

CRG Clinical Services Ltd

# Jigsaw Medical-Hampshire Resource Centre

## Inspection report

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Date of inspection visit: 4 August 2021  
Date of publication: 04/10/2021

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was our first inspection of the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent.
- 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.
- All staff were up to date with face-to-face mandatory training in key topics to ensure they could provide safe care to patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

However:

- The service did not always manage medicines safely.
- The service lacked clear local governance structures and systems to ensure safe storage, administration, disposal and auditing of medicines, including controlled drugs.

The service did not provide crews with materials to support communication with people with different communication requirements.

# Summary of findings

## Our judgements about each of the main services

### Service

**Emergency  
and urgent  
care**

### Rating

**Good**



### Summary of each main service

This was our first inspection of this service. We rated it as good because it was safe, effective, caring and responsive, although governance requires improvement.

# Summary of findings

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# Summary of this inspection

## Background to Jigsaw Medical-Hampshire Resource Centre

Hampshire Resource Centre is operated by CRG Clinical Services Ltd and Jigsaw Medical. Jigsaw Medical is an independent provider of ambulance Services with a head office in Chester and locations throughout England including the location we inspected in Basingstoke. At the Hampshire Resource Centre they provide emergency and urgent care services, with 14 vehicles.

The Basingstoke location employed 49 members of staff at the time of the inspection, 20 paramedics, 13 technicians and 16 emergency care assistants. The location has a registered manager who has been in post since 2018, who covers several satellite bases. The Hampshire Resource Centre had not been inspected.

The regulated activities are:

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

The main service provided at the Hampshire Resource Centre is emergency and urgent care, which was the focus of this inspection.

## How we carried out this inspection

The team that inspected the ambulance service comprised an inspection manager, a lead inspector, two other inspectors, and a specialist advisor with expertise in paramedic services. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

We carried out an unannounced comprehensive inspection at the Hampshire Resource Centre because the location had not been previously inspected.

We looked at all of the key questions: safe, effective, caring, responsive and well-led.

Whilst on site we reviewed vehicles, medicines, staff records including training and competencies, and the environment of the base. Off-site we reviewed policies and procedures, patient records, audits and contract information. We looked at 30 patient records and we observed three vehicles used for urgent and emergency care purposes. One of these vehicles was off the road at the time of the inspection.

At the base we spoke with the base operations manager, the area clinical lead and the area operations base manager.

We carried out remote interviews with four patients, one emergency care assistant, one technician, one paramedic, the head of compliance and the base clinical mentor.

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>.

# Summary of this inspection

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **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 SHOULD take to improve:**

- The service should ensure that all medicines are stored in line with national guidance particularly with regard to temperature requirements.
- The service should ensure that use of controlled drugs is recorded accurately.
- The service should ensure that patient group directions (PGD-s) are in place for all relevant medicines, according to national guidance.
- The service should consider the number of clinical mentoring staff to ensure continuity of effective support.
- The service should ensure that all staff have received their annual appraisal, according to internal policies and national guidelines.
- The service should consider oversight of risk management at location level.
- The service should consider whether governance structures provide adequate oversight of locations, particularly with regard to medications.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

## Emergency and urgent care

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

### Are Emergency and urgent care safe?

Good 

This was our first inspection of this service. We rated it as good.

#### Mandatory training

**The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.**

Mandatory training completion rates were at over 99%. Some face-to-face learning had been limited due to government restrictions put in place during the pandemic. The service mitigated this by arranging online training for their staff. Face-to-face training included safeguarding level three for adults and for children and young people, moving and handling, and life support skills (basic life support and immediate life support skills).

The compliance and governance team had oversight of mandatory training rates on an electronic system which alerted the team when staff's training was due for renewal. Staff were contacted the month before their training dates expired so that they could complete their training.

The mandatory training included 16 different modules, depending on job role and included Mental Capacity Act (MCA) training and training for Deprivation of Liberty Safeguards (DoLS).

#### 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.**

The provider had three policies that related to safeguarding of adults and children and young people. There was a safeguarding guidance policy, a safeguarding operating procedure and a safeguarding strategy and corporate statement.

All staff in the organisation were trained to level three for safeguarding of adults and children and young people. The area clinical leads were trained to level four in safeguarding for adults and children and young people. This met the standards in national guidance.

# Emergency and urgent care

Clinical staff also followed the safeguarding policies of the trust they were contracted to work for and completed any safeguarding referral paperwork, which was submitted to the contracting trust. We reviewed 30 patient records and saw that they included safeguarding details and evidence of completed safeguarding referrals.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Documentation was in place for assurance about completion of cleaning and infection prevention and control of vehicles. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, and premises visibly clean.**

The service ensured stocks of adequate personal protective equipment (PPE) were sufficient, in line with government guidance. Staff were trained on how and when to use PPE and were able to give us clear examples of using the PPE in the correct manner.

There was a 'pre/post shift' vehicle check book, which was not always filled in according to internal policies. We saw that a vehicle was used Monday, Thursday and Friday, a pre-shift check was completed on all three days but the post shift clean down was only documented on the Thursday, so we were not assured that the vehicle had been cleaned at the end of the shift. Following the inspection, we saw additional information giving assurance the vehicle was cleaned between shifts, although the documentation was not up to date.

## Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

We viewed three vehicles during the inspection, one of which was off the road. They were visibly clean and tidy. PPE and hand gel were available and plentiful on the base for restocking of vehicles. There were handwashing facilities on the base for the use of staff.

The vehicles were deep cleaned every month by an outside contractor, who was also available for ad hoc deep cleans as necessary.

There was an up-to-date and comprehensive infection control policy, which gave information on issues such as personal protective equipment (PPE), social distancing guidance and hand hygiene.

There was an infection prevention control (IPC) champion whose role was to audit IPC including hand hygiene and that staff's arms were bare below the elbow.

There were weekly IPC audits. Audit information from June 2021 showed 100% compliance with hand hygiene, and 98% for base compliance on all national standards for infection prevention and control within the ambulance transport service sector.

We checked consumables on three ambulances, one of which was off the road, and found all to be in date and stored according to national guidance. We looked at consumables from the storage room and they were also compliant.

The service had arrangements for essential vehicle maintenance, tyre changes and recovery of emergency vehicles. Vehicles were given priority at local nearby garages.

# Emergency and urgent care

The ambulance base was clean and tidy. There was good security, with closed circuit television monitoring both inside and outside the base. Vehicles were kept inside the base at night.

There was a crew room with notice boards and information for crews. Batteries for the radios and defibrillators were also stored in the crew room. There was an information system so that staff could identify which vehicle and crew they were working with on a particular day. There were also changing, showering and secure locker facilities for staff on the base.

## 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.**

The patient record was a mixture of paper-based and electronic systems supplied by the contracting trust. There was a section for recording and calculating early warning scores that would indicate if a patient's condition was deteriorating. A guide to the parameters for the scores was attached to the record book. All patient records reviewed reflected completed risk assessments.

Staff had access to remote clinical support from the provider if they had any questions regarding clinical care or deteriorating patients. They were also able to contact the trusts clinical support network. Support resources could be made available – for example, a consultant paramedic could be deployed from the contracting trust.

There was an application that was downloaded onto phones from the Joint Royal Colleges Ambulance Liaison Committee that allowed individual ambulance services to combine the national guidelines with their regional information. This gave ambulance crews access to up-to-date clinical guidelines at all times.

## 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 reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.**

We saw that recruitment systems were robust and used the provider's recruitment policy. The head of compliance and governance described the application process, including the requirement for checks with the disclosure and barring service. Two references were obtained, which covered three years of employment, one of which was from their current or most recent employer. The recruitment process included clinical competence-based questions for candidates. We saw examples of people who, following a review, had been refused employment because of a reference discrepancy or disclosures.

Staff were provided with a local induction for the location at which they would be based and a trust induction for the contracting trust. Staff worked to the policies of the contracting trust, which could be accessed online.

The provider had a mix of paramedics, technicians and emergency care assistants. Staff could move between bases to cover shifts as necessary but had to have completed the induction for the contracting trust they were working for.

However, over half the base staff were due their yearly appraisals, and some staff said they had not had an appraisal since joining the service up to two years ago. This is not in line with the service's internal policy on reviews and appraisals of employees.

# Emergency and urgent care

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

The patient record was a mixture of paper-based and electronic, depending on the contracting trust. A copy of the paper record was kept by the patient after treatment. The patient record forms were returned to the base daily by the crews on shift and stored in a locked confidential box in the crew room until senior staff were able to remove them.

We reviewed 30 random records from call outs the week prior to inspection. Records were clear and easy to read, and contained sufficient information, in line with internal policies and national guidance. Access to electronic patient records was secured through individual logins.

However, staff did not always record the handover times or the patients' consent, despite staff and patients providing evidence that consent was regularly received. This was not in line with national guidance.

Managers said that when records audits found problems the staff responsible would be given further training.

## Medicines

**The service did not always use systems and processes to safely prescribe, administer, record and store medicines.**

The provider had an in-date license for controlled drugs from the Home Office.

Staff undertook training in the administration of medicines and completed appropriate competencies. However, individual contracts with trusts sometimes involved different medicines and permissions. The service did not have any processes to ensure that staff managing and administering medicines specific to a trust contract were aware of amendments to the medicines administration when working on a different, new contract.

All records we reviewed included appropriate recording of medicine administration and medicine history.

Medicines were stored securely at the ambulance base that was covered by closed circuit television for security. Stock and expiry checks were carried out to ensure continuity of supply. There were warning posters to ensure that the batch number and expiry dates would not be removed by cutting out the blisters. Temperature highs and lows were recorded using a digital thermometer. However, the storage room was not equipped with a temperature control system. We discussed this with the provider who demonstrated they were considering the installation of air conditioning in the room.

The drug register book contained data for the existing stocks in the room. The register accurately recorded the amount of medicines in the stock. However, it did not always accurately identify the medicine. In one case the record referenced diazemuls (an injectable form of diazepam) but the stocks contained only diazepam. The provider explained that this was due to recent challenges in obtaining supplies and gave reassurance that it would be rectified.

Stocks of syntometrine, which is a prescription only medicine, were out of date. The expiry date had been brought forward to take into consideration that it was not refrigerated, but the stocks had still expired. This meant that the medicine might not be effective to treat birthing patients suffering haemorrhages. We told the provider about this and they destroyed the expired stocks and ensured an urgent supply was obtained to restock for the next shift.

## Emergency and urgent care

Medicines for use were stored securely in medicine bags that contained medicines in line with individual job roles, and according to internal policies. Staff collected the bags at the beginning of the shift. Records contained the reason for removal of a medicine from the bag, including patient use, expiration, and any refusal of a medicine by a patient. However, there was not always a clear audit system for the use of medicines, including which member of staff had used which bag.

Medical gases were stored securely both in the base and on the ambulance. We checked four cylinders on the vehicles, and all were in date and had enough supply. On the base, cylinders were secured in cages and empty ones were separated and ready for collection.

Controlled drugs were securely stored on vehicles and could be accessed only by a paramedic. Staff made monthly stock checks of controlled drugs on all vehicles we looked at. However, we found that access to the controlled drugs safes in the vehicles might not always be securely managed. We have raised this with the service to resolve.

There was no record or audit of amounts used or disposal with regards to the 100ml bottles of Oramorph kept in safes on the vehicles. Oramorph is liquid oral morphine, and a controlled drug. The drug register contained details of when Oramorph was administered on a job. However, we found one bottle that had been opened on one of the vehicles where the date opened and quantity used were not recorded. This is not in line with their internal policy on “Controlled Drugs’ Administration” and it also means that the provider could not be assured that Oramorph was being safely managed and accounted for. We raised this with the provider on the day.

The provider followed guidance from the Joint Royal Colleges Ambulance Liaison Committee. (JRCALC) for the administration of medicines. Paramedics followed patient group directions from the trust that commissioned the service. However, we found several stocks of Prednisolone, a medicine for which a PGD is mandatory according to national guidance, which had no associated PGDs. The provider removed them from the paramedic bags on the day of our visit and confirmed all stock was accounted for and they would review use and oversight with the contracting trust.

Managers did risk assessments for all grades of staff to decide what medicines they could administer to patients. Following the inspection, we were provided with the Jigsaw medicines route chart, which showed the route of administration for all medicines and the grade of staff who could administer the medicines. Base staff were able to access this document electronically.

### 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.**

The service had never had a never event. Never events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented.

The service had an electronic incident reporting system. Staff we spoke with were aware of the incident reporting process and gave examples of how they had used it. Incidents involving patient care were also reported to the contracting trust, in line with the existing agreement and internal policies.

We looked at five incidents and saw that there was learning from incidents and complaints. One medicines incident was followed up by the service and the appropriate investigation and further mitigation actions were completed.

# Emergency and urgent care

The provider told us that clinical updates were sent out to staff. Staff said they received them via email but that amendments to policies were not always communicated quickly enough.

We saw evidence on site of compliments and positive feedback displayed on a notice board for staff to view and share positive care provided to improve patient safety.

## Are Emergency and urgent care effective?

Good 

This was our first inspection of this service. We rated it as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

We looked at 30 patient records, which were the records of the patients who were transported, and they all indicated that care and treatment followed National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

We viewed the following policies: infection control policy, standard vehicle and equipment policy, social media guidance, management of clinical records policy, the safeguarding policy for one of their contracts with a trust, clinical validation policy, complaints procedure and patient confidentiality and data protection policy, induction policy. However, ambulance staff did not have access to policies when on the road so they would have to call the operations manager or return to base to access the internal system in order to check policies.

Ambulance staff knew what local hospitals specialised in. Ambulance staff told us they decided which hospital to transport the patient to depending on what the needs of the patients were, and which hospital met those needs. Staff also told us they used a dedicated application, provided by the contracting trusts, to identify the nearest and most suitable hospital where patients should be conveyed.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.**

Patients were assessed for pain using a pain scale. The pain scale included a numeric pain rating scale with zero being no pain and 10 being the worst possible pain. We saw pain scores recorded on all patient records we reviewed.

Registered paramedics gave pain relief by administering medical gases, prescription or non-prescription pain relief medicines.

### Transfer times

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

# Emergency and urgent care

The service generally documented patient transfer times from the venue to the hospital. However, of the 30 records we looked at, seven did not indicate the handover time at the hospital.

The provider told us that they aimed to transfer the patient from the venue to the hospital in less than 20 minutes. According to the patient records we reviewed we could see that this had been generally achieved.

## Patient outcomes

**The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service holds operational and clinical governance meetings every three months, but also ad-hoc, if needed, to monitor transfer times, if the right decisions were made for the patients, and if the agreed timeframes were achieved, in line with the contracts. Following these meetings, the service identifies good practice as well as areas for improvement.

Additionally, the service told us about regular clinical, operational and oversight meetings organised with the contracting trusts. Effectiveness of care and treatment is audited as part of these meetings, and improvements are then discussed and implemented.

The provider and/or contracting provider set targets for ambulance response times. We reviewed 30 patient records and audits for the past six months and saw that these targets were met in all cases.

## Competent staff

**The service generally made sure staff were competent for their roles. However, managers did not regularly appraise staff's work performance.**

There was a consistent approach to ambulance staff induction. There was an induction policy and a formal induction program. Records reflected all ambulance staff had completed the induction program. Additionally, new staff learnt through shadowing other ambulance staff and the ambulance service relied on training from staff's substantive role in the NHS.

There was a lead for education and development of clinical staff. They had oversight of the training and development needs of all the clinical staff. They were involved in a robust recruitment process including a knowledge-based assessment. Following recruitment, they signed off appropriate competencies for newly qualified staff when training and assessment had been completed. They could recommend additional applicable training to meet any requirements.

We reviewed recruitment processes and looked at five recruitment files. The service has systems to ensure that additional reference and DBS (Disclosure and Barring Service) checks are performed if they wish to return. There are also strict processes to deal with any disclosures on DBS certificates and detailed risk reviews are recorded in these cases, according to internal policies. We also saw that a special risk matrix was used to automatically exclude some offences. The rationale for rejecting or accepting an applicant was detailed and documented.

DBS and HCPC (Health and Care Professions Council) certificates and drivers' licences were all checked at regular intervals. The service showed us their compliance dashboard, with reminder dates and required dates. There is a RAG (red, amber, green) system that highlights due for expiry and expired requirements.

All ambulance staff files we reviewed held references, health information, proof of qualifications, and HCPC (health and care professions council) registrations for each ambulance staff member.

# Emergency and urgent care

Photo identification was seen on all five ambulance staff files.

Ambulance staff driving licences were checked annually. All recruitment files we reviewed indicated that the staff had completed blue light training.

We reviewed ambulance staff appraisals for all base staff and found that they had not been completed yearly. Ambulance staff we spoke with also told us they had not had regular appraisals. This is not in line with the service's internal policy on "Professional Development Review and Appraisal". However, staff told us that they did have regular check-ins with managers for support and development and they felt their developmental needs were met.

## Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Ambulance staff reported good communication with the local receiving hospital.

Staff gave us examples of challenging transports where the contracting trust provided immediate additional support. Staff also gave us examples of lessons learned which were shared with the contracting trusts, such as if a "lifepak" (the standard monitor/defibrillator used by ambulances) fails the batch number is shared with other stakeholders.

The managers were TRiM (trauma risk management) trained, which meant they were able to support crew members who carried out distressing tasks. Staff gave us several examples of when they were well supported following a very difficult job.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

All the records we looked at showed that staff gave detailed information to patients who could not be conveyed or who refused the transfer, such as signposting them to community services or their general practitioner (GP), as needed. The records also contained evidence of discussions that the ambulance crew had with the patients or their family or carers, as needed, to ensure they would be safe and supported. Patients we spoke with also told us that they received support and advice from crew members.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff we spoke demonstrated an understanding of the notion of consent. Ambulance staff told us they ask verbally for consent before a treatment and ask patients to sign the patient record form to consent.

Ambulance staff received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training as part of their mandatory training. The service had a consent, mental health act and deprivation of liberty policy, as well as additional policies to support this, such as the clinical validation policy, the appropriate care pathways policy and the management of clinical records policy.

## Emergency and urgent care

All patients we spoke with told us that crew had discussed consent with them in detail. Staff we spoke with also gave us examples of conversations with patients or their carers to ensure consent was obtained. However, we found several patient records where staff had not documented that consent was discussed and obtained.

Ambulance staff access the Mental Health Act 1983 and Mental Capacity Act 2005 on the internal electronic systems available in the crew room. All ambulance staff had signed to say they had read the documents.

### Are Emergency and urgent care caring?

Good 

This was our first inspection of this service. We rated it as good.

#### Compassionate care

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

The service provided us with 13 thank you letters addressed to crew members who had received praise from service users. We spoke with four patients who all told us they were very happy with the excellent care and support they received. All staff we spoke with provided several examples of supporting vulnerable patients.

One staff member told us about helping a vulnerable patient who was not conveyed to a hospital by ensuring they were comfortable and safe in their home and supporting their privacy and dignity beyond the confines of their role.

#### Emotional support

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

Staff also gave us examples of supporting people through a mental health crisis, by allowing enough time for the patient to express their distress and needs, by providing reassurance, establishing a calm environment and acting in the patient's best interest.

Staff also gave us examples of supporting patients by highlighting their shared lived experience and establishing open and honest communication to help patients feel safe to express and live their identity.

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

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

All patients we spoke with, as well as the thank you letters we reviewed showed consistent efforts by crew members to reassure patients and carers through distress. Patients we spoke with told us that staff helped them and their carers feel calmer, always safe and informed about their condition and next steps. Patients and staff gave clear examples of when consent and treatment options were discussed in detail, either with the patients or their carers or family.

# Emergency and urgent care

## Are Emergency and urgent care responsive?

Good 

This was our first inspection of this service. We rated it as good.

### Ambulance service delivery to meet the needs of local people

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

The service was formally commissioned by NHS organisations to provide ambulance transfers. This helped relieve pressure for the NHS, which was particularly useful during the pandemic. The Hampshire Resource Centre fulfilled several NHS contracts and was able to flex its staff and resources to provide urgent and emergency care and transport where it was most needed within the patch. Staff we spoke with were able to give several positive examples of supporting NHS trusts.

### Meeting people's individual needs

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

The ambulance had different points of entry so people who were mobile, on a trolley or in a wheelchair could enter the vehicle safely.

Staff gave us examples of supporting patients and carers with learning difficulties, dementia, communication difficulties, and autistic patients.

The service had access to interpretation and translation services. All staff we spoke with knew how to access them and reported successfully using them. On occasions we were told that relatives, friends or carers translated for patients. This is not best practice, but it is allowed in emergencies according to national guidelines. Staff we spoke with gave examples of supporting patients whose primary language was not English, and they knew how to use translating and interpreting services, through an external company.

Staff gave us several examples of supporting patients with protected characteristics. Protected characteristics according to the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

### Access and flow

**People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**

## Emergency and urgent care

Patients were transferred to hospital if required after initial assessment and stabilisation by the team responding to the call. Patients could access the ambulance service at any time. Evidence we saw reflected that where time was recorded, it was in line with targets. Patients we spoke with also reported rapid response times of up to ten minutes from the initial call. However, hospital handover times were not documented in seven of the 30 patient records we reviewed. This means that transfer duration was not always documented and the provider could not be assured targets had been met.

### Learning from complaints and concerns

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

The provider had a complaints policy. The policy outlined the process for submitting and investigating complaints. The policy stated that complaints would be investigated within 28 days.

We reviewed ten formal complaints and found that the service's policy was followed in all instances. The responses were meaningful, and two complaints also indicated learning achieved, such as additional targeted training for staff, or updates to the policies.

Staff told us that if a patient communicated they wanted to make a complaint, they were given either a complaint form to fill in or a business card with details how to contact the manager. However, we did not see complaint forms in the ambulances.

The ambulance service had no signs on the ambulance to tell patients how to make a complaint. However, there were nonverbal instruments for patients to provide brief feedback, using symbols such as smiley faces. Additionally, the ambulance service had information on their website advising patients how to make a complaint.

## Are Emergency and urgent care well-led?

Requires Improvement 

This was our first inspection of this service. We rated it as requires improvement.

### Leadership

**Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff, they understood and manages the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skill and abilities to run the service although we saw that the leadership at the location level was not fully embedded. There was an operational manager on site full time, a clinical mentor and an area operational manager. However, staff told us that they didn't always feel they had the clinical support and mentorship they required due to the number of available clinical mentors.

Location management was visible and accessible. Staff told us their managers had occasional check-ins with them but were no appraisals in place. We looked at appraisal data for the past three years and found that over half of the members of staff were due their appraisal, since 2020. However, most staff we spoke with told us that they generally felt supported by managers. Examples were given by staff where this support had been given.

# Emergency and urgent care

The provider had an apprenticeship programme for emergency care assistants and advanced ambulance practitioners, and staff gave us positive feedback about it.

## Vision and Strategy

**The service did not always have a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff did not always understand and know how to apply them and monitor progress.**

The provider had a core values and mission statement for the organisation.

There was a clinical improvement strategy dated 2020. The aim of this was to reduce numbers of clinical incidents, to provide a safer environment for crews and patients, to improve the standard of care, reduce complaints and identify learning from the outcomes of incidents and complaints to support ways to improve the quality of care. However, we did not see an action plan to support the implementation of this strategy or any monitoring of the strategy.

## Culture

**Staff mostly 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. However, the service did not always have an open culture where staff could raise concerns without fear.**

We looked at recruitment files and saw that all staff including those from black and ethnic minority backgrounds were risk assessed at the beginning of the pandemic and adjustments made to working practices as necessary.

Most staff we spoke with felt supported and valued in their work. Staff gave us examples where they provided excellent care and followed up vulnerable patients' needs. This was documented on the patient records and safeguarding referrals to the local authority and recognised by managers.

However, some staff reported an "us and them" culture in respect of senior leadership and a divide between the operations and clinical teams. Main areas of concern from staff were communication regarding scheduling and flexibility of rotas. Likewise, some staff told us they did not feel heard when raising concerns or making requests about scheduling.

There was continued professional development offered to all staff and we received examples of staff development plans.

We were told that staff were offered clinical development as part of their career development. The service could access information about staff qualifications from other training providers to support career development.

There was a customer services, complaints and feedback policy which was up to date. We saw examples of complaints raised by patients and the providers response to these complaints and any action taken.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.** However, they did not always have processes for organisational oversight of medicines.

# Emergency and urgent care

Staff told us about clinical governance meetings that were held every three months. There was a standardised agenda for the meetings. We were told that there was a presentation at each meeting to review oversight and themes and trends of patient safety and quality. We saw a presentation from the meetings in July 2021 which included mandatory training figures, shift fill rates, information about vehicles, and the new operations and clinical structures for the organisation. There were audit outcomes for patient records, infection prevention and control and medicines management. Complaints and serious incidents were also reviewed.

The service also holds quarterly policy review meetings to discuss any amendments needed to drive improvement. Monthly meetings also take place with senior management.

The provider told us that there were monthly and quarterly meetings with the contracting trusts, but they didn't always receive a great deal of feedback from these meetings.

There was an organisational structure which had recently changed. A new area clinical lead had been recently appointed. They have clinical oversight of services and responsibility for the auditing and performance of services. They work alongside the clinical mentor who is currently in post.

We were told that staff worked to the policies of the recruiting trust so we could not be assured that the provider had oversight of the policies of the trusts that staff were contracted to.

The service kept information about document checks. A driver disclosure form was completed every year and a license summary check completed every six months. They also reviewed Disclosure and Barring Service (DBS) checks every year. There was a mandatory requirement for staff to update these. The compliance team initiated these checks every year or checked if the staff member was on the update service.

There were not always clear structures and systems in place to manage clinical issues. For instance, there were concerns raised about medicines management during the inspection. These issues were addressed immediately on the day of inspection; however they had not been identified or addressed internally and there was not an internal system for oversight of this matter.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They generally identified and escalated relevant risks and issues and identified actions to reduce their impact.**

There was an organisational risk register which was reviewed as part of the clinical governance meetings. The top five risks were discussed at each meeting. Senior managers were able to articulate these risks and the mitigating actions.

The risk register was submitted to the contracting trust as part of the contracting information specification. There was a business continuity policy for the provider which was in date.

However, staff we spoke with told us there was no risk register at location level. The service did not have any processes to identify, manage and mitigate risk at location level.

Also, there was not clear oversight and governance of medicines management. The service did not have processes to ensure that all staff are trained on the medicines they manage, particularly where they needed to work on a different or new contract. Staff did not have a clear understanding of local governance to ensure safe management of medicines and controlled drugs.

# Emergency and urgent care

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

We looked at the dashboard on site, and saw it was up to date and contained reliable information. It was visible and available to all staff. There was an internal platform with current policies and updates were sent via emails to all staff. However, these updates were not always sent early enough for staff to become familiarised with in due time.

The service had clear policies about reporting data to external organisations and we saw that these policies were respected. The service also had agreements with the contracting trusts to gather data and report. We saw evidence of this data being collected and communicated to the contracting trusts.

Systems were integrated with contracting trusts and NHS hospitals and secure, password protected.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Due to the nature of the organisation, which provided care contracted to them by NHS organisations, the trust did not directly engage with the public about their service. However, they engaged closely with their contracting organisations. There were regular meetings every two weeks with the contracting trust where staff could discuss clinical cases and live case studies. Staff were however not given protected time for these sessions which were attended by senior managers and clinical staff.

The service had an online patient experience form which service users could access.

Staff did not always feel that the provider's senior management engaged with them or were accessible. They did not regularly see any senior managers at the site. Leaders did not consult with staff about changes. Further, staff were generally informed of changes, but updates were not always highlighted, or guidance was not provided.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders generally encouraged innovation and participation in research.**

There was support for education and training and development for all clinical staff from the education department at head office and staff actively engaged with training to improve services.

However, staff told us that they were expected to complete training and development in their own time.