



# CQC Inspection: Operational guidance for managers

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## 1.0 Introduction

1.1 This document is to support managers and their staff who may be involved in a CQC inspection. This routine, but comprehensive, inspection would involve several inspectors and specialist advisors, visiting ambulance stations, control centres, offices and EEAST's headquarters in Melbourn, Cambridgeshire. As well as planned visits, the CQC could also undertake unannounced visits.

1.2 The CQC inspection is an opportunity to showcase our organisation and to demonstrate how we strive to deliver top quality care to our patients safely and with dignity and compassion. We have nothing to hide, and we have lots of be proud of. It is essential that Inspectors are able to do their job unfettered while at the same time allowing EEAST staff and volunteers to be able to do their day-to-day job.

1.3 The inspection process is in-depth, and the inspection visits can be at evenings/nights and weekends. During an Inspection the CQC team will speak with managers and members of staff (and volunteers) at all levels. They don't expect all staff to have the same knowledge, but they do expect individuals to understand their role in providing good outcomes for people and know what to do if they have concerns.

## 2.0 Pre-visit

2.1 The CQC will assess EEAST using five Key Lines of Enquiry (KLOEs) which enable inspectors to establish the extent to which we are providing services that are: -

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

- 2.2 They may submit a Pre-Inspection Information Request (PIIR) to help inform them during their inspection which will look at:
- Trust Overview
  - Emergency and Urgent Care
  - Emergency Operations Centre
  - Patient Transport Services
  - Resilience
- 2.3 To assist with their visit to EEAST the CQC team will have had a series of informal discussions with our stakeholders. These include focus group meetings with patients and the public as well as focus group meetings with EEAST staff and volunteers in locations across the region. Also, inspectors will have had several ad-hoc discussions with a range of stakeholders across our region. This might have included a phone conversation with a journalist, or staff member at a local authority (or councilors), the Parliamentary and Health Service Ombudsman, Integrated Care Boards, or perhaps members of the Trust Communications and Engagement group. The CQC will make use of other intelligence to gain an insight into EEAST, the way it operates, its leadership and its reputation; this might include observing comments on Facebook and other social media.

### **3.0 Announced visit**

- 3.1 The CQC team usually travel in small groups of perhaps 2-3 and could arrive at any of our localities. Although we know most of these visits will be during daylight hours, the inspectors may also visit during an evening/night shift. As part of the announced visits, we will, at the request of the CQC, arrange interviews with specific staff and members of the EEAST Board.

## 4.0 Arrival at workplace

4.1 If the inspectors arrive at your site, or your vehicle, they will introduce themselves. Please take the following actions: -

- Welcome the inspectors and ask to see their warrant letter and ID badge before allowing them entry.
- If you are unsure about their identity, ask the visitors to wait for a few minutes while you contact your line manager or ring the CQC direct on 03000 616161 to check (CQC phone lines are open Monday to Friday, 8.30am to 5.30pm, excluding bank holidays).
- Contact your line manager as soon as possible (or delegate to someone who is not involved in meeting the CQC assessors).
- The line manager should then immediately inform the EEAST CQC Team:
  - office hours tel: 07834 249870
  - out of hours tel: 07834 249870
  - and follow this up by email: CQC.Group@eastamb.nhs.uk (this is a Trust email).
- The CQC inspectors may request to be observers e.g. on a vehicle (PTS and frontline operations), in make ready areas or in EOC. See Paragraph 5.3 below.
- Be polite and helpful at all times.

## 5.0 What Inspectors can ask to see, do and where they can go

5.1 The inspection team will comprise a Head of Inspection (or team leader), specialist advisors, patient representatives and CQC staff. They will look for evidence to enable them to assess the five KLOEs (see Annexes). Inspectors will spend time observing care, talking to patients, their friends/relatives and to staff and volunteers. They will crosscheck what they see and hear against other evidence such as patient records, training records, policies/procedures and other information. Staff should be encouraged to answer the inspectors' questions wherever they can. But don't be afraid to refer the assessors to someone else if you don't know the answer.

- 5.2 InPhase is the software system that we use for undertaking a self-assessment against the CQC standards and to contain a library of evidence to support our statements. The system may be viewed by the CQC as part of their assessment. It can also be used by yourselves to provide any evidence that the CQC require regarding the way we monitor standards and the controls that we have in place.
- 5.3 Members of the inspection team may want to be an observer in EOC or on an ambulance (including non-emergency transport). EEAST staff need to follow the [Visitors Policy](#) and ensure that all procedures are followed. CQC visitors should be treated like any other visitor including the following:-
- Check for ID
  - Provide surgical masks and advise them of the social distancing requirements whilst on Trust premises or on vehicles
  - Introduce visitors to staff
  - Health and Safety check
  - Ensure that visitors are accompanied when there is a possibility of contact with children or vulnerable adults
  - Wearing of high visibility jacket and a safety helmet (CQC inspectors wishing to observe will already have been issued with these)
  - Provision of PPE
  - Completion of visitor/confidentiality forms. Note: We will have issued blank visitor forms to all inspectors beforehand. Please ensure that your teams check with any of the inspectors riding out or observing in EOC that they have signed the visitor/confidentiality forms. All completed forms should then be sent to the CQC Group inbox ([CQC.Group@eastamb.nhs.uk](mailto:CQC.Group@eastamb.nhs.uk)) .
- 5.4 Under their legal powers and responsibilities the CQC is governed by information and confidentiality standards that entitle them to view confidential documents including patient records. If the CQC request to **view** confidential information, such as patient records, please do provide them access. However, if they wish to **retain**, or take away, a copy of any personal-identifiable information (patient record, letter or a staff record) you must contact either: -

[Fiona Lennox@eastamb.nhs.uk](mailto:Fiona.Lennox@eastamb.nhs.uk) (Information Governance Manager), Or [DPO@eastamb.nhs.uk](mailto:DPO@eastamb.nhs.uk) (Data Protection Officer)

When the CQC refer to “training” we should consider all elements of learning and development activities, including classroom-based courses, e-learning, workbooks, statutory and mandatory, information bulletins (via *East 24*) and updates, advice from experts and learning through supervision.

The inspection team may want to discuss your views about staff attitudes and engagement. Obviously, you need to express your own views. Please contact the Communications Team for the NHS Staff Survey results.

## 6.0 How to escalate immediate concerns raised

- 6.1 As part of the inspection process we are required to respond to concerns raised by inspectors during the inspection. It is therefore vital that managers provide immediate feedback to the EEAST CQC team as soon as possible so that we can coordinate our response to the CQC inspection team.
- 6.2 **ACTION:** Once the assessors have left your work area contact the . [CQC.Group@eastamb.nhs.uk](mailto:CQC.Group@eastamb.nhs.uk) (This is a Trust email).

## 7.0 Feedback and report following the visit

- 7.1 Following the inspection, the Chief Executive Officer will meet with the CQC inspection lead who will provide a brief overview of the inspection but with no indication of ratings at this stage. Further analysis is required pending the unannounced visits and other considerations.
- 7.2 The formal inspection report will be published later in the year. After each inspection CQC publish an inspection report on their website normally within 50 days of the inspection. It will be a comprehensive report and include ratings for each Key Line of Enquiry. At that time, we will be obliged under legislation to display

the updated CQC rating in a place where patients and the public can see it (e.g., on the EEAST website and on all Trust premises). We must also make the CQC Inspection Report publicly available (e.g., locality offices, ambulance stations).

## 8.0 On call arrangement

Currently there are no on-call arrangements, however during any inspection further details will be circulated. Please remember that the [CQC.Group@eastamb.nhs.uk](mailto:CQC.Group@eastamb.nhs.uk) is the first point of call.



# Annex A Key Lines of Enquiry (KLOE)

## A1 Are our services safe

**What does safe look like?** A safe service means that people are protected from avoidable harm including abuse/neglect.

### Track record on safety?

- Do I know how to report an error or incident regarding the care or treatment I give a patient? Do I know who to contact for advice?
- Do I report incidents when they occur and do I know what must be reported immediately?
- Do I act upon safety alerts?
- Do I know how to undertake a risk assessment?
- Do I know how to highlight a risk I've identified in relation to premises or a vehicle?
- Do I know how to raise concerns about risks to people, poor practice and adverse events?
- Do I know who the Freedom to Speak up Guardian is?
- Have I read the [Freedom to Speak up: Raising Concerns Policy](#)
- Have I read and am I familiar with the [Management of Incidents](#) and [Serious Incidents](#) policies?

### Are lessons learned and improvements made?

- Do I know what duty of candour is? Have I read the EEAST [Duty of Candour Policy](#)?
- Do I know how to report a concern regarding an adult or a child? (EEAST Single Point of Contact 0345 602 6856)
- Do I receive feedback when I report an incident?
- Do I and my team learn from incidents, comments and complaints?
- Do I discuss action plans and lessons learnt at my Team Meetings?
- Do I read the learning bulletins on *Need to Know?* (e.g. *Clinical Quality Matters*)

## Do we have reliable systems and processes to keep people safe and guarded against abuse?

- Have I completed my Safeguarding training? E.g. through mandatory workbook, additional training
- Do I know who the safeguarding lead is for the Trust? (Safeguarding Lead: Ben Wayland)
- Do I know how to access [Safeguarding Adults Policies and Procedures](#)?
- Do I know how to access the [Safeguarding Children Policy](#)?
- Do I always wash my hands/use gel before and after contact with patients?
- Do I ensure I have alcohol gel available at the point of patient contact?
- Do I comply with the uniform policy including bare below the elbow?
- Have I been inspected for hand hygiene practice?
- Do I risk assess each patient and document what their risks are in the patient record?
- Do I document information on the patient's known infection status if available?
- Have I had infection prevention and control training?
- Do I report issues with cleanliness within my working environment?
- Do I clean all equipment which has been in contact with a patient after each use?
- Do I know what to do in the event of an inoculation injury (needle stick, bite, scratch, splash to eyes or other mucous membrane with body fluids, contamination of existing wounds)?
- Do I ensure I wear the appropriate level of PPE in line with the appropriate guidance?
- Do I know where to obtain up to date guidance in relation to covid?
- Do I know how to contact the IPC team and who the lead is? (IPC Lead Shaun Watkins)
- Do I follow the Working Safely guidance when on Trust premises?

- Do I know how to [access infection prevention and control policies and procedures](#) on *East 24*?
- Do I know where to obtain further infection prevention and control advice?
- Am I familiar with the [Waste Management Policy and Procedures](#)?
- Do I understand waste streaming using the colour poster on waste and which bins should be used for which waste streams including household, offensive, infectious and Category A and sharps bins?
- Do I document in the patient record whether or not peripheral cannulation procedure has been carried out under optimal (Aseptic Non Touch Technique) conditions?
- Do I know what to look for when I check sterile packaging before equipment use?
- Is the integrity of packaging (tears/or contamination) good and within date?
- Am I clear about procedures for storage of medicines?
- Do I record in the patient record information relating to the medicines given to the patient?
- Do I record on the patient record when a patient refuses drug treatment?
- Do I know how to obtain advice on medicines issues?
- Do I know what procedures to follow for controlled drugs?
- Do I know how to report a medicines incident and adverse drug reactions?
- Do I receive drug alerts related to medicines?
- Do I check notice boards for up to date information and medicines alerts?
- What learning and development have I received in respect of medicines?
- Am I familiar with the relevant sections of the [Medicines Management Policy](#)?
- Do I regularly document clear information regarding medicines storage (where applicable)?

- Do I know where to access Patient Group Directions (PGDs)?
- Do I complete the VDI Ambulance Checklist on each shift?
- Have I attended Health and Safety and Risk Assessment training?
- Am I familiar with the Control of Substances Hazardous to Health Procedure (COSHH)?
- Do I know how to report faulty/damaged equipment?
- Do I know how to get my equipment serviced?
- Do I follow the Medical Devices Policy?
- Do I know how to report an equipment-related incident?
- Have I had a seasonal flu vaccination?
- Do I learn from Serious Incidents?
- Do I read the learning bulletins? e.g. *Clinical Quality Matters*

- Do I check that the equipment I am using has been maintained or tested before using it?

### **How are risks to people assessed and monitored?**

- Have I had training on undertaking Risk management/assessment?
- As a manager, do I risk assess and carry out a needs analysis to determine staffing levels?
- Have I read and do I understand the Sickness Absence and Management Policy?
- Do I know how to report absence through the Trust process if I am taken ill and unable to attend work?

### **How are risks to the EEAST service anticipated and planned for?**

- Do I understand the Major Incident and Emergency Preparedness plan and my role?

## A2 Are our services effective?

**What does effective look like?** An effective service means that the care, treatment and support we provide is evidence-based, results in positive outcomes and enhances the quality of life.

### **How are people's clinical needs and treatment delivered in line with legislation and evidence-based guidance?**

- Do I assess and monitor patients' nutritional and hydration needs?
- Do I know how to identify patients who are malnourished and dehydrated and how to raise any concerns I might have?
- Do I record relevant details in the patient record?
- Have I completed Mental Capacity Act training?

### **How are clinical needs and treatment outcomes monitored and how do they compare with other Trusts?**

- Do I participate in clinical audits and can I evidence how I share learning from these with my team (and wider if appropriate)?

- Are the latest clinical audit outcomes displayed on stations for staff to view?
- Do I acknowledge good practice with my staff and address where improvements can be made?

### **Skills, knowledge and experience**

- Am I trained in all the devices that I use and do I receive equipment update/new equipment training?
- Is my professional registration up to date?
- Do I ensure that I participate in continued professional development and learning?
- Do I know how to access the Learning and Development Policy?
- Have I received statutory and mandatory training in the past 12 months?

- If I am new in post, have I attended an induction course?
- Have I had an appraisal (Meaningful Conversation) in the last year? If not, do I have one booked?
- Am I familiar with the appraisal (Meaningful Conversation) process and Clinical Supervision Policy?
- Am I familiar with the process for reporting sickness absence?
- Have I read the Sickness Absence Management Policy?
- Am I aware of the Continued Professional Development (CPD) opportunities available to me?
- Do I have regular management supervision?
- Do I receive clinical supervision?
- If I recruit staff, do I ensure all new staff attend corporate and local induction, and record this?

### **Team work with colleagues and partnership with other services**

- Do I know what minimum information I should share with other services/providers?

- Have you had a supervised ride-out within the last 12 months?

### **Access to and use of information**

- Am I aware of my responsibility to adhere to the [Confidentiality Code of Conduct](#)?
- Have I completed Information Governance training?
- Do I know who our Caldicott Guardian is? (Dr Simon Walsh - Medical Director)
- Do I document the information I have shared (e.g. with social services) in the patient record?
- Do I know how to share information securely?
- Do I know how to report incidents involving information lost or transferred incorrectly?
- Have I had training on completion of patient records?
- Do I always complete the patient record fully and in accordance with the [Patient Care Record Policy](#)?
- Do I check notice boards for up to date information and medicines alerts?

- Do I document verbal discussions about care, treatment and support in the patient record?
- Do I ensure that all my patient records are up to date, accurate and kept confidential? Are records stored and transferred securely according to our policy?

### **Patient consent**

- Do I ensure that a capacity assessment is completed when relevant to do so e.g. decision not to convey /refusal of treatment?
- Do I record in the patient record when a patient refuses drug treatment?
- Do I understand when I need to obtain written consent?
- Do I understand when I can take verbal and/or implied consent?
- Do I know how to document and keep records of consent?
- Do I consult with relatives if a person lacks capacity to consent?

- Have I had training on the Mental Capacity Act?
- Have I read the Mental Capacity Act Policy?
- Do I know who to contact if I have any concerns about a patient's ability to give consent?
- Do I know what to do if I think someone is unable to consent to treatment?
- Can I identify people who cannot give valid consent?
- Do I respect people's decisions and respond appropriately to those decisions?
- Do I provide sufficient information (of benefits and risks) to enable valid consent to be obtained?
- Do I understand when it is appropriate to respect the confidentiality of children?
- Am I clear about how to document assessment of capacity if the person is unable to consent?

## A3 Are our services caring?

**What does caring look like?** A caring service means that staff and volunteers involve and treat people with compassion, dignity and respect

### **Treating people with kindness, dignity and respect**

- Have I completed patient safety, consent and communication training?
- Have I my mandatory Equality and Diversity training?
- Do I always wear my ID badge?
- Do I give patients my name, and job title?
- Do I involve patients in decisions about their care or treatment and record this in the patient record?

### **Do we involve patients, and their carers, in decisions affecting their care?**

- Do I involve patients in their care by explaining their treatment and care options?
- Do I give relevant information leaflets/contact details to patients?

- Do I give patients information about the risks and benefits of alternative pathways?
- Do I document in the patient record when I have discussed patients options with them or when I have given them information?
- Do I use communication tools such as symbols/pictures and prompt cards to assist with communication where appropriate? e.g. for patients with learning disabilities, children, or where English is not the patient's first language.
- Do I know how to access interpreter services (Language Line - Dial 0845 310990 then give the code PW286952) and record when this happens?
- Do I give patients (or people acting on their behalf) information to enable them to make choices?



- Do I involve my patients in decision making about their care and treatment?

**Do patients and their carers receive support to cope emotionally?**

- Do I give relevant information leaflets/contact details to patients?

## A4 Are our services responsive?

**What does responsive look like?** A responsive service means that services are organised so that they meet people's needs and expectations.

### Are EEAST services planned and delivered to meet people's needs?

- Do I check vehicle equipment at the start of each shift?
- Do I ensure that equipment is stored safely and securely?
- Do I raise concerns regarding staffing levels with my line manager?
- As a manager, do I risk assess and carry out a needs analysis to determine staffing levels?

### Do services take account of the needs of our diverse community?

- Have I had training on Equality and Diversity?

### Can people access care and treatment in a timely manner?

- Do I provide a "Leave at Home" advice sheet?

### Are concerns and formal complaints listened to and used to improve services?

- Do I promote the use of PALS/complaints processes where appropriate and act on any enquiries?
- Do I know where to find information on the complaints/PALS process to give patients? (Friends and Family forms available on vehicles)
- Do I receive feedback when I report an incident?
- Do I and my team learn from incidents, comments and complaints?
- Do I discuss action plans and lessons learnt at my Team Meetings?
- Do I know where to get advice about the complaints process?
- Have I received awareness training on the complaints process?
- Have I read the Duty of Candour Policy?

## A5 Are our services well-led?

**What does responsive look like?** A responsive service means that services are organised so that they meet people's needs and expectations.

**Does EEAST have a clear vision and a credible strategy to deliver good quality care?**

- Do I know the Trust's Vision and Values?
- Do I have an understanding of the Trust's Corporate Strategy and my role in helping to achieve it?

**Does the governance framework ensure that responsibilities are clear and that quality, performance and risks are understood and managed?**

- Do I have a clear understanding of my job description?
- Am I aware of the main risks to delivering the service for my area?

**How does the leadership and culture reflect the vision and values of the organisation? Does the leadership encourage openness, transparency and promote good quality care?**

- Do I understand the health and wellbeing support available to me from Occupational Health, chaplaincy services, peer to peer support?
- Do I know how to access Human Resources (HR) policies and procedures? (e.g. East24)
- Do I report any incidents of bullying, harassment or violence?
- Do I know how to raise concerns (whistle-blow)?
- Have I read the Anti Fraud and Bribery Policy?
- Have I read the Freedom to speak up: Raising Concerns Policy?
- As a manager, do I understand the challenges to good quality care and actions needed address them?

**Are patients, public and staff involved – and how do we engage with them?**

- Do I know where to find information on the complaints / PALS process to give patients? (Friends and Family forms available on vehicles)?
- How do I ensure that I engage and involve my patients in decision-making?
- Do I know when it is appropriate to raise a concern and how to do so?
- Do I know how to share ideas and suggestions for improvement (e.g. with local managers or the Quality Improvement Team)?

## Annex B Station checklist

- Are the noticeboards up to date including the latest clinical bulletins, PALS information, incidents and information about lessons learnt?
- Is the statutory Health and Safety poster displayed?
- Is the facilities/estates book up to date with all fire drills and extinguisher inspections?
- Is there a fully-stocked first aid kit and is it clearly signposted?
- Is there a COSHH file which can be easily located? Including COSHH file for contract cleaners' products?
- Are Fire Exits clearly signed and not blocked? Are Fire Doors kept closed?
- Have all slip, trip and fall hazards been removed including trailing cables, frayed carpets and wet or oily floors cleaned?
- Is all electrical PAT testing up to date?
- Is the station kept secure and all visitors required to sign in?
- Are patient records and other confidential information kept secure? (Records should be stored securely when not in use e.g. in lockable box or desk drawers within a locked room.)
- Are the toilet area, changing rooms and sluice area clean and tidy?
- Are all kitchen and shower/toilet cleaning checklists up to date and signed daily?
- Are the soap/alcohol gel dispensers located appropriately e.g. near to hand-hygiene sink
- Are the soap/alcohol gel dispensers clean and working and in date and are paper towels or a hand-drier present and working?
- Is there alcohol gel in reception? And is the hand wash basin in the sluice provided with soap, and paper towels?
- Is there a moisturiser dispenser in the staff toilet?

- Is PPE (gloves, aprons and eye protection) available within the sluice area and garage area?
- Are all waste bins locked and is the waste contained in the bins correct for that bin?
- Is the healthcare-waste poster displayed somewhere visible near to bins?
- Are the store rooms clean and tidy, all consumables off the floor and no dirty medical devices stored in this area?
- Are all medicines and consumables in date?
- Are medicines, and related stationery, managed correctly and stored securely (especially controlled drugs)?
- Are the reception area, meeting and training rooms and offices clean and tidy?
- Is the dirty linen storage area tidy and linen appropriately bagged?
- Are all external areas clean and tidy, with no litter, rubbish bags or unlocked bins?
- Are all lockers/cupboards/tops free from clutter to allow cleaning?
- Is a cleaning schedule displayed in the station and is there an up to date cleaning record available within the cleaner's folder?

## Annex B2 Vehicle checklist

- Has an Ambulance Checklist been completed within the last 24 hours?
- Are all staff carrying alcohol gel bottles on their uniform?
- Do all vehicles carry the required cleaning products and are these in date and kept appropriately? Are Acticlor and Clinell universal sanitising wipes available?
- Do all vehicles carry the required PPE (gloves in all sizes, aprons, surgical masks, FFP3 masks, surgical eye protection and sleeve protectors.)?
- Are hand rub, sticky tape (micropore) available? Are dispensers clean, working and the content in date?
- Is paper roll available?
- Is all equipment in good repair, to enable effective cleaning (e.g. no rips or tears or worn strapping or belts)?
- Is there a 5-point harness available for appropriate stretchers?
- Is all equipment available and functioning (including Satellite Navigation mobile, radio, and defibrillator)?
- Are the interior surfaces of vehicles, including the cab, maintained correctly to make cleaning easier to comply with (e.g. no splits, chips or cracks)?
- Are all single-use items (especially medicines) maintained intact, in date, in original packaging and clean?
- Are medicines and stationery managed correctly and stored securely (especially controlled drugs)?
- Up-to-date signatory list for controlled drugs?
- Is all of the medical equipment clean and free from body fluids, dust dirt debris (e.g. check ledges at the back of suction apparatus, and backs of defibrillators, splints and items in response bags such as peak flow meter, thermometer, and BM kit)?
- Do all vehicles comply with sharps disposal regulations (i.e. sharps bin with temporary closure slider employed when not in use; sharps bin labelled

with date and time and location label; external surfaces of sharps bin free from blood, dirt or other visible contaminants)?

- Do all vehicles comply with correct disposal, correct waste bag in each bin? (Domestic = black , clinical = yellow). Note: Some older vehicles may have only clinical waste bins.
- Do all staff comply with closing of any clinical type waste bags (yellow) by swan necking and using tie wraps provided? And attaching station ID label?
- Are all medical gas cylinders and the pipelines and flow meters and housing clean, visibly checked for damage and stored safely?
- Is the vehicle within date for its service/deep-clean timeframe (6 weeks for all vehicles)? And is the local record for this up to date?
- Are staff aware of the correct vehicle decontamination procedures (e.g. between patients, service/deep-clean, decontamination)?