

Buxton







Quality Report

22 Dale road
Buxton
Derbyshire
SK17 6NL
Tel: 01298 77299
Website: www.peakmedicare.co.uk

Date of inspection visit: 08 October 2019 and 05 November 2019
Date of publication: 24/02/2020

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Not sufficient evidence to rate	
Are services responsive?	Requires improvement	
Are services well-led?	Inadequate	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Buxton is an independent ambulance service operated by Peak Medicare Ltd. It provides an emergency and urgent care service as part of events medical cover, through which they occasionally convey patients from the event site to a local NHS hospital. Peak Medicare Ltd was not commissioned by other organisations to deliver services, all work being acquired through direct contact with event organisers. The service had four emergency ambulances to carry out the regulated activities.

The service provided medical cover at events. However, CQC does not have the power to regulate events work therefore we do not review that work within this report.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 8 October 2019 and 5 November 2019 and we gave the service three days' notice of our inspection to ensure that managers were available to speak to. We spoke with the two directors, one of whom was the registered manager, and also a paramedic. The service contracts self-employed staff when needed so no other staff were available. No patients or relatives were available.

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.

Services we rate

This was the first time we rated this service. We rated it as inadequate because:

- The provider was not assured that staff had training in key skills and understood how to protect patients from abuse. Staff were not recruited in a way that assured that they were sufficiently skilled or of character suitable for their roles. Staff did not collect safety information and use it to improve the service. While staff assessed risks to patients and acted on them, care records these were inconsistently completed. However, the service had enough staff to care for patients and keep them safe. The service controlled infection risk. They managed medicines well.
- Managers did not monitor the effectiveness of the service and did not have access to good information. Managers did not make sure staff were competent. However, staff provided appropriate care and treatment. Staff worked well together for the benefit of patients and supported them to make decisions about their care
- The service did not plan care to meet the needs of all the people present at the events they attended. They 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.
- Leaders did not run services well because of the lack of systems and processes for management, governance and the assessment and mitigation of risks. Staff were not supported to develop their skills. Staff were not clear about their roles and accountabilities.
- They were focused on the needs of patients receiving care and the community to plan and manage services and all staff were committed to improving services continually. Staff felt respected, supported and valued and service engaged well with patients.

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, even though a regulation had not been breached, to help the service improve. We also issued the provider with two warning notices that affected Urgent and emergency services. Details are at the end of the report.

Summary of findings

I am placing the service into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Heidi Smoult

Deputy Chief Inspector of Hospitals Midlands, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Rating

Inadequate



Summary of each main service

Buxton is an independent ambulance service operated by Peak Medicare Ltd. They provide an emergency and urgent care service as part of events medical cover through which they occasionally convey patients from the event site to a local NHS hospital.

We found that the provider did not operate effective governance systems which meant that it was failing to comply with several regulations.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Buxton	7
Our inspection team	7
Information about Buxton	7

Detailed findings from this inspection

Overview of ratings	8
Outstanding practice	20
Areas for improvement	20
Action we have told the provider to take	21

Buxton

Inadequate 

Services we looked at

Emergency and urgent care

Summary of this inspection

Background to Buxton

Buxton is operated by Peak Medicare Ltd. The service was registered with the CQC in December 2001. It is an independent ambulance service in Buxton, Derbyshire.

The service has had a registered manager in post since December 2011.

Peak Medicare Ltd operates an independent ambulance service in North Derbyshire providing first aid and emergency response at motorsport events in the north west. Additionally, it provides a first aid and emergency response service at community and national events held in the north Derbyshire area and wider afield.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a second inspector and a specialist

advisor who was a paramedic with expertise in emergency and urgent care. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about Buxton

The service is registered to provide the following regulated activities:

- Treatment of disease disorder or injury.
- Patient transport services, triage and medical advice remotely.

During the inspection, we visited the Buxton base. We spoke with three staff including a registered paramedic and two managers. We spoke with no patients and no relatives. During our inspection, we reviewed six sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice, and the most recent inspection in October 2017 found that the service was not meeting all standards of quality and safety it was inspected against. Requirement notices were served in respect of regulations 12: Safe care and treatment, 13: Safeguarding

service users from abuse and improper treatment, 17: Good governance, 18: Staffing and 19: Fit and proper persons employed of the Health and Social Care Act 2008 Regulated Activity Regulations.

Activity (October 2018 to October 2019):

- In the reporting period October 2018 to October 2019 there were two emergency and urgent care patient journeys undertaken.

There were no staff employed on a permanent basis. Paramedics, paramedic technicians worked on an ad-hoc basis in a “self-employed” capacity.

Track record on safety:

- No never events recorded.
- No Clinical incidents were recorded.
- No serious injuries were recorded.
- No complaints were received.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Inadequate	Inadequate	Not rated	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Not rated	Requires improvement	Inadequate	Inadequate

Emergency and urgent care

Safe	Inadequate 
Effective	Inadequate 
Caring	Not sufficient evidence to rate 
Responsive	Requires improvement 
Well-led	Inadequate 

Information about the service

The main service provided by this ambulance service was emergency and urgent care.

Are emergency and urgent care services safe?

Inadequate 

This the first time we have rated this key question. We rated it as inadequate.

Mandatory training

The service did not provide mandatory training in key skills to any staff, or assure themselves it had been obtained elsewhere

The provider did not have a mandatory training programme in place. At our last inspection, two years previously, we were informed that a training programme would be implemented in the spring of 2018 prior to the provision of regulated activities during the summer of 2018. This was to be led by a paramedic with an approved teaching qualification and recorded in the staff's training records.

This training had not taken place.

The service continued to rely on staff providing evidence of the mandatory training that they had received from their NHS employer. Although printouts of some training

courses were present in some staff records this was not consistent throughout the records and there was no definition as to what a minimum standard of mandatory training was.

The provider told us through the Provider Information Request that they sent in prior to the inspection that 'blue light drivers' were to provide a certificate of appropriate training. Some staff records contained evidence of this but this was inconsistent.

Safeguarding

There was no assurance that staff understood how to protect patients from abuse and there were not robust arrangements to work with other agencies. Staff had not had training on how to recognise and report abuse. Some staff had not had a Disclosure and Barring Service check.

The provider had a Safeguarding Children and Vulnerable Adults Policy which instructed staff to report safeguarding concerns to senior staff and suggested contact with the police or social services. There was no specification as to the levels of safeguarding training, including for children that different roles in the organisation required. There was no mention of current issues such as female genital mutilation or modern day slavery. There was no reference to The Safeguarding Children and Young People: roles and competences for healthcare staff intercollegiate document.

The safeguarding policy we saw in the office identified the provider's chief medical officer as the safeguarding lead and a named paramedic as the deputy. We asked

Emergency and urgent care

about their suitability and training for the role and while no assurance was provided for the safeguarding lead a certificate was provided for the paramedic showing they held a safeguarding role in the NHS.

We were told that as all paramedics were checked as having maintained their professional registration this would assure that they were up to date with their safeguarding training. However, other than a few cases no records were kept of this in staff files or elsewhere.

Non registered staff working as emergency technicians or first aiders were all employed by NHS ambulance services and this was taken as assurance that their safeguarding training was up to date.

Similar issues had been identified during an inspection two years before and were subject to a requirement notice. The provider's action plan stated that all staff would be required to produce certificates showing their training or qualifications.

We discussed this with the registered manager and we were told that some staff had shown their certificates using a video link from a mobile telephone to the provider's computer but that no records had been kept.

We asked what levels of training was expected for staff and were told that they were "expecting level one, over and above that is extra". The Safeguarding Children and Young People: roles and competences for healthcare staff intercollegiate document states that staff having contact with children should be trained to level two.

We asked if any safeguarding referrals had ever needed to be made and we were told they had not. We asked what would happen and we were told the concern would be escalated to the named paramedic who would call social services.

As part of our inspection we looked at, in detail, every staff file of all the twelve people employed for the purposes of carrying on the regulated activity in the role of a paramedic or emergency medical technician to assess whether information listed under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was held.

Of the twelve records, nine contained a copy of either an enhanced Disclosure and Barring Service certificate or a record that one had been seen together with the certificate number. However, eight of these nine

certificates were for another provider and there was no record of a risk assessment having been carried out as to whether this provided sufficient assurance of the employee's character.

We found that three of the twelve records did not have a copy of an enhanced Disclosure and Barring Service certificate or a record that one had been seen.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean. However, the overall infection control policy did not address wider infection prevention issues.

Of the four ambulances used by the service, only two were available in the garage during our inspection. One was parked at a motor racing circuit in preparation for a meeting where non regulated activities would be provided and the other was in a local garage having a repair carried out. The two vehicles we did see were inspected and we found them to be visibly clean.

Consumables, spares and cleaning materials were located in closed boxes stored tidily on racking in the garage area clear of the floor.

The garage had suitable cleaning equipment and materials available including colour coded mops and buckets for use in different parts of the vehicle which is considered good practice. There was a cleaning policy, a cleaning schedule and vehicle cleaning records. These were to a good standard and identified the different materials and methods to be used on individual equipment or parts of the vehicle.

Vehicle cleaning records showed that the schedule had been adhered to and the records were signed and dated.

A contract was in place with a company that provided deep cleaning for the ambulances and this included monitoring of the levels of bacteria. We saw from records that this took place and that results of the tests were satisfactory and monitored. There was no schedule for deep cleaning but the provider told us the company contacted them when it was needed and we saw from records that it was done regularly.

Emergency and urgent care

Vehicles contained plenty of suitable personal protective equipment and handwashing facilities including antiseptic gel for use when treating patients and there were antiseptic wipes available for cleaning equipment between patients.

There was an Infection Control Policy that addressed expected standards of hygiene and dealing with spillages. However, it referred to “standard precautions” and an “Environmental Hygiene Policy” which was not available. There was no mention of wider issues such as the immunisation of staff or dealing with patients with known infections.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff managed clinical waste well. However, there was no assurance that specific staff were competent or trained on specific medical devices.

Vehicles, equipment and consumables were located in a garage adjacent to the provider’s family dairy business. The garage was used only for the purposes of the provider and not for other elements of the family business. The premises were clean and tidy to an acceptable standard for storage of the ambulances.

Keys to the ambulances were stored in a secure cabinet accessed through a number code.

The provider was able to show us through records that they held that the vehicles were properly and regularly serviced including ramps and tail lifts. They had a Ministry of Transport (MOT) certificate and that they were insured for the purpose for which they were used. These records were well kept and accessible.

We inspected the two ambulances which were on the premises and found they were purpose built emergency ambulances sourced as surplus from the NHS. Externally the vehicles were clean including lights and windscreens and other than minor cosmetic damage appeared in good condition including tyres. All lights including blue warning lights and external illumination were in working order. We did not test the audible warnings.

Internally the ambulances were visibly clean and tidy. Equipment was suitable for an emergency ambulance and appeared complete and well maintained. Some

equipment such as defibrillators was stored external to the ambulance. Other equipment such as oxygen supply and suction were located on the vehicle and found to be working.

Mattresses and other padded equipment such as splints were in good condition with their coverings intact except for one splint which was torn. We brought this to the attention of the provider.

We noted that neither vehicle had suitably sized harnesses available to restrain children on a journey.

Vehicles were stocked and prepared with equipment and consumables against a checklist and we saw that this was recorded and filed. There was equipment suitable for both adults and children.

We examined a sample of consumables in the stock area and found packaging to be intact and the items in date. The ambulances were equipped with grab bags. Most of the consumables were in date, however, we identified that on one vehicle an adult oxygen mask had expired in 2014 and that a child mask expired in 2017. On a second vehicle a nebuliser set expired in July 2019 and an oxygen mask had expired in June 2016. We drew this to the attention of the provider.

The provider contracted with a suitable company for the maintenance of medical devices and we saw records and labels on equipment that they were regularly maintained. The provider did not hold an asset list of the medical devices that were owned but told us that the contractor did this on their behalf. We saw documents that demonstrated this. We asked about how the provider would be aware of alerts from manufacturers or government agencies about equipment issues and they told us the contractor did this on their behalf.

We asked about training arrangements for medical devices and were told that paramedics were competent through training in their NHS roles. There was no training provided on specific medical devices or was there any system or process to assess or record competences.

We saw through contract documents and waste transfer notes that Peak Medicare had contracted a suitable company to dispose of clinical waste including “sharps”. Between collections the material was stored in suitable containers including on the vehicles.

Assessing and responding to patient risk

Emergency and urgent care

The service did not have processes to assess and respond to patient risk other than those staff were familiar with in their NHS employment.

Most of the injuries dealt with by the service were minor and would be considered as first aid. However, there was always the potential for event attendees to become ill or injured and at motorsport events there was the potential for the most severe injuries to participants.

We asked how the service would respond to seriously ill or deteriorating patients who were beyond the service to treat. We were told that the paramedic would contact the NHS ambulance service through 999 and liaise with their emergency operations centre.

There were no policies or processes in place to assess and respond to patient risk.

We saw an example on a Patient Record Form (PRF) of a patient who had experienced a cardiac event. An electrocardiogram (ECG) was attached to the record and the treatment, including transfer to the NHS, appeared appropriate.

Staffing

The service did not have the recruitment processes or record keeping to be assured that staff had the right qualifications, skills, training or experience and were of suitable character to keep patients safe from avoidable harm and to provide the right care and treatment. However, while there were not established processes managers deployed staff with appropriate staffing levels and skill mix to events.

Staff were not substantially employed by Peak Medicare Ltd. Each staff member was recruited on a freelance self-employed basis and paid an hourly rate to attend events.

While there was no policy nor process for considering skills and experience in allocating staff to events, conversations with the registered manager demonstrated that they knew their staff's abilities well and gave proper consideration to their deployment. For example, when we queried why a qualified paramedic was employed in the role of an emergency medical technician (EMT), they told

us it was because they wanted newly qualified staff to have at least a year's experience with their NHS employer before they would allocate them a paramedic role at an event.

There were no effectively established and operated recruitment procedures to ensure that persons employed for the purposes of carrying on the regulated activity met the requirements. This meant that there was a risk that service users might be cared for and treated by staff who were not qualified, competent nor of good character.

We interviewed the registered manager on both inspection visits. We examined the provider's recruitment policy which stated:

"Recruitment will be either by internal recommendation or external advertisement followed by a selection process and interview. Applications will be reviewed by [the registered manager] before contacting suitable applicants for interview. This may take place via telephone or alternatively at base or an event site in person. Successful candidates will be expected to provide evidence of qualifications and undertake a probationary period appropriate to their experience "

We asked the registered manager to provide evidence of the selection and interview processes and we were told that no process was written down. They told us interviews were sometimes carried out over the telephone and in other cases when prospective employees would "pop down for a chat and a look round". A paramedic employed by the provider confirmed to us that they had been interviewed over the telephone. As part of our inspection we looked at, in detail, every staff file of all the twelve people employed for the purposes of carrying on the regulated activity in the role of a paramedic or emergency medical technician. No file held a record or any evidence that an application had been made, that selection had taken place or that an interview had been held.

As part of our inspection we looked at, in detail, every staff file of all the twelve people employed for the purposes of carrying on the regulated activity in the role of a paramedic or emergency medical technician to assess whether information listed under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was held.

Emergency and urgent care

None of the twelve records held a reference or similar to demonstrate satisfactory conduct in previous employment.

Other than information that could be inferred from the presence of training certificates that the person was, or had been, employed by another provider of ambulance services none of the records held an employment history of any kind.

None of the twelve records held information showing why previous employment in a position concerned with the provision of services relating to health and social care or children or vulnerable adults had ended.

Eight of the twelve records held some evidence of qualifications but the nature of these varied and the provider did not set a standard for training levels relying on the employee's employment with an NHS ambulance service and continued registration with the Health and Care Professions Council as sufficient assurance.

Records

Staff kept records of patients' care and treatment. Records were stored securely and easily available to all staff providing care. However, some records were not comprehensively completed

The provider had a policy in respect of record keeping and made use of appropriate patient record forms (PRF).

We noted some inconsistency in the completion of the PRF particularly in respect of observations and signs and symptoms being recorded. It was also noted that whether the patient was conveyed or not was not always recorded and there were many instances of records not signed when patients were discharged on scene.

A cursory analysis of the forms showed that certain omissions were consistently associated with individual staff members and so these issues might easily be addressed through audit and supervision.

The form was designed so that a copy was left with the patient, however there were many cases where this had not been done. The provider told us that this was because patients were rarely willing to accept the copy.

The patient record forms were kept securely in a locked cabinet at the providers office. Those documents held on computer were secured by the computer's password protection.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Peak Medicare Ltd had a medicines management policy in place, which described the service requirements for recording medicine administration, stock control and disposal.

At our last inspection, it was noted that the process for ordering medicines was not overseen by a General Medical Council (GMC) registered doctor. Since then a suitable person had been appointed as the "Chief Medical Officer", was named as responsible in the relevant policy and ordering processes for medicines as described in the policy were adhered to and stock records were complete and accurate.

The provider held a stock of medications for administration by paramedics. This included a range of emergency medicines for use in life threatening situations, for example, cardiac arrest. Additionally, there was adult and paediatric analgesia (pain control medicine) available on the vehicles.

Peak Medicare did not hold stocks of controlled drugs, these were brought to events by paramedics who held them under their normal professional arrangements.

Ambulances had a grab bag which contained medicines. Between events, medicines were stored securely at the registered premises.

We saw records of stock, usage and expiry dates, which were comprehensive and complete.

We reviewed one patient record form for a patient transferred to hospital and found a clear record of medications administered to the patient. Administration was signed by a paramedic and witnessed by a second member of the crew.

Oxygen and cylinders of nitrous oxide and oxygen mixture were stored securely on each vehicle.

Incidents

The service had a policy in place to manage patient safety incidents. This enabled staff to recognise incidents and near misses and report them appropriately. Managers would investigate incidents and share lessons learned. Policies stated that when

Emergency and urgent care

things went wrong, staff would apologise and give patients honest information and suitable support. However, the policy covering duty of candour was not aligned with the requirements of the regulation and there was no means to ensure that actions from patient safety alerts were actioned.

The provider had a policy on reporting and investigating incidents which required that they be reported to the registered manager and investigated by them and the chief medical officer in order to learn and prevent future occurrence.

There was a form to be completed and a requirement that it be submitted by email. The incident reporting policy referred to a separate duty of candour policy. The policy did not define what events should be considered as incidents nor did it mention the requirement that certain incidents should be reported to the CQC. However, there was a recognition that some incidents needed reporting to the Health and Safety Executive (HSE) under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and there was a link to the HSE's definition of incidents subject to RIDDOR requirements.

The provider told us that there was no process to analyse incidents for trends as there would be too few for any analysis to make sense.

We asked the provider how many adverse incidents had been occurred and they told us none had happened.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Inadequate 

This is the first time we have rated this key question. We rated it as **inadequate**.

Evidence-based care and treatment

The service could not be assured that staff provided care and treatment based on national guidance and evidence-based practice or that staff protected the rights of patients subject to the Mental Health Act 1983.

Other than the Medicines Policy which stated drugs would be given in line with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) no policy existed to reference any professional or national guidance or pathways. We asked about how the provider was assured that the treatment provided was appropriate and evidence based. We were told that paramedics worked to the National Institute for Health and Care Excellence (NICE) and JRCALC guidance that they adhered to in their NHS employment. They had access to the JRCALC guidelines through personal digital assistants or mobile telephones that they brought with them to the event. This was confirmed by the paramedic to whom we spoke.

Pain relief

The service could not be assured that staff provided pain relief based on guidance. However, it appeared that staff did assess and monitor patients regularly to see if they were in pain and gave pain relief in a timely way.

No policies made reference to national or professional guidance for the management of pain. The provider's expectation was that paramedics would work to the guidelines they followed when working for their NHS employer. The provider supplied intravenous paracetamol. Paramedics supplied and administered their own morphine in accordance with their registration but there was no requirement from the provider for them to do so. We saw from patient record forms that appropriate pain relief had been given in the records we saw.

Patient outcomes

The service did not have systems to monitor the effectiveness of care and treatment.

We asked whether the service received feedback on the outcome for patients and were told that this was only through "informal networks" as the number of patients treated was too small for meaningful audits of outcome to take place.

Competent staff

Emergency and urgent care

The service did not make sure all staff were competent for their roles. Managers did not appraise staff's work performance nor hold supervision meetings with them to provide support and development.

Please refer to Staffing section in Safe key question above for further details.

The provider's induction policy required that staff provide their qualifications to be kept on file, however it did not specify what qualifications were needed for emergency medical technicians. When we looked at the staff files we saw that records of qualifications were often incomplete or missing.

The provider required that paramedics be on the Health and Care Professions Council (HCPC). When we looked at staff files we saw that evidence that the register had been recently checked was recorded for all paramedics. However, this registration was not assurance of an individual paramedic's current level of training as they might be registered as a paramedic but working in a capacity that did not require them to treat patients or keep certain skills up to date.

There were no policies or processes for staff to receive continuous professional development (CPD) or supervision. The registered manager told us that staff would receive CPD as part of their NHS employment but there was no oversight or assurance of this.

Multidisciplinary working

The Registered Manager told us paramedics worked alongside core medical centre colleagues for track medical services and other emergency services when attending events.

Health promotion

There were no advice leaflets available nor did any other activity take place.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

There was not effective training or procedures for staff to follow. Staff supported patients to make

informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The provider did not have any specific policy relating to consent but we noted that the patient record forms included a section to record that consent had been obtained and the policy on records mentioned that consent should be obtained and recorded. We asked the provider about training and expectation relating to staff obtaining consent before treatment and we were told that they would have received such training as part of their NHS training.

There was a document in the policy folder that summarised the requirements of the Mental Capacity Act in respect of obtaining consent and the Patient Record Forms included mental capacity questions. When we looked at a sample of forms we noted that these were inconsistently completed.

Are emergency and urgent care services caring?

Not sufficient evidence to rate 

We have not rated this key question.

Compassionate care and emotional support

During the inspection we did not observe the provision of treatment nor have the opportunity to speak to users of the service. During the inspection, we spoke to the registered manager and one paramedic both of whom demonstrated caring values in the way they spoke about how the service was delivered. Following the inspection, the provider sent us several emails where event organisers had commented positively on the care provided to injured participants.

Understanding and involvement of patients and those close to them

The patient record forms that we saw indicated that patients had been consulted about the care provided.

Emergency and urgent care

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Requires improvement 

This the first time we have rated this key question. We rated it as **requires improvement**.

Service delivery to meet the needs of local people

The service did not plan and provide care in a way that met the needs of all people attending events.

Peak Medicare provided events cover to planned events in and around north Derbyshire and as a result was able to plan the cover that would be given at the events well in advance. We were told by the registered manager, and saw evidence that, the service planned resources in conjunction with the events organisers and would only accept bookings where they could provide a suitable service.

Meeting people's individual needs

The service was not inclusive and did not take account of patients' individual needs and preferences. The service did not provide reasonable adjustments to help patients access services.

The provider set expectations through their policies that people would be treated without discrimination and have their preferences taken into account. The provider did not have any specific arrangements for assisting or supporting patients who had learning difficulties, physical disabilities or were living with dementia. The registered manager told us that such people would normally be accompanied at events by someone who would provide the necessary support and that staff would do their best to accommodate their needs. For people for whom English was not a working language the provider did not have access to any translation service. They told us that relatives would usually translate, however there might be circumstances where this was not possible.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Services were provided on site and as such were able to respond quickly to incidents of which they were informed. Should an incident be beyond the resources of the provider they would contact the local NHS control room by calling 999. While there were no policies or processes, the registered manager was able to discuss how they would make a judgment about conveying a patient to hospital and the impact this would have on reducing cover on site. They noted that under some circumstances that would require that a sporting event was suspended.

Learning from complaints and concerns

It was possible for people to give feedback and raise concerns about care received. The service had systems to investigate complaints and shared lessons learned with staff.

The provider had a complaints policy which set an expectation that complaints might be made either verbally and recorded by the provider or be written. All complaints were to be made to the Registered Manager and dealt with within seven days. There was the facility to contact the provider through email via their website. Complaints could also be made through comments cards and we saw that these were available on the vehicles in the garage. The provider had not received any complaints about the service provided. Following the inspection, the provider sent us several emails where event organisers had commented positively on the services provided.

Are emergency and urgent care services well-led?

Inadequate 

This the first time we have rated this key question. We rated it as **inadequate**.

Leadership, vision and strategy

Leaders had not responded to the issues raised in previous inspections and managed priorities to address them. They did not have a management structure that could effectively oversee changes. However, we understood that they were visible and approachable in that they supported their staff by being present at events.

Emergency and urgent care

We asked about the organisational structure and we were told there was one which included the registered manager, the transport manager and the chief medical officer. However, this was not documented in any form. Other than the action plan provided to CQC following the last inspection, there was no plan to develop the organisation so that identified failings could be addressed and there was no effective management structure in place to oversee such a plan.

Senior managers did not demonstrate an understanding of the governance and quality improvement systems needed to run the service. However, we noted that a chief medical officer had been appointed and was providing support and advice.

Culture

Staff felt respected, supported and valued. However, the duty of candour policy did not meet the requirements of the regulation.

The one member paramedic to whom we spoke was positive about their experiences working for the provider. It was also noted that employment with Peak Medicare was a second job and therefore likely a choice for the staff. The staff files demonstrated that there was a stable workforce with little turnover which is a good indicator for staff satisfaction. We asked about opportunities for staff to give feedback and we were told that this would be done informally, usually at events. We understood staff meetings would be impractical given the ad-hoc nature of employment, but the provider had not explored other means of getting feedback from staff.

Governance

There were few governance processes and those there were, were ineffective. Due to a lack of defined structure and job descriptions, staff could not be clear about their roles and accountabilities. Staff did not have regular opportunities to meet, discuss and learn from the performance of the service.

The provider did not subcontract any other provider to support its activities nor did it act as a subcontractor to any other ambulance provider.

When we last inspected the provider in October 2017 we issued requirement notices in respect of regulations 12, 13, 17, 18 and 19. The provider had responded on 31

January 2018 with an action plan in respect of each requirement which also stated that each of the requirements would be addressed by 31 August 2018. CQC had accepted this plan and during our inspection visit on 8 October 2019 we discussed the progress of the action plan with the Registered Manager.

The provider's action plan in respect of regulation 19 "Fit and proper persons employed" stated that new staff would be subject to an improved recruitment process consisting of a written application, including a curriculum vitae (CV), written references and an interview. We saw that there was an "Recruitment Policy" which stated that applications would be reviewed by the Registered Manager. No mention was made in this policy of the form of application, requirement for a CV nor a requirement. For recently recruited members of staff there was no evidence in their staff files of any application having been made or assessed nor was there evidence of references having been taken up. When we asked the Registered Manager about this they confirmed this was the case.

The provider's action plan in respect of regulation 12 "Safe care and treatment" stated that policies would be updated to refer to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and National Institute for Health and Care Excellence (NICE) guidance. We asked about this and were told that the Medicines Policy referred to JRCALC. This was the case but it simply stated that medicines would be administered in line with that JRCALC guidance and no other reference was made in any other policy to any other aspect of the JRCALC guidance nor any other appropriate guidance. The action plan in respect of regulation 12 further stated that medicines would be procured under the direction of the Chief Medical Officer using a requisition form. We saw that this process had been introduced and was being used.

The provider's action plan in respect of regulation 13 "Safeguarding service users from abuse and improper treatment" stated that a safeguarding manager would be appointed and that all staff would be required to produce certificates of appropriate safeguarding training. In the event these could not be provided urgent completion of the necessary course would be required.

During our inspection visit of 8 October 2019 we asked about the appointment of the safeguarding manager and

Emergency and urgent care

were told by the Registered Manager that “One of our paramedics is going to be doing that”. On a subsequent visit on 5 November 2019 we were informed that the role was to be taken by the Chief Medical Officer.

The action plan in respect of regulation 17 “Good governance” stated that a risk assessment policy would be introduced. It also stated that there would be regular reviews of Patient Record Forms (PRFs) and that a documented management meeting would be held at least annually. No risk assessment policy had been introduced and no documentation of any management meeting was available.

The provider had sent a sample of Patient Record Forms (PRFs) to the Chief Medical Officer for review but no feedback had yet been provided.

The provider’s action plan in respect of regulation 18 “Staffing” stated that all staff would be subject to annual appraisals which would be documented within their staff files. No appraisals were documented and the Registered Manager told us that they had “Not done any as of yet”.

The action plan further stated that an “employee checklist” would include details of certificates obtained along with expiry/renewal dates. No such checklist had been introduced and the Registered Manager told us that this was “Part of the review with [the Chief Medical Officer]”.

Job descriptions were in place for the Registered Manager, Transport Manager and the Chief Medical Officer. The roles of paramedic and emergency medical technician did not have a job description.

Management of risks, issues and performance

There were few systems to manage and those that were used were informal and not documented. They did not identify relevant risks and issues that might occur during events and identify actions to reduce their impact. There were no plans to cope with unexpected events.

The provider told us there were no criteria for which events would be covered and which would not other than “resources” and “business considerations”. The level of cover required was defined by the event organiser.

The provider usually only provided regulated activities to one motorsport event organisation. We asked whether

there was a contract that existed between this organisation and the provider and we were told that there was not. However, the motorsport organisation did have a set of regulations, to which we were referred. This document described a list of equipment to be carried by the ambulance and stated that the ambulance attending should be appropriate for carrying casualties to hospital and that crew should be qualified to drive on “blue lights”. There was also a requirement that the provider of ambulance services should be registered with the Care Quality Commission.

We asked about how the required level of services for a particular event was assessed. The registered manager told us that many event organisers were competent to do so and that they would specify their requirements. They said that they had turned down work when they had not been happy with the level of cover requested.

Asked about how they made any assessments themselves, the registered manager told us that they would consider numbers, the nature of the event and other factors such as whether alcohol or drugs would likely be present. They told us that to do this they used the “purple” and “green” guides provided by the Health and Safety Executive as guidance for the organisers of public events. We asked to see examples of this having been done but, we were told that the provider went through the scoring but did not record it. After the inspection the provider sent us two items of correspondence with potential customers that referred to the “Green Guide” and demonstrated scoring having been done to calculate the resources needed. We discussed with the registered manager how they would carry out risk assessments of events, including pre-event visits, and how to respond to risks as they became apparent. It was clear that they understood the risks inherent to the different events they attended and that they could discuss how they might react under circumstances such as changing weather or staff unavailability. However, none of this was part of any formal process nor was it documented.

Information management

Emergency and urgent care

The service did not collect or analyse performance data. Staff could not find all the data they needed in order to understand performance, make decisions and improvements. However, the information was held securely.

The service did not collect any data on performance. Most information was stored as paper records and was difficult to analyse. For example, during our visit on 8 October 2019 we asked the provider the number of paramedics they employed and they replied that there were “ten or so”. We asked how many emergency medical technicians were employed and they stated that they “would have to count up”. When, as part of our evidence gathering at our visit on 5 November 2019, we needed to ascertain these numbers it was necessary for us to draw up a table and count the records individually. There was variability in the quality of management records. While we found it difficult to analyse the staff records, those records held for cleaning and maintenance were presented in a form that meant we could easily see that the tasks had been completed to the required schedule.

Public and staff engagement

The provider had a means to obtain comments and compliments from patients and the public and they solicited feedback from event organisers. However, feedback from staff was informal and not documented.

We asked whether any staff surveys or other methods of feedback took place and we were told that this was done informally through informal team 'get togethers'. As part of its complaints' procedures the provider stocked comments cards on the ambulances and these could be used for compliments as well as complaints. None had been received from individual patients but we were shown examples of positive feedback from event organisers through emails.

Innovation, improvement and sustainability

No innovation, improvement or sustainability initiatives were noted since the last inspection

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that it takes steps to introduce a management and governance structure to ensure oversight of its regulated activities and ensure compliance with the Health and Social care Act 2008 and the associated regulations. Regulation 17: Good Governance (1) (2) (a)(b)(c)
- The provider must ensure that it introduces systems and processes to assess and monitor the service provided in order to assure and improve quality. Regulation 17: Good Governance (1) (2) (a)(b)(c)
- The provider must ensure that it introduces systems and processes to assess, monitor and mitigate risks arising from the carrying on of the regulated activities. Regulation 17: Good Governance (1) (2) (a)(b)(c)
- The provider must establish and effectively operate recruitment procedures and associated record keeping ensuring that they hold the necessary information as required by the regulations. Regulation 5: fit and proper persons - directors.
- The provider must ensure they are assured that staff employed for the purposes of the regulated activities are suitably competent, skilled, experienced and of good character. Regulation 19: fit and proper persons employed (1)(2)

- The provider must ensure that staff providing care to patients under a regulated activity are working to suitable clinical guidance. Regulation 12: (h) Safe care and treatment.
- The provider must ensure that staff are up to date with suitable training for the role they fulfil including that to ensure that children and vulnerable adults are safeguarded from abuse. Regulation 13: Safeguarding service users from abuse and improper treatment.
- The provider must ensure that persons employed received appropriate support, professional development, supervision and appraisal to carry out their duties. Regulation 18: staffing (2).

Action the provider **SHOULD** take to improve

- The provider should review whether all staff are competent to operate the medical devices provided.
- The provider should consider their arrangements for treating patients for whom English is not a working language.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors</p> <p>The provider had no systems in place to assure that directors satisfied the requirements of the regulation including good character as defined in schedule 4 of the regulations.</p> <p>The provider did not have effectively established and operated recruitment procedures to ensure that information was available for directors to meet the requirements of schedule 3 of the regulations.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider's infection control policies dealt only with matters of hygiene and spillage. There was no reference to managing the risks associated with infected patients.</p> <p>Policies and procedures did not include references to how treatment would be provided against recognised guidance.</p> <p>There was no policy in respect of consent, mental capacity or deprivation of liberty.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p>

This section is primarily information for the provider

Requirement notices

The provider did not have established systems and processes to investigate allegations or evidence of abuse.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that persons employed received appropriate support, professional development, supervision and appraisal to carry out their duties.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not have effectively established and operated recruitment procedures to ensure that persons employed for the purposes of carrying on a regulated activity met the requirements.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983

The provider did not have effectively established and operated systems or processes in place to ensure compliance with the Health and Social Care Act 2008 and associated regulations.

They did not have a management structure that provided oversight or ensured compliance with the Health and Social Care Act 2008 and associated regulations.