

Unit 1

Quality Report

Snaygill Industrial Estate,
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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

Not sufficient evidence to rate



Are services safe?

Not sufficient evidence to rate



Are services effective?

Not sufficient evidence to rate



Summary of findings

Letter from the Chief Inspector of Hospitals

Unit 1 is operated by Mr. David Ogden . The service provides emergency and urgent care and a patient transport service (PTS).

We conducted a follow up inspection of the emergency and urgent care service, following an unannounced inspection on 9 January 2019, and a focussed inspection of the patient transport service (PTS) on 13 and 14 May 2019. The PTS had not previously been inspected.

Following the inspection, we told the provider that it must take 26 actions to comply with the regulations and that it should make 25 other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with three requirement notices and two enforcement notices that affected both emergency and urgent care and patient transport services.

We carried out a re-inspection of the service on 7 August 2019 focussing only on the areas highlighted in the two enforcement notices issued to the provider following the inspection carried out on 13 and 14 May 2019, in relation to Regulation 12 and Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had taken action and was compliant in relation to the areas in the enforcement notices applicable to both Regulation 12 and Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



The main service provided by this service was patient transport services . Where our findings on for example, medicines, also apply to other services, we do not repeat the information but cross-refer to the core service.

Sarah Dronsfield

Head of Hospitals Inspections North East, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Not sufficient evidence to rate 	The company provides urgent and emergency paramedic and first aid medical coverage at both private and public events.
Patient transport services	Not sufficient evidence to rate 	The company provide a PTS service on behalf of another independent ambulance company. They provided one PTS ambulance and crew daily as required.

Summary of findings

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Unit 1

Services we looked at

Emergency and urgent care and Patient transport services.

Summary of this inspection

Background to Unit 1

Unit 1 is operated by Mr. David Ogden . The service opened in 2010. It is an independent ambulance service in Skipton, West Yorkshire and operates throughout the UK. The company provides urgent and emergency paramedic and first aid medical coverage at both private and public events, as well as patient transport supplying one ambulance and crew per day on an “as required basis” to another independent ambulance provider. There is no contract in place.

The service was registered to provide the following regulated activities since 12 January 2018:

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

Mr David Ogden first registered with the CQC in October 2010. The service has had a registered manager in post since 2010.

Our inspection team

The team that re-inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Why we carried out this inspection

We carried out a re-inspection of the service on 7 August 2019 focussing only on the areas highlighted in the two enforcement notices issued to the provider following the inspection carried out on 13 and 14 May 2019, in relation to Regulation 12 and Regulation 18 of The Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. The reason for the re-inspection was to check the service had taken action and was compliant in relation to the areas in the enforcement notices.

Information about Unit 1

The provider is an independent ambulance service in Skipton, West Yorkshire and operates throughout the UK.

The company name is Event Fire Services Ltd and the company trade under Oak Valley Events.

The company provided urgent and emergency paramedic and first aid medical coverage at both private and public events. When required the service transported patients from events for treatment in hospital. The service provided a patient transport service working on an as required basis with another independent ambulance provider in the Leicester area. The service supplied one patient transport service (PTS) ambulance and crew per day. There was no contract in place.

The CQC does not currently regulate services provided at events. This element is regulated by the Health and Safety Executive. The part of the service regulated by the CQC is the urgent and emergency care provided by the service when patients are transported to hospital and patient transport.

The service is registered to provide the following regulated activities:

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

Summary of this inspection

During the re- inspection, we visited Unit 1 and spoke with the registered manager and reviewed medicine and staff records.


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	Not rated	Not rated	N/A	N/A	N/A	Not rated
Patient transport services	Not rated	Not rated	N/A	N/A	N/A	Not rated
Overall	Not rated	Not rated	N/A	N/A	N/A	Not rated

Emergency and urgent care

Safe	Not sufficient evidence to rate 
Effective	Not sufficient evidence to rate 

Information about the service

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

Where our findings on both services are the same example, medicines management, we do not repeat the information but cross-refer to the emergency and urgent care section.

The company provided urgent and emergency paramedic and first aid medical coverage at both private and public events. When required the services transported patients from events for treatment in hospital.

Summary of findings

We carried out a re-inspection of the service on 7 August 2019 focussing only on the areas highlighted in the two enforcement notices issued to the provider following the inspection carried out on 13 and 14 May 2019, in relation to Regulation 12 and Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had acted and was compliant in relation to the areas in the enforcement notices applicable to both Regulation 12 and Regulation 18.

Emergency and urgent care

Are emergency and urgent care services safe?

Not sufficient evidence to rate

During the re-inspection we only focussed on the medicines issues highlighted in the enforcement notice in relation to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines

- Following the inspection carried out on 13 and 14 May 2019 the management of medicines within the service was considered not to be safe and an enforcement notice was issued to the provider who was given two months to act to meet the standards required.
- The notice outlined specific areas under Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines.
- During the inspection carried out on 13 and 14 May 2019 we found the medicines management policy was not being followed by staff.
- At the re-inspection we found evidence of a revised medicines policy document which was identified as V1 21/3/19. The policy had been written following feedback from the previous inspection. The policy was fit for purpose and a significant improvement on the policy reviewed at the previous inspection.
- The revised policy was on the company app which staff had access to on their mobile phones.
- We saw evidence staff had been required to sign a document which was kept in their staff file to say they had read and understood the medicines policy.
- The provider had 103 staff registered to work for them in various roles which were; six staff trained in first aid, 53 staff trained to use medical gases such as oxygen and 44 staff who were trained to administer medicines. Those staff comprised of one emergency care provider (ECP), 21 paramedics, 10 emergency medical technicians (EMT`s), 10 first response emergency care (FREC) and two emergency care assistants (ECA`s).
- We saw evidence 48% of staff trained to administer medicines had signed to say they had read and understood the medicines policy. We saw evidence 18 out of 21 paramedics (86%) had signed to say they had read and understood the medicines policy.
- The registered manager told us there was a cut off by 1st October 2019 that meant if staff had not signed to say they had read and understood the policy they would not be allowed to work for the provider.
- The registered manager told us he would identify staff who had not signed to say they had read and understood the policy and had registered to work at an event or on PTS. He would personally ensure they had read and understood the policy prior to commencing work.
- The registered manager and supervisors also questioned staff about the medicines policy while they were working.
- We saw evidence the provider had utilised the experience of a member of staff who had previously been a medicines manager to carry out an audit of all provider care record forms reviewing the recording and administration of medicines. There were no issues identified regarding medicines which indicated staff were complying with the providers medicine policy.
- The registered manager confirmed no medicines were carried on PTS vehicles apart from those belonging to the patient. The use of medicines was limited to events only.
- During the inspection carried out on 13 and 14 May 2019 we spoke with the registered manager. They were unclear about patient group direction (PGD`s) medicines in line with legislation and guidance which included controlled medicines.
- During the re-inspection we spoke with the register manager and it was clear they had a full understanding of PGD`s.
- We saw evidence of PGD`s for Tranexamic acid and Lidocaine.
- The PGD`s were included in the in medicines policy and had been signed by a doctor and a pharmacist who were used by the provider in a consultancy capacity.

Emergency and urgent care

- The PGD`s had been signed by the staff trained and qualified to administer Tranexamic acid and Lidocaine.
- During the inspection carried out on 13 and 14 May 2019 we found medicines were not kept with their patient information leaflets as per pharmacy guidance.
- During the re-inspection we checked 21 medicines,15 were in a drugs cupboard and six were in a medicines bag which had been tagged and sealed.
- All 21 medicines were in their original boxes accompanied by patient information leaflets as per pharmacy guidance.
- The registered manager had also photocopied the patient information leaflets and kept them in a file to be used to replace any which had been lost, damaged or were worn and become unreadable.
- During the inspection carried out on 13 and 14 May 2019 we found medicines were not stored in accordance with manufacturers guidance regarding exposure to sunlight and being stored within a minimum and maximum temperature range.
- During the re- inspection, the 21 medicines we checked were stored in accordance with manufacturers guidance regarding exposure to sunlight and were being stored within a minimum and maximum temperature range.
- The room where the medicines were stored did not have any direct sunlight entering it and the medicines were kept in a cupboard with a roller plastic door.
- We saw evidence of the daily recording of the temperatures of the store room and drugs fridge. The records indicated the temperatures had been maintained between a minimum and maximum temperature range.
- The fridge temperature range was between two and eight degrees. The room temperature range was between zero and twenty-five degrees.
- During the inspection carried out on 13 and 14 May 2019 the controlled medicines log book did not conform to guidance for controlled medicine documentation.
- During the re-inspection we checked the controlled medicines log book which did confirm to the guidance for controlled medicine documentation.
- We checked the batch numbers and expiry dates of 21 medicines,15 were in a drugs cupboard and six were in a medicines bag which had been tagged and sealed.
- The medicines log book entries were checked from 19 June to 2 August 2019. There were no errors or omissions in the recording of batch numbers or expiry dates of the 21 medicines we checked.
- The provider had devised an additional drugs record sheet for each drugs bag which was stored in a pouch on the side of the bag. We checked the contents of a drugs bag labelled 'A' which had been sealed and tagged. The medicines batch numbers and expiry dates of the medicines in the bag were checked, and these had been accurately recorded on the sheet in the pouch on the side of the bag and in the medicines log book.
- During the inspection carried out on 13 and 14 May 2019 we found Diazepam was not kept secured or the stock levels recorded. This was not a requirement for a schedule four medicine, but it was recommended to be best practice to monitor the movement of controlled medicines which may be abused or used for unlawful purposes.
- During the re-inspection we saw the diazepam was stored securely in the controlled drugs safe.
- Stock levels were recorded in the controlled drugs record book. We reviewed the entries in the controlled drugs record book from 19 June to 2 August 2019. All withdrawals and returns of diazepam were signed for, witnessed and dated.
- We saw evidence of weekly audits of the controlled drugs record book. No errors or omissions were identified in the period we reviewed.
- The diazepam was stored in a locked store room in a safe mounted on the wall. The room had 24-hour CCTV coverage. The walls of the store room were internal only.
- The safe key was held by the registered manager, administrator and administration assistant.

Emergency and urgent care

- During the inspection carried out on 13 and 14 May 2019 it had not been clear if the glucagon on one the vehicles inspected had expired due to a missing revised expiry date which would be required due to it being a fridge item and being stored out of a fridge.
- During the re-inspection we saw evidence the provider had a process to manage glucagon by recording the expiry dates in the medicines record book. We saw evidence glucagon was stored in a fridge.
- We saw evidence when glucagon was stored outside a fridge this was recorded on the medicines bag record sheets and the reduced expiry date identified and recorded. The reduced expiry date was recorded on the exterior packaging of the glucagon for staff to see as had been stored outside a fridge.
- During the inspection carried out on 13 and 14 May 2019 there were no set minimum quantities for each medicine to be placed in the medicines bags and there was no system in place, for example an expiry date on the outside of the bag, for staff to know when the contents of the bag had expired.
- During the re-inspection we saw evidence the provider used a medicines bag stock check list to confirm minimum quantities for each medicine were in each medicine bag.
- The medicines bag stock check list also identified the expiry date of medicines in the bags.
- We saw evidence medicine bags which had not been restocked with medicines were sealed and tagged which made it easily identifiable to staff not to use them.
- During the inspection carried out on 13 and 14 May 2019 there were inaccuracies in how the batch numbers and expiry dates for medicines were recorded.
- During the re-inspection we checked the medicines record book for 19 June to 2 August 2019 all medicines batch numbers and expiry dates were accurately recorded.
- There were no identified errors or omissions in the period we checked.
- During the inspection carried out on 13 and 14 May 2019 there was evidence of morphine sulphate withdrawal not being witnessed.
- During the re-inspection we saw the morphine sulphate was stored securely in the controlled drugs safe.
- Stock levels were recorded in the controlled drugs record book. We reviewed the entries in the controlled drugs record book from 19 June to 2 August 2019. All withdrawals and returns of morphine sulphate were signed for, witnessed and dated.
- We saw evidence of weekly audits of the controlled drugs record book. No errors or omissions were identified in the period we reviewed.
- We confirmed the stock level to be 22 phials. We checked six at random and confirmed the batch numbers and expiry dates had been accurately recorded in the controlled drugs record book.
- During the inspection carried out on 13 and 14 May 2019 the service stocked Tranexamic acid, which was not covered under Schedule 17 or 19 of the Human Medicines regulations 2012 did not have a PGD in place to allow non-prescribing healthcare professionals to administer this medication in line with JRCALC guidelines, without the PGD in place. This meant the service could not legally obtain, store or administer this medication.
- During the re-inspection there was evidence of a PGD in place for Tranexamic acid and the registered manager understood what a PGD was.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Not sufficient evidence to rate

During the re-inspection we only focussed on the competent staff issues highlighted in the enforcement notice in relation to Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Competent staff

Emergency and urgent care

- Following the inspection carried out on 13 and 14 May 2019 the providers process to ensure staff were competent to carry out their role did not meet regulatory standards. An enforcement notice was issued to the provider who was given two months to act to meet the standards required.
- The notice outlined specific areas under Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to competent staff.
- During the inspection carried out on 13 and 14 May 2019 the good character of all staff could not be established because previous employment checks were not carried out.
- During the re-inspection we saw evidence all staff had a current DBS (disclosure and barring scheme) check in place. The DBS check was held in the staff files and on a spreadsheet.
- The registered manager had set up a process to establish previous employment checks.
- Any staff member who had worked for the company continuously had current DBS checks. As they had worked continuously for the company and the registered manager could vouch for their performance and professional conduct and retrospective employment checks were not sought.
- Any staff member who had joined the company between May 2018 and 14th May 2019 and there had been a break in service were required to provide two-character references in support of the DBS check. We saw evidence of this in the staff files.
- Since the last inspection the registered manager had set up a process where all newly recruited staff had to provide two references including one from their previous employer. Any applications would not be progressed until these had been received.
- We reviewed four staff files of new applicants three had the required references and one was pending.
- During the inspection carried out on 13 and 14 May 2019 we found the recruitment policy for staff requiring two references was not followed.
- During the re-inspection we saw evidence the recruitment policy for new staff was being followed with references being recorded in staff files.
- During the inspection carried out on 13 and 14 May 2019 we found the provider did not carry out a training needs analysis for staff.
- During the re-inspection there was evidence the provider had recorded a training needs analysis for staff.
- Any training requirements including statutory and mandatory training was recorded on a spreadsheet which automatically altered the individual and company a month prior, two weeks before then when the course/qualification expired.
- This gave individuals time to book on to a course to maintain their qualifications.
- During the inspection carried out on 13 and 14 May 2019 there was no evidence of a programme of personal professional development.
- During the re-inspection we saw evidence the provider had devised a programme of personal professional development for staff since the last inspection.
- A budget of £6000 had been allocated for staff to complete statutory and mandatory training. The provider also offered to fund 50% of the course costs for staff wanting to take a first response emergency care (FREC) training course.
- We saw evidence in four staff appraisals we reviewed where staff had identified courses they wished to complete as part of their professional development. All had the support of the registered manager.
- The registered manager had also commenced doing staff appraisals. We saw evidence 80% staff had received an annual appraisal.
- During the inspection carried out on 13 and 14 May 2019 there was no evidence of supervisors carrying out operational competency assessments.
- During the re-inspection we saw evidence since the last inspection the PTS team leader had completed six operational competency assessments with staff which were recorded in their staff files. No issues had been identified.

Emergency and urgent care

- Since the last inspection the registered manager had set up daily 10am calls with the PTS team leader. One of the areas discussed was staff operational competency.
- During the inspection carried out on 13 and 14 May 2019 there was no induction procedure for new staff.
- During the re-inspection we saw evidence of a revised induction procedure for newly recruited staff.
- New applicants were e mailed the induction material. They submitted a signed for indicating they had read and understood the content.
- Staff were not allowed to work alone until they signed as understanding the induction material.
- The registered manager told us they took the opportunity to question staff about the induction material when they worked with them. Any issues identified would require the member of staff to re-read the information and resubmit and signed form.
- Due to the fact the staff were self-employed it was impossible to have induction conducted in a classroom environment face to face.

Patient transport services

Safe

Not sufficient evidence to rate

Effective

Not sufficient evidence to rate

Information about the service

The company provided a patient transport service (PTS) on behalf of another independent ambulance company operating in the Leicester area. The provider had a verbal agreement with the company to provide one PTS ambulance and crew daily. In the reporting period, May 2018 to end of April 2019, there were 1,758 patient transport journeys. High dependency unit (HDU) transfers commenced in December 2018 and of the 1,758 patient transport journeys in the reporting period 354 were HDU related. The company did not have a contract with any NHS or independent provider.

Summary of findings

We carried out a re-inspection of the service on 7 August 2019 focussing only on the areas highlighted in the two enforcement notices issued to the provider following the inspection carried out on 13 and 14 May 2019, in relation to Regulation 12 and Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had acted and was compliant in relation to the areas in the enforcement notices applicable to both Regulation 12 and Regulation 18.

Not sufficient evidence to rate

Patient transport services

Are patient transport services safe?

Not sufficient evidence to rate

See Safe in Emergency and urgent care.

Are patient transport services effective?
(for example, treatment is effective)

Not sufficient evidence to rate

See Effective in Emergency and urgent care.