

Festimed Ltd

Festimed - West Midlands

Quality Report

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

Ratings

Overall rating for this ambulance location

Emergency and urgent care services

Summary of findings

Letter from the Chief Inspector of Hospitals

Festimed Limited provides emergency and urgent care at events such as music festivals and marathons. It operates a mobile hospital department, providing day care only and transports patients to local NHS emergency departments when needed. We inspected the transportation of patients only as the other services provided by Festimed did not fall within the scope of registration under the Health and Social Care Act 2008. The service covered six events and undertook 45 emergency and urgent care patient journeys in the 12 months prior to the inspection.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 08 September 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

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

We found the following areas of good practice:

- There was an incident reporting process in place and staff knew how to report incidents.
- Ambulances were visibly clean and we saw cleaning schedules in place. We saw staff washing their hands and using hand-cleansing gel. There was sufficient personal protective equipment available in both of the ambulances we inspected on-site.
- There were systems in place to ensure that emergency vehicles were regularly serviced and that they had an MOT.
- Festimed employed a pharmacist who remained on site throughout any events. The pharmacist supported staff in all areas of medicines management.
- Staff kept an electronic log of patients who had accessed the service. Staff could add details to warn of any risks such as if a patient had a medical condition that staff needed to be aware of.
- The registered manager planned staffing levels and skill mix to ensure that patients received safe care and treatment at all times. Staff adhered to the most up to date guidelines and evidence based treatment when treating patients on site.
- The registered manager carried out local audits, when improvements were identified; the service provided specific training for staff.
- The registered manager provided staff with a comprehensive induction; staff completed the induction prior to attending an event.
- We received positive feedback from patients via CQC feedback cards. The cards enabled members of the public that had used the service to share their experience with us.
- We did not observe any direct care during the inspection but staff demonstrated an understanding of maintaining patient privacy, dignity and well-being.

Summary of findings

- We saw examples of feedback letters and complaints investigation documentation and felt managers at Festimed dealt with complaints efficiently and in a timely manner.
- We saw and staff told us that the company's registered manager was visible. The staff felt supported and that managers would go out of their way to resolve any issues.
- Regular clinical governance meetings took place. At the meetings the management team discussed matters of importance including risk.
- Managers actively sought feedback from patients and staff and used this information to identify how the service could improve. Staff told us they received feedback from managers when things went wrong.

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

- Some paramedics employed by the service were not trained to the required level 3 in safeguarding children and young people as stated in the safeguarding children and young people: roles competencies for health care staff intercollegiate document (2014).
- There was no clear policy in place for transporting children to hospital when a child's own car seat was unavailable.
- There was no Mental Capacity Act, 2005 and deprivation of liberty safeguarding policies in place.
- We saw there were no complaint information leaflets or posters available on vehicles for patients who wished to raise concerns.
- There was no specific training provided for staff around learning disabilities.

Following this inspection, we told the provider that it **should** make other improvements to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Heidi Smoult

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

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

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

Festimed - West Midlands

Detailed findings

Services we looked at

Emergency and urgent care.

Detailed findings

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Background to Festimed - West Midlands

Festimed is an independent ambulance service with experience in the events industry. First registered with the CQC in 2014, Festimed has a main office located in Ireland; it also has a local office in Birmingham. Festimed provides medical services to the public and staff at events across the country including transporting patients to the local emergency departments.

The registered manager who is also the managing director, has been registered with the CQC since 2014.

This was the first CQC inspection of Festimed. The inspection took place on 08 September 2017.

We inspected the transportation of patients only as the other services provided by Festimed did not fall within the scope of registration under the Health and Social Care Act 2008.

Our inspection team

The team that inspected the service comprised of two CQC inspectors. The inspection team was overseen by a CQC inspection manager Angela Martin.

How we carried out this inspection

We visited a festival event including the temporary event base as part of our inspection. During the inspection, we spoke with seven staff which included the registered manager and the medical and human resource directors, paramedics, emergency care assistants and emergency care technicians. We were unable to speak to patients or

observe any staff and patient interaction during our inspection as no patients were transferred to hospital on the day. We reviewed 12 'tell us about your care' comment cards, which patients who had used the Festimed service had completed before our inspection.

Emergency and urgent care services

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

Festimed operates a mobile hospital, the facility does not have the capacity to accommodate patients overnight, but can manage day patients during operating hours. Festimed has ambulances, 4x4's, bicycles, mobile crews and some smaller medical facilities based around the events site. We inspected the two ambulances that were at the event site at the time of our inspection; Festimed has three ambulances in total. Staff who transferred patients off site to hospital also worked in the event hospital.

There were three directors in total; the managing director who was also the registered manager, a human resource (HR) director and a medical director who was also a medical consultant. The managing director and the HR director were the only permanent members of staff. The medical director was employed by Festimed and regularly attended events and governance meetings. Other Festimed staff were employed on an as and when basis.

The service is registered to provide the following regulated activities:

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

We visited a festival event including the temporary event base as part of our inspection. During the inspection, we spoke with seven staff which included the registered manager and the medical and human resource directors, paramedics, emergency care assistants and emergency care technicians. We were unable to speak to patients or observe any staff and patient interaction during our

inspection as no patients were transferred to hospital on the day. We reviewed 12 'tell us about your care' comment cards, which patients who had used the Festimed service had completed before our inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was Festimed's first inspection since registration with the CQC in 2014, at the time of registration the service was meeting all standards of quality and safety that it was inspected against.

Emergency and urgent care services

Summary of findings

In the reporting period September 2016 to September 2017, Festimed covered six events and undertook 45 emergency and urgent care patient journeys.

- Festimed did not store controlled drugs.

Record of accomplishment on safety:

- Festimed reported no Never Events in the reporting period of September 2016 to September 2017.
- In the reporting period from September 2016 to September 2017 Festimed reported that there had been no clinical incidents.
- Festimed received three complaints during the period of September 2016 to August 2017. However these were not related to the regulated activity (transferring patients off site to hospital).

Are emergency and urgent care services safe?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- There was an incident reporting process in place and staff could tell us how they would report incidents.
- Ambulances were visibly clean and cleaning schedules were in place. We saw staff washing their hands and using hand-cleansing gel. We also saw there was sufficient personal protective equipment on both ambulances.
- There were systems in place to ensure that emergency vehicles were regularly serviced and that they had an MOT.
- The registered manager at Festimed employed a pharmacist; the pharmacist supported the team with all areas of medicines management.
- Staff assessing and responding to risk could seek clinical advice from medical colleagues who were working in the temporary event hospital.
- Staff kept an electronic log of patients who had accessed the service. Staff could add a warning to the log to ensure staff knew if a patient had a certain medical condition or a contagious illness. Staff could view this for the remainder of the event.
- The registered manager planned staffing levels and skill mix to ensure that patients received safe care and treatment at all times. Each ambulance had a paramedic and an emergency medical technician or care assistant on board to transport any patients to hospital.
- There were robust plans in place if a major incident were to occur. The registered manager had allocated staff to major incident roles and the service had invested in grab bags to initiate a systematic and thorough response to an emergency scenario. Both vehicles had acid packs on them.

However

Emergency and urgent care services

- Not all paramedics employed by the service were trained to the required level 3 in children and young people as stated in the safeguarding children and young people: roles competencies for health care staff intercollegiate document (2014).
- There was no clear policy in place for transporting children to hospital when a child's own car seat was unavailable.

Incidents

- There were processes in place for staff to report incidents and staff knew how to do this. Staff understood their responsibilities to raise concerns and told us they would report any concerns to their managers. Festimed had an incident reporting policy and flow chart in place, staff we spoke with knew where to access these. The registered manager told us that there had been no incidents that met their incident reporting criteria when transferring patients from an event to hospital from September 2016 to September 2017.
- We observed that paper incident reporting forms were available for staff in a folder at the main event base.
- Staff told us that information in relation to incidents were cascaded to staff either verbally or via email.
- There had been no incidents to meet the criteria for duty of candour while transferring patients from an event to hospital from September 2016 to September 2017. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provides reasonable support to that person.
- Staff we spoke with were aware of the duty of candour and the need to be open and honest with patients when an incident had occurred.

Cleanliness, infection control and hygiene

- We inspected the two ambulances that were on standby to transfer patient transfers to hospital and found them to be visibly clean.

- We saw that there was an infection prevention, control and decontamination management policy in place. The policy included information such as cleaning guidelines, details about chemical materials and what to do in the event of spillage of blood or bodily fluids.
- We saw staff washing their hands and using hand-cleansing gel. Staff used personal protective equipment (PPE) such as aprons and gloves. We saw that there was sufficient hand gel, antibacterial wipes, gloves and aprons available for staff to use on both of the ambulances. There were also sufficient disposable covers and sheets on each vehicle.
- There was a hand hygiene policy in place, this was in date and due for review in 2020. The policy included information on skin care, glove use, when to decontaminate hands and the storage of gloves. We saw that hand hygiene was covered during the staff induction.
- We reviewed a sample of supervisor hand hygiene audit tools that had been completed at events from June 2017 to July 2017 and found most staff assessed achieved Festimed's target compliance rate of 97%. The audits included if the staff member washed their hands before and after patient contact and if staff were arms bare below the elbow. When target rates were not achieved staff were spoken with about this.
- We saw that there were yellow sharps bins on both of the ambulances and that these were in date. We saw there was a sharps policy in place, the policy included details on the safe use and disposal of sharps and accidental exposure to blood or body fluids.
- We saw that cleaning schedules were in place for both of the ambulances and that staff completed these twice daily, schedules included the thorough cleaning of trolleys, floor and storage areas.
- The registered manager told us that the ambulance crews were responsible for the cleaning of vehicles if they became contaminated between patient transfers to hospital.
- The registered manager told us that event organisers were responsible for the collection of all waste including clinical waste. Festimed staff ensured that clinical waste was labelled, bagged appropriately and ready for collection.

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- The registered manager would ensure they were happy with the waste arrangements before the event and that they would ask relevant questions for assurance.
- Staff told us they would go to their manager if they had any concerns about infection control issues. The registered manager told us that they were the infection control lead for the service, we saw that this was reflected in Festimed's infection prevention control and decontamination management policy.
- The registered manager provided staff with laundered uniforms at the beginning of each event. Staff could access clean uniforms at any time as spares were kept on site. Festimed managers arranged the laundering of staff uniforms after use.

Environment and equipment

- We saw that the event base environment was properly designed and maintained. There was sufficient space for staff to carry out their roles.
- We saw that there were arrangements in place to ensure that the ambulances had a current MOT, were checked for safety every 12 weeks and were regularly serviced. The registered manager kept electronic records which showed when MOT's were due to expire.
- We saw that equipment on the vehicles had stickers in place to show when they were next due to be serviced; a clinical engineering company carried out any servicing. Arrangements were in place for the clinical engineering company to contact Festimed when equipment servicing was due. The registered manager told us that they also reviewed servicing information at the start of the event season to ensure servicing was up to date. The events season ran from May to September each year.
- We saw that ambulance crew kept vehicle keys on their person. Managers kept the vehicle master keys in a locked safe at the main event base.
- We observed that there was a vehicle equipment specification record in place. The record contained details of what equipment staff kept in each vehicle.
- We checked the restraints on the stretchers and chairs in the ambulances and found them to be in good condition. The stretchers on the vehicles were able to transport patients up to 200kg.

- Staff used childrens' own car seats during transport when available. There was no clear policy in place for transporting children to hospital when a child's own car seat was unavailable. Therefore, we were not assured that children being transported to hospital from an event were being transferred in a manner that was safe and that kept children secure. However, we saw that the service manager was aware of the issue and had been taking steps to establish the correct procedures.

Medicines

- The registered manager at Festimed had recently employed a pharmacist to support all areas of medicines management. The pharmacist was based on site throughout any events. We saw that there was a medicines management policy in place dated January 2017.
- We saw that there was a system in place to ensure that all medicines used were scanned and updated electronically by the pharmacist; each medicine had a bar code. This helped staff to keep track of what medicine had been used and how much stock was left. The pharmacist was responsible for ordering any medicines and arranging any returns.
- We reviewed a medicine audit dated September 2017, the audit looked at actual stock and if the stock correlated with the amount on the electronic database, we saw that all medicines corresponded with a score of 100%; the target for the medicine audit was 97%.
- The registered manager told us that medicine for off-site transfer would only be through the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, any patient group directives (PGD's) for items such as antihistamines, would only be relevant to the event hospital. PGD's provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines such as painkillers to a predefined group of patients without them having to see a doctor.
- The service manager at Festimed told us that Festimed did not store controlled drugs as they did not have a controlled drug licence. Therefore, each paramedic was responsible for purchasing and carrying their own

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controlled drugs. This was in line with the Human Medicine Regulations 2012, which enables paramedics to purchase and hold their own stocks of controlled drugs.

- Each vehicle had a bag containing medicines; each bag was sealed with a tamperproof tag. Ambulance crew were responsible for signing the bag in and out at the start and finish of their shift, attached to each bag was a label with the date the next medicine was due to expire. The ambulance crew did not seal the medicine bags after use; they took the bags back to the pharmacist for this.
- We reviewed the medicines on each vehicle and found there was one item of medicine that was a week out of date. We brought this to the attention of the registered manager who removed the medicine immediately and took appropriate actions. Following the inspection, we saw that managers discussed the incident at a clinical governance meeting. We reviewed the minutes from the meeting and saw that the actions had been identified to complete. Actions included the pharmacist signing the medicine bags in and out and for staff to attach larger labels with expiry dates to the medicine bags.
- We saw that oxygen cylinders were ready to use on both ambulances, these were in date and stored securely.

Records

- Staff did not transfer any patients off site to hospital during our inspection; therefore, we were not able to see any completed patient records.
- We saw there was a locked area in the front of the ambulance where patient records could be stored securely if ambulance crew had to leave the vehicle.
- We noted that there were patient report forms in place, staff told us they would complete these and provide them to hospital staff on handover. The forms included the patient's details and any warnings such as if a patient had a contagious illness. The forms also had an area to record patient consent and hospital handover signatures.
- We saw that there was a secure area in the event hospital where staff could store patients' records following a transfer to hospital. Following an event the

registered manager told us that staff stored all records securely, in a locked vehicle for transfer. Festimed staff then transported and stored the records in the archive room at the main base.

- We reviewed a sample of six record audits completed at an event in 2017 and found an average score of 95%; this was only marginally lower than the Festimed compliance rate of 97%. The audit looked at if staff had completed details such as the patient's date of birth, if staff had completed a handover and the patients address. Areas identified as requiring improvement included recording of next of kin and if a patient was up to date with their tetanus vaccination.
- Staff kept an electronic log of patients who had accessed the service. We saw that staff used computers that were password protected.
- There was a data protection policy in date, the policy included details about the retention of paperwork with timescales, the storage of sensitive information and the disposal of confidential waste.
- The registered manager told us that they had never had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) sent to them. They had however had advanced care plans. If an advanced care plan was in place, the registered manager would review the document with support of an on-site doctor and keep it on the patients file. The registered manager would then brief all staff.

Safeguarding

- All staff were required to complete an on line safeguarding awareness session before they could work at an event; this was compulsory and staff needed to achieve 85% to pass the module. Managers ensured that staff working for Festimed had disclosure and barring service checks in place and that any declaration was reviewed by the management team.
- The safeguarding children and young people: roles competencies for health care staff intercollegiate document (2014) states that clinical staff who contribute to assessing, planning and evaluating the needs of a child or young person (paramedics) should be trained to level 3. Additionally all clinical and non-clinical staff (ambulance staff) who have contact with young people/ and/or parents/carers should be trained to level 2.

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- We requested the details of staff that would be transferring patients off site to hospital at the event that we attended. The staff included three paramedics, three emergency care practitioners, one emergency care assistant and one emergency medical technician. All staff were trained to level 2 in children and adults. However, two of the paramedics Festimed employed did not have the required level 3 in safeguarding children.
- We saw there were several safeguarding policies in place. These included a sharing, referring and reporting concerns policy, recognition and types of abuse policy and a purpose and guidance for vulnerable person's policy. There was no separate adult and children's policy. Staff knew where to access the policies.
- The registered manager told us that following the inspection the manager from human resources would be completing level 4 in safeguarding children and that all safeguarding policies, paperwork and training modules were under review.
- Staff told us if they had any safeguarding concerns they would speak to their manager in the first instance but they could also go to the on-site welfare team or the police for advice.
- The registered manager was able to give us an example of when staff had worked closely with the police and social care when there were safeguarding concerns about a child.

Mandatory training

- There were systems in place for staff to download any training records so that managers were aware of any training needs and could see what training staff had received in their regular employment. This was in addition to the training provided by Festimed prior to any events.
- Festimed's mandatory training included capacity and consent, conflict management, equipment training, infection prevention control, customer service, patient handling and information governance. The compliance rate with mandatory training was 100% and was a condition of working at an event.
- Staff told us the training provided by Festimed was very good, that it was readily available and easily accessible.

Assessing and responding to patient risk

- We reviewed a site specific medical operation plan and saw it contained information on risk, medical objectives, communication and vehicle movement. Medical operation plans were event specific.
- Staff told us, they would monitor any patients they were transporting to hospital closely for any changes in condition and ensure that they took their observations regularly.
- The registered manager told us that prior to an event they would contact the local hospital to make themselves known and to ensure they had the relevant contact numbers for if a patient was unwell or at risk. Ambulance crew told us they would contact the hospital to advise them a patient was on their way if necessary. We saw that the registered manager kept local contact numbers on file at the event base for emergencies.
- Managers cascaded safety alerts to staff verbally or in an email, this included any changes to Festimed's policies.
- Festimed employed medical and nursing staff. This meant that staff responsible for transporting patients to hospital were able to access 24 hour clinical advice from the medical staff that worked in the mobile hospital at the event site.

Staffing

- The registered manager told us that they used prediction models based on historical data and experience to determine staffing levels for an event.
- Staff followed three shift patterns, these being the day shift (9am to 9pm), late shift (2.30pm to 2.30am) and night shift (9pm to 9am). We saw staffing rotas were displayed in the event hospital.
- The registered manager planned staffing levels and skill mix to ensure that patients received safe care and treatment at all times. Each ambulance had a paramedic and an emergency medical technician or care assistant to transport patients to hospital. The registered manager told us that additional staff were employed at each event in case of staff absence.

Response to major incidents

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- Details of what to do if a major incident occurred were included in staff information packs. We saw that staff information packs were issued to all staff prior to attending an event.
- We saw that major incidents were covered in individual medical operation plans which were site specific. The medical plan for each event changed regularly as each event was different.
- Managers displayed Information about major incidents in the event base where it was visible to all staff. We saw that the registered manager had allocated staff major incident roles; staff we spoke with knew what their role was.
- We saw that the service had invested in grab bags; the bags contained the tools required to initiate a systematic and thorough response to an emergency scenario. There were maps of the event site in place showing the main areas staff may need to attend.
- We saw that acid packs were available on each of the ambulances. The packs contained items that ambulance crew would need in the event of an acid attack for example paintbrushes, water, rubber gloves and spray booths.

Are emergency and urgent care services effective? (for example, treatment is effective)

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff adhered to the most up to date guidelines and evidence based treatment when treating patients on site.
- Festimed managers carried out local audits, when improvements were identified; the service provided specific training for staff.
- Directors provided staff with a comprehensive induction prior to commencing in their role at an organised event.
- Staff told us they had one to one meetings with the registered manager after each event, we saw evidence of documentation to support this.

However:

- There was no Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards policy in place.

Evidence-based care and treatment

- Staff told us they worked to the National Institute of Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. Staff members told us they carried their JRCALC pocket sized guide with them or that they could use an app on their mobile telephone, this meant staff had access to guidelines and protocols when working remotely.
- We saw a list of policies that were relevant to staff when working at organised events, all policies we reviewed were up date.
- Staff told us that managers informed them of any updates or changes to guidelines through their one to one meeting.

Assessment and planning of care

- Staff told us that they followed JRCALC and NICE guidelines to assess patients and plan their care. Staff would transfer patients to the onsite hospital to assess patients' vital signs and well-being, they would also seek advice from the medical director if needed. Staff went on to say if they were concerned and were unable to manage a patients health on-site they would transfer the patient to the local emergency department.
- Festimed provided pathways, including transferring patients to an appropriate hospital or gaining support from the NHS ambulance service.
- There was a patient pathway policy in place that outlined the processes for staff to follow when treating patients who could not be discharged at the scene.
- Pathways also included when it was appropriate to use blue lights during an organised event such as if a patient had a heart attack, stroke or if they were unconscious.
- Staff told us they would discharge patients into the care of the local hospital when a situation arose which meant they needed to be transferred.

Response times and patient outcomes

Emergency and urgent care services

- Staff told us that the majority of patients were treated on site and therefore did not require a transfer to an off-site hospital.
- From each event, the average percentage of patients that were transferred off site to hospital was less than 2%.
- Managers at Festimed carried out local audits such as an external haemorrhage audit dated March 2017. The audit covered wound management versus compliance to the policy and they scored 100%. This prevented patients' admission to an emergency department during events as the staff on-site were able to manage wounds effectively and efficiently, which reduced the impact on the local emergency department.
- We viewed an online database and saw that treatment for skin conditions was the most common reason for patients accessing the service, followed by musculoskeletal conditions for example sprains and strains. We saw that staff did not transfer these patients to hospital as staff treated them on site.
- The registered manager told us that staff were not given specific on scene response targets, however the on scene time was recorded and if there were any concerns a plan would be put in place to react to the issue. Staff from Festimed including first aiders were based at numerous locations around the event site so were able to attend any incidents in a timely manner.
- Staff completed a comprehensive induction programme; the induction included training and health and safety. It also included familiarisation with policies, procedures, and systems.
- Staff told us the training provided by the company was "very good", that it was readily available and "easily accessible".
- All staff we spoke with told us that managers checked their competencies during training sessions and organised events, we saw evidence of this in a checklist format.
- Prior to staff working at an event the manager of human resources would check staff competency by requesting to see training certificates from their main employer. We saw that certificates were uploaded by staff onto the staff portal for managers to review.

Coordination with other providers

- Staff we spoke with described positive working relationships with staff who worked for local NHS ambulance trusts.
- We visited the main event control room and saw it was a multi-agency environment. Agencies on site included the local authority, event staff, NHS ambulance staff, Festimed staff, the welfare team and the police. This ensured a co-ordinated approach when communicating and discussing solutions.
- Staff worked closely with local NHS trusts, emergency departments and with the local ambulance trust when a patient required treatment outside of the remit of the event cover.

Multi-disciplinary working

- The registered manager of the company attended safety advisory group meetings with the event's organisers.
- We saw that staff worked as part of a multidisciplinary team to ensure the safety of people at the event. We saw that staff had good working relationships with staff from other services that were working at the event and that they knew who they were.
- Managers told us where necessary they would liaise with staff from the local NHS trust.
- There were no patients transferred to hospital during our inspection, therefore we were unable to observe any

Competent staff

- For paramedics, registration with the Health and Care Professions Council (HCPC) was required. The manager for human resources informed us that they checked the register before staff commenced employment.
- Emergency staff were required to be emergency vehicle blue light trained and have a valid driving licence prior to applying for a role at the event. We saw there was guidance in place for using blue lights at a festival. The service manager or HR director would request to see this qualification from the paramedics prior to working for Festimed. Paramedic staff we spoke with said they earned their 'vehicle blue light' from completing training within their full time role working for the NHS.

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handovers of patients to hospital staff. However, staff told us they would ensure that patient information was handed over to hospital staff both verbally and in paper format.

Access to information

- Policies and procedures were available for staff in hard copies or on the staff intranet. If they required information from these whilst at events, the staff would contact their manager for guidance.
- All vehicles had satellite navigation systems in place and staff were able to communicate with each other via a 'walkie talkie', this meant that all staff knew where each member of the Festimed team was at all times. We observed staff keeping each other informed.
- We saw Festimed had an event information pack available for staff. The pack included relevant telephone numbers within the surrounding area, such as the local hospitals. This meant that the staff had local knowledge to ensure patients were transferred to the most appropriate hospital for treatment. The event packs also contained information on local GP's and taxi companies.
- Festimed had a 'clinical guideline folder' which was kept at the temporary base on-site, guidelines covered conditions such as dermatology, ears, nose and throat (ENT), musculoskeletal (MSK), abdominal, chest, endocrine and neurological conditions. Staff were able to access this information as and when it was required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated a good understanding of how to assess a patient's capacity to consent to care and treatment. They told us they would seek advice from senior staff or managers if they were uncertain of anything. We spoke with four staff members about consent during our inspection; all of the staff we spoke with demonstrated a clear understanding of consent.
- The registered manager played us a short video that was available on the Festimed staff portal page covering awareness on Mental Capacity Act 2005 (MCA) and learning disability. However, there was no MCA and Deprivation of Liberty Safeguards (DoLS) policy in place.
- We spoke with the doctor who told us that best interest and consent forms were available electronically.

Festimed staff did not transfer any patients from the event site to the hospital during our inspection; therefore, we were unable to see if these were completed.

Are emergency and urgent care services caring?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- We received positive feedback from patients using CQC feedback cards; we provided these so that members of the public using the service could share their experience with us.
- We did not observe any direct care during the inspection because no one was transported off site; however, staff demonstrated a thorough understanding of the importance of maintaining patients' privacy, dignity and well-being.

Compassionate care

- We did not see any examples of patient care during the inspection however; we reviewed feedback comment cards provided by patients and relatives. We reviewed 12 feedback comment cards completed by patients treated by staff and found all were positive.
- One patient wrote "everyone was very friendly, kind and very helpful-lovely people"
- Another patient feedback read, "fast, efficient and friendly service, I would certainly recommend Festimed service".
- Another patient feedback read, "wonderful service and wonderful staff".
- We spoke with staff and found them to be passionate, caring and very patient focussed. All staff we spoke with told us about how important it was to maintain patients' privacy and dignity.
- Staff provided us with examples of how they would display compassionate care. For example, one staff

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member we spoke with told us they would provide female patients with the option of a female carer where possible. We saw that there was a chaperone policy in place.

Understanding and involvement of patients and those close to them

- We did not observe any direct care during the inspection, however, one patient left feedback saying “staff were all wonderful, very caring, understanding and listened patiently to all my concerning questions.
- Another patient said “outstanding care, thorough treatment, left feeling ten times better than when I first arrived”
- One patient wrote “fantastic staff and great facility, thank you for all your help”
- Another patient left positive feedback which said “lovely, kind, caring staff-going out of their way to ensure I was comfortable and made me feel a lot better”.

Emotional support

- We did not observe any direct care during the inspection, however, staff did tell us they would refer patients to the welfare tent if a patient required any extra support, the management introduced us to the welfare team during our inspection.

Supporting people to manage their own health

- We did not see any direct care during our inspection.
- Staff told us that they would occasionally receive requests from the public to store essential medicines such as insulin or antibiotics to enable them to attend the event; if agreed by the management team these would be stored safely on site in the hospital’s refrigerators.

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

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Staff knew how to deal with complaints and there were clear complaints policies in place.
- Members of the public could make direct contact with Festimed on the company’s website; staff showed us the website during our inspection.
- We saw examples of feedback letters and complaints investigations documentation. We felt assured that the registered manager at Festimed dealt with complaints efficiently in a timely manner.

However

- We saw there was a lack of information on the ambulances regarding how patients would raise a complaint or concern about the service.
- There was no specific training provided for staff around learning disabilities.

Service planning and delivery to meet the needs of local people.

- The registered manager attended each new location prior to an event to put plans into place with regards to the number of staff and vehicles required.
- Staff information packs were issued to all staff prior to attending an event. These contained detailed information about the event and the site
- The registered manager told us they had regular meetings throughout the duration of the event, these took place with the event planners to manage any concerns or issues.

Meeting people’s individual needs

- Staff told us they had access to a telephone translation service for patients whose first language was not English.
- There was a short video available on Festimed’s portal page which covered learning disability and the Mental Capacity Act, 2005 .However we reviewed a list of training available to staff which they completed as part of their continuing professional development and found there was no specific training provided for staff around learning disabilities. We also noted there was no communication aids on the emergency vehicles to support staff in communicating with patients when difficulties with communication were identified.

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- Staff told us if a patient required any emergency treatment, they would ask the patient's friends or relative to translate. However, staff would only do this in an emergency when they did not have the time to source an independent interpreter.
- The ambulance stretchers were able to transport patients who weighed up to 200kg
- The service used feedback received from patients and their relatives and event organisers to monitor the quality of care they provided.

Access and flow

- The registered manager told us they recruited more staff than needed at each event to ensure any potential sicknesses were covered.
- Festimed operated a mobile hospital emergency department with various response units such as ambulances, 4x4's vehicles, bicycles, and mobile crews along with their smaller medical facilities across the site to ensure the event was covered throughout.

Learning from complaints and concerns

- We saw they had been three complaints in the reporting period August 2016 to August 2017, however none of the complaints related to the regulated activity (transferring patients off site to hospital).
- We saw that there was a clear and well-written complaints policy, the policy was in date and due for review in 2020. We asked staff if they knew how to access the complaints policy and if they knew how to manage any complaints or concerns. We were assured staff knew how to deal with complaints and that they knew where to access the policy.
- We saw there were no complaint information leaflets or posters available on vehicles for patients who may wish to raise concerns.
- Staff showed us their website during our inspection and we saw there was a 'contact us' section; however, the complaints procedure was not clearly outlined for members of the public to see.
- We saw that the service contacted and apologised to patients when things went wrong. We also saw that complaints were on the agenda at clinical governance meetings.

Are emergency and urgent care services well-led?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- We saw and staff told us that managers were visible; staff felt supported and told us that managers would go out of their way to resolve any issues.
- Staff enjoyed working at Festimed, they told us that senior staff treated them as equals and they were comfortable to challenge one another.
- There were regular clinical governance meetings; at the meetings, managers discussed matters of importance including risk.
- There were processes in place to gather feedback from patients and staff. Feedback information was used to improve the service. Staff told us they received feedback from managers when things went wrong.
- The registered manager sought innovative ways of capturing patient data and managing stock.
- Festimed won the National Outdoor Events Association (NOEA) medical provider of the year award 2016.

Leadership / culture of service related to this core service

- There was a registered manager and two directors at the service; the registered manager was also the managing director for the service. The medical director employed by Festimed was a medical consultant who regularly attended events and governance meetings. The registered manager and the HR director were the only permanent members of staff.
- Staff told us that leaders were visible and that they could contact them at any time if they needed to. Staff told us that the management team provided support that was "second to none" and that the registered manager "would go out of their way" to resolve any issues.
- Staff felt that managers encouraged a working environment that was open and honest. They told us

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they enjoyed working for Festimed and that everyone learnt from each other, all staff felt senior staff treated them as equals and told us that they could challenge one another.

- Staff told us and we saw that managers were approachable and that they kept staff well informed and up to date.

Vision and strategy for this this core service

- Festimed had a vision which was to provide a truly excellent event medical service to the patient utilising the correct staff, with the correct training, with the correct experience, in the correct environment with safety as a paramount with patients' needs at the centre of the whole company. Staff we spoke with were not aware of Festimed's vision.
- The registered manager told us there were no plans to expand the service at the time of our inspection.

Governance, risk management and quality

- Leaders were able to recognise the challenges they faced in the event environment. As a result, managers built specific event training modules into staff continuing professional development modules.
- At the event we attended the registered manager told us that team leaders had team meetings every four to six hours where they would receive regular updates and make any immediate plans.
- We saw that there were regular clinical governance meetings that took place every three months during the event season this usually being in June and September. The service manager and the two other directors attended the governance meetings; we reviewed the minutes of four governance meetings and saw that the registered manager and directors discussed areas of risk.
- We saw a list of risk assessments that the service manager had completed. Risks were categorised into three areas these being hazardous substances, general and personal risk. We reviewed a fire risk assessment that the registered manager had completed, this was due for review in 2018. The risk assessment was in

relation to the main office and looked at areas such as if the furniture was in good condition, if an evacuation procedure had been developed and if escape routes were clearly signposted.

- We also saw that service specific risk assessments were in place that covered site risks such as muddy or flooded surfaces or loud music and dense crowds.
- Staff we spoke with were clear about their roles and what they were accountable for.
- We saw that the management team had designed their own IT systems to monitor information such as how many patients each member of staff had treated, who the patient had been treated by and what the outcomes were for the patient. The system recorded details such as if a patient had received treatment or if they had they been referred to another agency for example the police.
- Managers and staff were aware where to find other agencies at the event site such as the police, fire and welfare. This meant that when staff identified risks they could call on other agencies for support.
- We saw that leaders at the service carried out local audits such as record keeping, medicine, an external haemorrhage audit and hand hygiene audits.
- The registered manager told us they attended the event site in advance to enable them to identify any risks.

Public and staff engagement

- Staff told us that managers listened to them and took on board their suggestions and ideas. One staff member told us that they had suggested the signing in and out of medicine bags. We saw that the management team had implemented this.
- Managers at Festimed gathered patient feedback on patient feedback forms. Staff collated these in the temporary events hospital; the forms included questions such as how satisfied patients were with the service and if the service had met their expectations.
- The registered manager told us that they looked at patient feedback on a yearly basis to see how the services could make changes. Improvements made to the service following patient feedback included the provision of a disabled buggy and on-site medicine and fridge storage.

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- Staff told us they received feedback from the registered manager via emails, Festimed's closed social media group and during their staffing review. Regular staff also had a yearly review where they could record the positives and negatives of each event they attended. The registered manager sought feedback after each event.
- Festimed provided staff with access to a 24-hour helpline from a third party external service to support their employees through any issues or problems such as mental health, finance, work, stress or medical information. Staff felt this was very useful as they could access this helpline at all times even if they were not working at an event.

Innovation, improvement and sustainability

- We saw that staff could record and update specific patient data on IT systems designed by the registered manager of Festimed.
- The service used bar code scanning to sign out medicines, staff uniforms and equipment such as radios. This meant that the service had a reliable way of managing and tracking its stock.
- The service won the National Outdoor Events Association (NOEA) medical provider of the year award in 2016.

Outstanding practice and areas for improvement

Outstanding practice

- We saw that the management team had designed their own IT systems to monitor information such as how many patients each member of staff had treated, who the patient had been treated by and what the outcomes were for the patient. The system recorded details such as if a patient had received treatment or if they had they been referred to another agency such as the police.
- Festimed staff would occasionally receive requests from the public to store essential medicines such as insulin or antibiotics to enable them to attend the event; if agreed by the management team these would be stored safely on site in the hospital's refrigerators.
- The service won the National Outdoor Events Association (NOEA) medical provider of the year award in 2016.

Areas for improvement

Action the hospital **MUST** take to improve

- The provider **MUST** ensure that all clinical staff who contribute to assessing, planning and evaluating the needs of a child or young person are trained to level three in safeguarding in accordance with The safeguarding children and young people: roles competencies for health care staff intercollegiate document (2014).

Action the hospital **SHOULD** take to improve

- The provider **SHOULD** ensure there are policies in place in relation to mental capacity and deprivation on liberty safeguards (DoLS).

- The provider **SHOULD** ensure that information on how to raise a complaint is available on the ambulances.
- The provider **SHOULD** ensure that there is a clear policy in place for the safe transportation of children when a child's own car seat is not available. The policy should be in line with current legislation.
- The provider **SHOULD** ensure that staff have had sufficient training in relation to patients with a learning disability. Consideration should also be given to how staff communicate with patients with communication needs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Systems and processes were not established and operated effectively to prevent abuse of service users. This is because: Not all clinical staff who contributed to assessing, planning, and evaluating the needs of a child or young person were trained to level three in safeguarding in accordance with The safeguarding children and young people: roles competencies for health care staff intercollegiate document (2014).