

ABC Training Services Limited

ABC Event Cover

Quality Report

ABC Events
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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

Requires improvement



Emergency and urgent care services

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

ABC Event Cover is operated by ABC Training Services Limited. The service provides emergency and urgent care. The service provides first aid and medical cover at events and transports people from the event site to hospital in the event of a medical emergency.

We inspected this service on 16 January 2019 using our comprehensive inspection methodology. We gave the provider 48 hours' notice of the inspection. This was so we could ensure the location would be staffed on the day of the inspection.

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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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 is the first ratings inspection of this service. We rated it as **Requires improvement** overall.

We found areas of practice that require improvement:

- Staff understood how to protect patients from abuse. However, effective systems were not in place to ensure that all staff were suitably trained in safeguarding. Safe systems were not in place to ensure staff were suitable to work with vulnerable people.
- The leadership team were visible and approachable. However, we could not be assured that the directors were suitable to carry out their roles as there were no effective systems in place that evidenced that appropriate checks relating to directors had been completed.
- The service provided mandatory training in key skills to non-registered staff and made sure these staff members completed it. However, no formal system was in place to ensure registered staff had completed mandatory training.
- There were systems in place to ensure staff were competent to work in their roles. However, some parts of these systems were not formalised to ensure the staffs' development needs were consistently assessed and monitored.

We found good practice in relation to the following areas of practice:

- The service had systems in place to manage patient safety incidents.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

Summary of findings

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff worked with other professionals and agencies to provide coordinated care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service's policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff described how they cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff told us how they provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service had systems in place to treat concerns and complaints seriously, investigate them and learn lessons from the results, and share these with all staff.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff.
- The leadership team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The registered manager was committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation.

Following this inspection, we told the provider that it **must** take some actions to comply with the regulations. We also issued the provider with three requirement notices that affected urgent and emergency services. Details are at the end of the report.

Professor Ted Baker
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Requires improvement

Rating



Why have we given this rating?

The main service provided was the provision of first aid and medical cover for events which is not within our scope of registration. However, on occasions, the service transports patients from an event site to hospital in the event of emergency treatment being required. This falls under the scope of regulation.

We found the service required improvement in the safe, effective and well-led domains and was good in the caring and responsive domains. This led to an overall rating of requires improvement.

Requires improvement 

ABC Event Cover

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to ABC Event Cover

ABC Event Cover is operated by ABC Training Services Limited.. The service first registered with us in November 2014. It is an independent ambulance service in Burton on Trent, Staffordshire. The service provides first aid and medical cover for events within Staffordshire and other counties.

The service has had a registered manager in post since December 2014.

The service provided first aid and/or medical cover for 271 events in 2018 and treated 674 people. During that time, 12 people were transported to hospital. At the time of this inspection, the provider had two vehicles that were used for this purpose.

At the time of this inspection 53 staff were employed by the provider.

We last inspected the service on 16 January 2017. At that time, we did not rate independent ambulance services. During that inspection we identified some areas of good practice; such as medicines management and infection prevention and control practices. However, we also told the provider they should make some improvements to ensure that:

- Effective systems were in place for incident reporting and management
- Policies were reviewed and updated on a regular basis
- Staff understood the requirements of the Mental Capacity Act 2005
- The complaints procedure was accessible and visible to patients and their families

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in emergency and urgent care. The inspection team was overseen by Phil Latham, an inspection manager.

How we carried out this inspection

During the inspection, we visited the registered location where we spoke with the registered manager (who also

worked at the service as an emergency care assistant), three directors (one of whom also worked at the service

Detailed findings

as a paramedic and one as an emergency care assistant) and an emergency care assistant. We also spoke with two paramedics by phone in the week following the inspection.

We reviewed the records of eight staff members and two patients who had been transported to hospital from different events.

We also reviewed patient feedback gained from the provider through their patient feedback system. We were unable to speak with people about their care as no people had been recently transported to hospital by the provider.

Facts and data about ABC Event Cover

The service is registered to provide the following regulated activity of 'Transport services, triage and medical advice provided remotely'. As part of our







inspection process, we identified that the service also provided the regulated activity of 'treatment of disease, disorder or injury'. At the time of writing this report, we were waiting to receive this application.

Our ratings for this service

Our ratings for this service are:

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

Emergency and urgent care services

Safe	Requires improvement	
Effective	Requires improvement	
Caring	Good	
Responsive	Good	
Well-led	Requires improvement	
Overall	Requires improvement	

Information about the service

The service is registered to provide the following regulated activity of 'Transport services, triage and medical advice provided remotely'. As part of our inspection process, we identified that the service also provided the regulated activity of 'treatment of disease, disorder or injury'. At the time of writing this report, we were waiting to receive this application.

Summary of findings

Are services safe?

We rated safe as **Requires improvement** because:

- Staff understood how to protect patients from abuse. However, effective systems were not in place to ensure that all staff were suitably trained in safeguarding. Safe systems were not in place to ensure staff were suitable to work with vulnerable people.
- The service provided mandatory training in key skills to non-registered staff and made sure these staff members completed it. However, no formal system was in place to ensure registered staff had completed mandatory training.

Are services effective?

We rated it as **Requires improvement** because:

- There were systems in place to ensure staff were competent to work in their roles. However, some parts of these systems were not formalised to ensure the staffs' development needs were consistently assessed and monitored.

Are services caring?

We rated caring as **Good** because:

- Staff described how they cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Emergency and urgent care services

- Staff told us how they provided emotional support to patients to minimise their distress.

Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service had systems in place to treat concerns and complaints seriously, investigate them and learn lessons from the results, and share these with all staff.

Are services well-led?

We rated well-led as **Requires improvement** because:

- The leadership team were visible and approachable. However, we could not be assured that the directors were suitable to carry out their roles as there were no effective systems in place that evidenced that appropriate checks relating to directors had been completed.

Are emergency and urgent care services safe?

Requires improvement



We rated safe as **requires improvement**.

Mandatory training

The service provided mandatory training in key skills to non-registered staff and made sure these staff members completed it. However, no formal system was in place to ensure registered staff had completed mandatory training.

- All non-registered staff (staff who were not registered paramedics) were required to complete training in safeguarding, infection prevention and control and dementia awareness. Training records showed that all non-registered staff who were working at the service had completed training as required.
- There was no formal procedure in place to identify and monitor if paramedics had completed training in the topics that the provider classed as 'mandatory' therefore we were unable to identify if all paramedics had recently completed training in these topics. However, our conversations with paramedics evidenced they had sound knowledge of these topics. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Safeguarding adults and children

Staff understood how to protect patients from abuse. However, effective systems were not in place to ensure that all staff were suitably trained in safeguarding. Safe systems were not in place to ensure staff were suitable to work with vulnerable people.

- Children's and adult's safeguarding policies were in place at the service and staff demonstrated they were familiar with these policies. For example, all the staff we spoke with knew the registered manager was the lead person for safeguarding at the service as stated in the service's safeguarding policies.
- The registered manager was the named safeguarding lead for the service. However, they were not trained in

Emergency and urgent care services

level three or four children's safeguarding as recommended by national guidance. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Despite this they demonstrated a suitable understanding of safeguarding processes and procedures.

- The registered manager told us that paramedics completed safeguarding training with their NHS employers. However, there were no effective systems in place to formally check that paramedics had completed their required level three safeguarding training with their NHS employers and records of this training were not maintained at the service. This meant we could not be assured that paramedics were level three trained as required in accordance with national guidance. This was an additional breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Again, despite the lack of formal evidence of suitable training, paramedics we spoke with demonstrated a sound knowledge of safeguarding processes and procedures.
- Training records for non-registered staff mostly showed they had completed level two safeguarding training in accordance with national guidance.
- The service had a recruitment policy in place that outlined the systems in place to ensure staff were suitable to work with vulnerable people. However, we saw this policy was not always followed. None of the eight staff records we viewed contained references from previous employers to show they were of suitable character to work at the service and none of the eight staff had a DBS check that was linked to the provider. For example, two staff member's files contained DBS checks that were linked to other providers which had been completed six months before their employment with ABC Events. Another staff member's file contained no DBS at all. This meant the provider did not ensure staff were suitable to work at the service at the time of employment. This was an additional breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- There was an infection prevention and control policy in place which was regularly reviewed and updated. Our conversations with staff showed they were familiar with and adhered to this policy.
- All clinical and non-clinical areas that we inspected were visibly clean and cleaning schedules showed regular cleaning and monitoring of cleanliness took place.
- Staff had access to and told us that they consistently used personal protective equipment when required, such as; gloves and goggles.
- Clinical waste and sharps (needles) were safely stored.
- The service had a contract in place for clinical waste collection and effective linen laundering.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- The service used two vehicles for the transportation of people to hospital. We saw evidence that both ambulances had valid tax, MOT and maintenance history in place. Vehicle fault reporting forms were located in the vehicles and we saw that when a fault was recorded and reported, prompt action was taken to ensure the vehicles were safe to use.
- The vehicles were located in a secure area when not in use and were equipped with a range of equipment for use with traumatic injuries and medical emergencies in children and adults.
- We saw that all applicable equipment, such as; defibrillators and trolleys were regularly tested to ensure they were in working order.
- We reviewed a sample of consumable items including; emergency airways, dressings and cannulas and found they were all accessible and within their expiry date.
- The premises storage areas and vehicles were well organised and free from clutter.

Assessing and responding to patient risk

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Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

- Each event the service worked at had an event specific risk assessment that identified and planned for any risks associated with the event. This would also include the preferred hospital for patient transfers based on injury type.
- Staff told us and patient records showed that people were assessed for clinical deterioration at regular intervals using a variety of observations, such as; the Glasgow Coma Scale, blood pressure and oxygen saturation levels.
- Staff told us they would contact the local NHS emergency department when transporting critically unwell and injured patients to ensure that appropriate medical teams were in attendance on patient arrival.
- Regulation 13 (1) Staff demonstrated they understood their responsibility to request land and air ambulance assistance if required.

Staffing

The service had enough staff to provide the right care and treatment.

- The registered manager used a staffing tool to identify how many and what type of staff were required to provide safe cover for each event that they worked.
- We saw that planned staffing numbers were consistently met.
- A rolling recruitment programme was in place to ensure staff were recruited to meet demand.

Records

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

- Systems were in place to ensure that patient records were stored securely in line with information governance requirements.
- The records we viewed were clear and evidenced the care and treatment provided during transport to hospital.

- Patient records were regularly checked by a paramedic to ensure they were clear, up to date and in line with professional guidance. We saw that action was taken if any issues were raised during these checks. For example, staff completed additional training in response to any recording issues.

Medicines

The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

- The service had a suitable medicines management policy in place, which outlined the protocols and responsibilities of staff with regards to medicines. This policy was regularly updated and reviewed.
- We saw that all medicines were ordered, stored and disposed of in safe manner and in accordance with the service's medicines policy. This included the safe storage of controlled drugs which are medicines that require special storage and recording arrangements due to their potential for misuse.
- Regular stock checks were completed to ensure medicines were available and in date.
- Records were kept to show when medicines had been administered. This included the name and dose of the medicine and the time it was administered. Staff told us this information was handed over to hospital staff on arrival at hospital to reduce the risk of medicines related incidents, such as; overdose or poor pain management.

Incidents

The service had systems in place to manage patient safety incidents.

- An incident management policy was in place which was regularly reviewed and updated.
- Staff told us how they would report and record incidents at the service. The information staff gave us about this matched the information in the service's incident management policy.
- The registered manager told us that any learning from incidents would be shared amongst the staff through emails, face to face meetings and team training sessions.

Emergency and urgent care services

- The service had a duty of candour policy in place. 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'. The registered manager told us that no incidents had occurred that had met the duty of candour criteria.
- There had been no reported clinical or non-clinical incidents since our last inspection. Therefore, we were unable to assess if the incident management systems were effective.

Are emergency and urgent care services effective?

Requires improvement



We rated effective as **requires improvement**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

- The service provided care that was based on national guidance. Policies and processes relating to clinical care were based on the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance.
- The service had designed a reference guide for non-registered staff to refer to. This outlined abbreviations, signs of sepsis, information about common medicines and basic life support. This ensured staff had access to best practice guidance in relation to care and treatment.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

- Staff told us and records showed that a pain score was used to assess and monitor people's pain.

- Staff told us they could access pictorial pain scores if these were required for people who were unable to use the standard numerical pain score.
- We saw that staff carried a variety of medicines to treat different levels of pain and staff told us when and how they would administer these medicines. The patient records we reviewed did not contain evidence of pain relief administration as the patients who were being supported had low pain scores and had declined pain relief.

Competent staff

There were systems in place to ensure staff were competent to work in their roles. However, some parts of these systems were not formalised to ensure the staffs' development needs were consistently assessed and monitored.

- The service had an induction programme in place which staff told us was informative. However, none of the staff records we viewed evidenced formally that staff had completed an induction.
- The provider ran weekly training sessions (non-mandatory training) for all staff to attend on a voluntary basis. Sessions included; major bleeding, fracture management, immobilisation and helmet removal. The registered manager told us these training sessions were mostly attended by the non registered staff rather than the paramedics.
- Practical assessments were completed for medicines administration and medical gases to ensure staff had understood the training.
- Staff whose role it was to drive the ambulances in emergency transfer situations had completed blue light driving training.
- Following our last inspection, the registered manager had started to complete appraisals with staff. Staff records showed that some staff had received an appraisal in 2017. However, no appraisals had been completed in 2018. This meant the staffs' individual development and training needs were not formally assessed and reviewed on a regular basis. This was an additional breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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Multi-disciplinary working

Staff worked with other professionals and agencies to provide coordinated care.

- Staff told us they worked with event staff and other agencies, such as; Football Association doctors and the air ambulance to ensure that patients received appropriate care.
- Staff told us they provided informative handovers to hospital staff on arrival to emergency departments. Patient records we viewed confirmed that handovers had taken place.

Health promotion

Staff supported people to live healthier lives.

- Staff told us they referred people to their GP's for investigations if they identified any health concerns with people's baseline observations. For example, if a person was identified to have high or low blood pressure.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the requirements of the Mental Capacity Act 2005 to support people who lacked the capacity to make decisions about their care.

- There was a policy in place that guided staff in how to gain consent in adults and children. This policy also outlined the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. This policy was regularly reviewed and updated.
- All the staff we spoke with demonstrated a sound understanding of the MCA. For example, one paramedic told us a patient who had hypoglycaemia (low blood sugars) may not be able to consent to care and treatment due to acute confusion and reduced responsiveness. They said they would treat the patient in their best interests to resolve the hypoglycaemia and would then re assess the patient's capacity to consent to the rest of their care and support as they became more responsive and less confused.

- Staff told us how they would gain consent from children in accordance with the legal requirements and how patients had a right to withdraw consent at any time.
- Non registered staff received training on consent and mental capacity at the service.

Are emergency and urgent care services caring?

Good



We rated caring as **good**.

Compassionate care

Staff described how they cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- We were unable to observe patient care as no events were running on the day of our inspection. We were also unable to speak to people who had been transported by staff at the service as no people had recently required transportation.
- We viewed the service's 2018 patient feedback data which comprised of feedback from 23 patients or their relatives (We were unable to ascertain if any of these respondents had been transported to hospital by the staff). All the feedback was positive as 100% of respondents were satisfied with their care and support. 100% of respondents also stated they were treated with compassion by the staff.
- Staff told us they protected people's dignity during transportation to hospital by using bed linen to ensure sensitive areas were covered.

Emotional support

Staff told us how they provided emotional support to patients to minimise their distress.

- Staff told us that a relative or friend could accompany a patient on their journey to hospital if this helped to comfort a patient who was anxious or distressed.
- Staff told us they had received training to help them support people who may show signs of distress due to a mental health condition such as dementia.

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- All the staff we spoke with told us they spoke to patients in a calm and gentle manner to ensure a calm environment was promoted. One staff member told us how they would help distressed patients to focus on their breathing if they were showing signs of panic.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

- The service's 2018 patient feedback showed that patients had felt they had been presented with treatment options and that staff had respected treatment decisions.
- Staff told us that treatment options were explained to people in a user friendly manner so that people understood the options available to them. All staff told us they avoided the use of medical jargon.

Are emergency and urgent care services responsive to people's needs?

Good



We rated responsive as **good**.

Service delivery to meet the needs of local people

Service delivery to meet the needs of local people/ Planning and delivering services which meet people's needs

- Each event was assessed and planned for in advance to ensure the service provided met the needs of the events organiser and the people who were attending the event. This included ensuring that the right number of staff, vehicles and equipment was available.
- Staff knew which hospitals specialised in trauma and other injuries so that people could be transported to the most appropriate hospital to meet their needs.

Meeting people's individual needs

The service took account of patients' individual needs.

- Staff told us they used google translate at events and during transportation to hospital when required to facilitate communication with people whose first language was not English.
- The registered manager told us they rarely supported patients with complex needs such as dementia or learning difficulties. However, non-registered staff received training from the service in dementia awareness. Paramedics did not participate in the provider's dementia awareness training but through conversations with them they were able to demonstrate that they had the knowledge and skills required to support people living with dementia, learning disabilities and mental health diagnoses.

Learning from complaints and concerns

The service had systems in place to treat concerns and complaints seriously, investigate them and learn lessons from the results, and share these with all staff.

- A complaints policy and procedure was in place that was regularly reviewed and updated. Staff we spoke with demonstrated they understood this policy and procedure.
- Complaints posters were visible in the vehicles for people to refer to if required.
- The registered manager told us they had received no complaints since our last inspection.

Are emergency and urgent care services well-led?

Requires improvement



We rated well-led as **requires improvement**.

Leadership of service

The leadership team were visible and approachable. However, we could not be assured that the directors were suitable to carry out their roles as there were no effective systems in place that evidenced that appropriate checks relating to directors had been completed.

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- All the staff we spoke with told us the registered manager and directors were visible, friendly, supportive and approachable.
- All providers should have systems in place to ensure the requirements of the fit and proper persons regulation is met for their directors. This regulation is about ensuring that registered providers have individuals who are fit and proper to carry out the important role of director to make sure that providers meet the existing requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The service did not have an effective system in place to demonstrate that the fit and proper persons regulation was met for their directors. Records relating to two of the directors that we viewed did not contain DBS checks that were linked to the provider. There was also no evidence in directors' files to show their knowledge and skills had been formally considered for their role as director. This was a breach of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff.

- The service aimed to provide a 'not for profit', high quality event support cover service.
- The registered manager told us the service was growing and had gained ongoing contracts with local events coordinators and other one off events. In response to an increase in demand for event cover work, the service had a continual recruitment programme in place to ensure the right numbers of staff were available to meet demand.

Culture within the service

The leadership team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- We found there was an open and honest culture at the service. Staff told us they felt able to raise any concerns as there was a no blame culture at the service.

- Staff told us they felt respected and valued by the leadership team.

Governance

The service did not have effective systems in place to continually assess, monitor and improve the quality of its services.

- Some systems were in place that enabled the leadership team to assess and monitor some parts of the quality of care and treatment. For example, records audits took place to ensure patient records complied with best practice guidance. Systems were also in place to act upon any concerns raised through quality monitoring tools. For example, staff were informed of the concerns, given guidance to help make the improvements required and invited to attend relevant training sessions to enable them to upskill.
- However, effective systems were not in place to ensure paramedics were suitably skilled and competent to provide high quality care and treatment.
- Also, the provider's recruitment policy was not consistently followed to ensure all staff who worked at the service were suitable to be working in their roles.
- Minutes of meetings showed that the leadership team met on a regular basis to discuss the running of the service. Changes in the way the service was ran were made when required and staff told us changes were communicated to them effectively.
- An effective system was in place to ensure that the services policies and procedures were regularly reviewed and updated to ensure they were based on current best practice.

Management of risk, issues and performance

The service did not have effective systems in place to enable them to consistently identify risks and plan to eliminate or reduce them.

- Some systems in place to identify and manage risks. For example, risk assessments were completed for each individual event and the registered location's premises.
- We viewed the service's risk register and found that risks for the expected and unexpected had been assessed and planned for.

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- However, the risks associated with not completing DBS checks and not checking paramedics competencies had not been effectively assessed or managed.
- At our inspection, we informed the registered manager/provider that they were not correctly registered with us. We found the service was carrying on the regulated activity of treatment of disease, disorder or injury whilst transporting patient's to hospital. At the time of writing this report we had still not received this application. This is a Section 10 (1) offence of the Health and Social Care Act 2008.

Information Management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- Records relating to staff and patient care and treatment were accessible and stored in line with security standards.
- We found that policies and procedures had been updated to meet the General Data Protection Regulation.

Public and staff engagement

The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

- There was a system in place to gain feedback from patients who had used the service. However, we were unable to identify if patient feedback had been gained from patients who had been transported to hospital. No negative feedback had been received from the service's 2018 satisfaction survey. However, the registered manager said they would use suggestions and constructive feedback from completed surveys to shape the future service.

- Staff told us the registered manager communicated with them regularly by email and during weekly training sessions to inform them of changes to procedures and to seek ideas for improvement.
- The registered manager told us they worked with events coordinators and other organisations as required, to ensure the service provided was effective and met the needs relating to each individual event.

Innovation, improvement and sustainability

The registered manager was committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation.

- Staff told us changes to systems and procedures were made in response to their feedback and suggestions. For example, a paramedic told us they had informed the registered manager that the medicines store room was cluttered which made it difficult to access the equipment they required. They told us they registered manager acted on this feedback immediately and the medicines store room was decluttered.
- The leadership team promoted a culture of learning for all staff. Weekly training sessions were held for staff to attend on a voluntary basis. These training sessions were both theory based and practical and covered a varied programme of different topics.
- The service had innovatively devised a reference guide for non-registered to refer to whilst providing care and support. This outlined abbreviations, signs of sepsis, information about common medicines and basic life support. All non-registered staff were given the guide to ensure they had access to the information they needed to ensure care and treatment was based on best practice guidance.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

Action the provider MUST take to meet the regulations:

- The provider must ensure that their recruitment policy is consistently followed. This includes obtaining and recording an employment history, references and a current DBS check for each member of staff.
- The provider must ensure that an effective system is put in place to meet the fit and proper persons Regulation.
- The provider must ensure effective systems are in place to assure themselves and others that all staff have completed their required mandatory training at the correct level.
- The provider should ensure that staffs' development needs are consistently monitored through the appraisal process.

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

Transport services, triage and medical advice provided remotely

Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

No systems were in place to ensure that the requirements relating to fit and proper Regulation were met.

Regulation 5 (1), (2) and (3)

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

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

Effective systems were not in place to ensure staff were suitable to work at the service. Staff files did not always evidence staff members' employment history and DBS checks linked to the provider had not always been requested or obtained.

The provider did not formally check the qualifications, competence and skills of paramedics who worked at the service.

Regulation 19 (1) and (2)

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The safeguarding lead for the service had not completed the nationally recommended level three and four safeguarding children training.

This section is primarily information for the provider

Requirement notices

The provider did not formally check and record the safeguarding training levels that paramedic staff had completed to ensure they completed with national guidance.

Regulation 13 (1)