ongoing service improvement.

Public and staff engagement

- The service had recently added a feedback form on their website to enable patients to make suggestions for improvements.
- Staff felt able to make suggestions for improvements to the service at their team meetings and via their encrypted social media group. Staff told us that their manager was receptive to their ideas. For example an administrator described how they had suggested and implemented a locked post-box (within the locked ambulance station) for staff to put completed job sheets into. This ensured the security of patient documentation if the office was closed for example at the end of a late shift.

Innovation, improvement and sustainability

- The manager was very proud that they had an NHS organ transfer contract and had repeated business with the international air service.
- The manager described plans for improvement to include owning their own premises, having their own contracts and increasing staffing levels.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The provider must ensure that the safeguarding lead is trained to level 3 and have sufficient knowledge and qualifications to cascade safeguarding training to their staff.
- The provider must ensure that all equipment is strapped securely within all vehicles to prevent harm to drivers and passengers.
- The provider must ensure that all staff have documented DBS checks.
- The provider must ensure that the service uses a risk register or similar tool to assess and monitor their risks.
- The provider must ensure that translation facilities and visual aids are provided to staff to assist in communicating with patients whose first language is not English and patients living with learning disabilities respectively.

Action the hospital SHOULD take to improve

- The provider should ensure all fire extinguishers have annual maintenance checks.
- The provider should ensure stab vests are available to staff when transferring high risk mental health patients who had a risk assessment that identified this need.
- The provider should ensure that the code for the safe, where vehicle keys are stored, is not openly displayed.
- The provider should ensure that staff documents all audits including deep cleaning checks.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes must be established and operated effectively to prevent abuse of service users. How the regulation was not met: • The safeguarding lead was not trained to level 3 and did not have sufficient knowledge and qualifications to support their staff in safeguarding vulnerable adults and children. Regulation 13 (2)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for use and is used in a safe way. How the regulation was not being met: • The provider must ensure that all equipment is strapped securely within all vehicles to prevent harm to drivers and passengers. Regulation 12 (2) (e)

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Persons employed for the purposes of carrying on a regulated activity must-(a) be of good character.

How the regulation was not being met:

- The provider must ensure that all staff have documented DBS checks. Regulation 19 (1) (a)

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Making reasonable adjustments to enable the service user to receive their care or treatment.

How the regulation was not being met:

- The provider must ensure staff have access to translation services and visual aids to enable them to communicate with patients whose first language was not English and patients living with learning disabilities respectively. Regulation 9 (3) (h)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

How the regulation was not being met:

- The service did not use a risk register or similar tool to assess and monitor their risks. Regulation 17 (2) (b)