

# AB Medical Services (UK) Limited - Office







## Quality Report

Clifford Crescent,  
Sittingbourne,  
Kent,  
ME10 3FL  
Tel: 07590 542513  
Website: [www.ab-medical.co.uk](http://www.ab-medical.co.uk)

Date of inspection visit: 30 January 2020  
Date of publication: 08/04/2020

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

## Ratings

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

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

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

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

# Summary of findings

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

## Overall summary

AB Medical Services is operated by AB Medical Services (UK) Limited. The service provides emergency and urgent care, and transports patients from event sites to hospital emergency departments when necessary.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 30 January 2020.

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.

The main service provided by this service was medical cover at events. However, we do not currently regulate event medical cover. A small proportion of the service's activity was the urgent transfer of patients from events sites to hospital. This activity is regulated by us.

**This is the first inspection to be rated.** We rated it as **Good** overall.

- Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served.

- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

# Summary of findings

- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

## However:

- The service used systems and processes to safely prescribe, administer, record and store medicines. However, they could not monitor and maintain optimal temperature of medicines when away from the location.

Following this inspection, we told the provider that it should make two improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

## Nigel Acheson

Deputy Chief Inspector of Hospitals (South and London)  
on behalf of the Chief Inspector of Hospitals.

# Summary of findings

## Our judgements about each of the main services

### Service

**Emergency  
and urgent  
care**

### Rating

**Good**



### Summary of each main service

The main activity provided by this service was event medical cover. However, we do not currently regulate event medical cover. A small proportion of the service's activity was the urgent transfer of patients from events sites to hospital. This activity is regulated by us.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to AB Medical Services (UK) Limited - Office	7
Our inspection team	7
Information about AB Medical Services (UK) Limited - Office	7
The five questions we ask about services and what we found	8

### Detailed findings from this inspection

Overview of ratings	9
Outstanding practice	24
Areas for improvement	24

Good



# AB Medical Services (UK) - Limited

**Services we looked at**

Emergency and urgent care

# Summary of this inspection

## Background to AB Medical Services (UK) Limited - Office

AB Medical Services is operated by AB Medical Services (UK). The service opened in 2014. It is an independent ambulance service in Sittingbourne, Kent. They primarily serve the communities of the south east of England.

The service has had a registered manager in post since the service registered with us on 10 November 2014.

The providers main service was medical cover on event sites. In England, the law makes event organisers

responsible for ensuring safety is maintained at events. This meant that the event medical cover came under the remit of the Health and Safety Executive. Therefore, we do not regulate services providing medical cover at events. However, the transport of patients from an event to hospital is a regulated activity.

The provider had a fleet that included one fully equipped ambulance and two rapid response vehicles.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in urgent and emergency care. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

## Information about AB Medical Services (UK) Limited - Office

The service is registered to provide the following regulated activities:

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

During the inspection, we visited the registered location. We spoke with the registered manager. We also spoke with three members of staff by telephone. We spoke with one member of nursing staff on behalf of the family of a patient. We looked at their policies and procedures, risk register, four patient care records and staff and patient feedback.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once before. The most recent inspection took place in September 2017. We did not rate the service following this inspection. However, we found the service was meeting all standards of quality and safety it was inspected against.

The provider carried out five patient journeys between 1 January 2019 to 31 December 2019. Four journeys were from events to hospitals. One journey was to transport a patient from their residential property to a nursing home following a fall.

The provider had a team of eight staff. They could be allocated to regulated activity shifts. This included paramedics, and emergency technicians or emergency care assistants. They had additional first aiders and nurses who worked on event sites in any unregulated, (non-ambulance) capacity. They would not normally be allocated to regulated elements of any events. The accountable officer for controlled drugs (CDs), was the registered manager.

Track record on safety:

No Never events






No clinical incidents

No complaints

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Good</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Not sufficient evidence to rate</b>	
<b>Are services responsive?</b>	<b>Good</b>	
<b>Are services well-led?</b>	<b>Good</b>	








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Not rated	Good	Good	Good
Overall	Good	Good	Not rated	Good	Good	Good

# Emergency and urgent care

Safe	Good 
Effective	Good 
Caring	Not sufficient evidence to rate 
Responsive	Good 
Well-led	Good 

## Are emergency and urgent care services safe?

Good 

**This is the first inspection to be rated** . We rated it as **good**.

### Mandatory training

**The service ensured all staff completed mandatory training in key skills.**

We saw improvements with mandatory training. At the last inspection there was varying compliance with the provider's mandatory training modules. It varied between 50% to 100%. However, at this inspection staff compliance was 100% in all mandatory modules. This included safeguarding children, safeguarding adults, infection control, manual handling, Mental Capacity Act & Deprivation of Liberty, equality, diversity & discrimination, duty of care, health and safety in a care setting.

The registered manager (RM), took responsibility for ensuring staff were up-to-date with their mandatory training. They checked staff training certificates and uploaded them onto their training database. Staff had to complete training modules if they were not up-to-date. They were paid to complete the training in their own time.

The RM received an email one month in advance of training expiry dates. They emailed staff to ensure they completed the training before it expired. Staff could not

work unless they were compliant with all their mandatory training. This meant the provider ensured that all staff who completed regulated activity were up to-date with training that was necessary for their role(s).

Staff could access online training modules via their staff portal. They could complete training at their own pace. The provider was also registered with NHS digital. This meant staff could access and complete a variety of training packages in addition to mandatory training. One member of staff told us they had completed additional training packages to enhance their professional development. For example, they completed a module in acute behavioural disturbance.

The RM was organizing an annual update for the whole team to attend. We saw the agenda and the learning outcomes for the day. The agenda included basic life support, advanced life support skills and some practical scenarios involving roles, responsibilities and team work.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**

Relevant staff had all received safeguarding training level three for adults and children. This was in line with Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (July 2018), and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document (January 2019). This was an improvement

# Emergency and urgent care

since our last inspection. The provider had assured themselves that all staff that treated adults and children had the correct level of training to support them to identify and respond to safeguarding concerns.

The registered manager (RM), was the safeguarding lead. They had responsibility for notifying any safeguarding alerts to the Local Authority. This meant staff always had a point of contact with the right level of training, if they had any safeguarding concerns or needed support or advice.

We read their Safeguarding Policy (October 2019). This confirmed different types of abuse and safeguarding concerns. There was a clearly defined referral process for reporting safeguarding referrals, including a flowchart clearly showing staff's roles and responsibilities. The details for the safeguarding lead, adult and child social services, and an out of hours contact number were listed.

Staff could describe different types of abuse, and when, and how to make a safeguarding referral. We discussed a safeguarding issue with a member of staff. It was evident that they were able to recognise signs of abuse and were clear about the action they would need to take.

Staff could make safeguarding referrals for adults and children using the county council's safeguarding referral forms. They could use paper forms or download the form onto their phone to complete. We saw referral forms in a folder on the vehicle we inspected. They would send completed forms to the RM who would escalate the matter to the Local Authority.

The provider had made no safeguarding referrals to the Local Authority since the last inspection in 2017. However, the RM knew what safeguarding notifications they should report to us, commissioners, providers and clinical commissioning groups.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**

The provider had evidence that 100% of staff had completed training in infection prevention and control within the previous 12 months. This was an improvement from our last inspection when the compliance rate was 50%.

There was one vehicle at the location. It was not used to carry out regulated activity. However, we inspected the vehicle because the registered manager (RM), told us that they used the same infection control procedures for all their vehicles. The inside and outside of the vehicle were visibly clean and tidy. The rear seating area and boot were visibly clean and tidy. Re-usable equipment such as blood pressure cuffs and splints were visibly clean and stored in designated bags. Clean linen was available and stored in laundry bags sealed with tags. This meant staff knew the laundry had not been used if the tag was sealed.

There were universal decontamination wipes, and cleansing gel was available. We saw personal protective equipment (PPE), such as gloves, overalls and helmets available. We did not observe staff cleaning their hands or using PPE. This was because we were unable to observe any patient care during our inspection. However, the RM observed staff in clinical practice about every six months. This included infection control procedures such as hand washing technique. We saw evidence that staff received feedback on their practice to continually improve.

All vehicles were cleaned before and after shifts. The exterior of vehicles were cleaned at garages after each use. Staff used disinfectant wipes to clean the inside of vehicles. We saw a poster to guide staff on which type of disinfectant wipe to use. For example, they used wipes for cleaning visibly dirty hands in the absence of soap and water and they used sporicidal wipes when fluid needed to be cleaned up.

The RM completed the deep cleans. They were routinely completed every three months or sooner if needed. They used a fogging machine. We saw evidence of the deep clean schedule. They swabbed vehicles pre and post fogging to measure the effectiveness of the cleaning. The audit results demonstrated the cleaning schedule was effective.

# Emergency and urgent care

The storeroom, stock and equipment were all visibly clean. We saw evidence of weekly checklists that were completed to provide further assurance of compliance with their Infection and Prevention Policy (October 2019).

Staff were provided with enough clean uniforms to work consecutive shifts. They put contaminated uniforms in clinical waste bags, and they were destroyed. For example, if a uniform was contaminated with blood or vomit.

## Environment and equipment

### **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.**

The premises were secure. The service was run from a private location. Staff told us vehicles were stored in a locked facility when not in use. Stock and equipment were stored in a separate building to the office base. The vehicles could be parked outside the storage facility. This meant it was easy to replace used equipment and stock on them.

There was only one vehicle at the location when we inspected. This vehicle was not used for regulated activity. However, we inspected this vehicle because the registered manager (RM), told us they applied the same safety checks to all their vehicles. The outside lights, doors, seatbelt and handheld devices on the inside were all in good working order.

At the last inspection there was no equipment for the safe transfer of children. This time we were told there was an infant harness which fitted onto their ambulance stretcher for the transfer of children. We were unable to inspect this as the ambulance was not at the location.

We saw certificates that confirmed all vehicles complied with MOT testing, were insured and taxed within the previous 12 months. The provider maintained a spreadsheet to track renewal dates. They entered events such as service checks, MOTs and insurance renewal dates. This ensured that vehicles were checked and maintained regularly.

Service records showed equipment was serviced, electrical safety checks completed, and equipment calibrated. The equipment we inspected on the vehicle was in good working order. This provided assurance that the provider took steps to ensure equipment was maintained to a safe standard.

The provider stored consumables and equipment in prepared bags. They used a checklist to ensure consistency when they re-stocked bags. They tagged and labelled them with stickers which included their expiry date. We checked all the consumables and equipment. All the listed items were available, in date and stored in labelled pouches. This meant they were easy to identify.

The storage area was managed by the registered manager (RM). There was a system for tracking consumable expiry dates. This alerted the RM four weeks in advance of the expiry date. The RM managed stock levels through visual checks and quarterly audits of stock levels. We checked a sample of five items. They were all labelled correctly and in date.

The RM was a paramedic and available in person, by radio, or mobile for clinical advice and support. Staff could radio the RM even when they were overseas. They used the radio because they could send an immediate alert. It was more effective for communicating because it was not affected by areas with a poor signal. The RM planned for occasions when they could not be available. They sub-contracted a colleague to act up for them. This meant a duty manager was always available for clinical advice and support.

The level of waste in bins was checked weekly. Collection of waste was arranged as needed. The waste disposal company provided a certificate of removal in line with the providers' 'Waste Disposal Policy' (October 2019). The policy also included a flow chart which provided clear guidance on different waste categories and how they should be disposed. We saw the providers' certificate of waste removal. This provided assurance that clinical and hazardous waste were removed and destroyed in line with best practice.

The provider had a contract to remove clinical and hazardous waste. This was with an external company. Hazardous waste included sharps bins. Sharps are items that can cause cuts or puncture wounds. For example, needles and broken ampoules. We saw a used sharps bin stored in the boot of the vehicle. This meant it was not stored safely because the sharps bin could fall over, and the contents could tip out. We highlighted this immediately to the RM who removed it.

### **Assessing and responding to patient risk**

# Emergency and urgent care

## **Staff completed risk assessments for each patient swiftly. Staff had support and guidance to act upon patients at risk of deterioration.**

Staff planned for risk at the point of booking(s) for events. They only accepted jobs they could safely plan for. Staff gave us examples of when they declined bookings. For example, when they had insufficient notice to safely plan for an event. Although we do not regulate events, this showed that they prepared for identified risk.

Staff transported patients to the nearest NHS emergency department when indicated by the patients' condition and clinical assessment. If the patients' condition indicated the need, the transfer was made under blue lights and the receiving hospital pre-alerted. They would request an air ambulance service if this was the most appropriate mode of transport for the patient's needs. Staff could contact the duty manager at any time for clinical advice and support.

Staff had access to information that they would need if there was a major incident. A major incident is any occurrence that presents serious threat to the health of the community, or causes such numbers or types of casualties, as to require special arrangements to be implemented. They would be allocated a hospital by the medical controller with an external ambulance service if necessary. The provider had a Major Incident Policy. This was updated in October 2019. It was due for renew in October 2020. The guidance contained clear information about their role and responsibilities.

Every patient record form (PRF), had a unique number to help identify patients and match them to their health care records. Staff recorded the patients' name, date of birth, next of kin and address. We saw details of the time they were called, the time they arrived on the scene and the time they arrived at the patient. Staff recorded details of how the patient presented, their past medical history and the results of their assessment. They recorded details of any medicine administered and care or treatment they provided. Staff signed their name and time of handover.

They recorded baseline observations which they monitored according to their concerns. Some of these included temperatures, blood pressure, heart rate, blood glucose level and level of alertness. However, in one out of the four sets of PRFs we saw that patient observations

were only recorded once. This was despite the journey time of over 30 minutes. There was no evidence of a second set of observations and no evidence that a pain score was recorded. We highlighted this to the registered manager. They told us that it was not necessary for a second set of observations to be taken and that was based on the clinical decision and that sometimes only one may be necessary.

## **Staffing**

### **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service took account of relevant legislation, health and safety executive legislation, and the guidance provided in the Events Industry Forum's Purple Guide. The Purple Guide provided national guidance to help services plan safe staffing for events. This helped to ensure there was enough staff, and the correct skill mix should the service need to transfer a patient to hospital and carry out regulated activity.

The registered manager (RM), told us that because events were planned, it was usually easy to allocate the right number of staff and skill mix to keep patients safe. This meant they could allocate staff to jobs according to their skills and qualifications.

The service employed a team of eight staff on zero hours contracts. These included paramedics, first responders and a technician. The provider did not use agency staff. They maintained their team of eight staff who they knew well. They sub-contracted additional staff through another independent ambulance provider that was registered with us. For example, if they needed a larger team for an event.

They had processes in place to ensure staff had the right qualifications, skills, training and experience to keep people safe and free from avoidable harm. This also provided assurance that staff would be able to provide the right care and treatment. Staff were not allocated work until they had provided the information required

The service interviewed staff and carried out pre-employment checks to assess the safety and suitability of staff in advance of offering them work. We reviewed four staff files. They completed Disclosure and

# Emergency and urgent care

Barring Service (DBS) checks before employing staff. The DBS check is the service provided by the Disclosure and Barring Service at the Home Office. The purpose of the DBS is to help employers make safe recruitment appointments to protect children and vulnerable adults.

We saw evidence that staff qualifications were checked and there was evidence of two reference checks in the staff files. This meant the provider had assurance that staff had the right qualifications and experience before they offered them work.

All staff that drove ambulances also performed this role as part of their substantive post with an NHS ambulance trust. The service required all staff that drove their ambulance to complete an accredited driving qualification. This included driving under blue lights. We saw evidence of driving qualifications for the relevant staff in the staff folders we reviewed. This meant the provider had assurances all staff driving their ambulances and rapid response vehicles had the necessary qualifications to enable them to do so safely, including under blue lights.

Staff were required to submit reports of any driving accidents. They had to provide the RM with details of any bans, restrictions or penalty points. The RM contacted the driver and vehicle licensing agency for confirmation that staff were deemed medically fit to drive.

## Records

**Staff did not always keep detailed records of patients' care and treatment. They were stored securely and easily available to all staff providing care.**

The provider used paper records called patient report forms (PRF). They were stored securely in a locked cabinet, secured by a PIN code. This was in the staff office which was a locked in an alarmed building.

There was a supply of blank PRFs in a documentation folder on the vehicle we inspected. This was for staff to use during an episode of care. Used forms were stored in a sealed envelope and returned to the office. They were reviewed by the registered manager and stored on site for ten years. After this, they were shredded and disposed of as confidential waste. This provided assurance that confidential waste was disposed of in line with the Data Protection Act (2018).

We reviewed four PRFs. They included a record of the care and treatment provided to the service user, and decisions taken in relation to their care.

## Medicines

**The service used systems and processes to safely prescribe, administer and record medicines. However, they could not monitor and maintain temperature regulation when away from the location.**

The provider had updated their Safe Handling and Administration of Medicines Policy in October 2019. This was due for review in October 2020. It provided clear guidance for staff on the supply, administration, storage, disposal and monitoring of medicines.

Medicines were obtained from an authorised licenced supplier which ensured the quality and integrity of available medicines.

The company held a wholesale dealers authorisation licence. The licence provided assurance that the quality and integrity of medicines would be maintained throughout the supply chain. The registered manager (RM), provided their professional registration details to the company to purchase and receive medicines.

Paramedics are authorised under a Home Office Group Authority to requisition and hold their own supply of controlled drugs and certain prescription only medicines. This is for use within their practice. We saw the RM obtained, held and administered medicines under this authority.

The RM had overall responsibility for ensuring all medicines were stored safely and securely in line with their policy. Medicines were stored in locked areas within their stores. An alarm was activated to the location's office when the storeroom was opened. Controlled drugs are medicines that require extra safety and security measures under the Misuse of Drugs Act 1971. This is due to their potential for diversion and misuse. They were stored safely and securely with access limited only to the RM. Other medicines were stored in a locked cabinet secured to the wall. Access to this was through a combination code. This area was not accessible to the public or unauthorised staff.



# Emergency and urgent care

We reviewed all medicines and saw they were in date. We saw that the service used a local pharmacy to dispose of medicines and controlled drugs that had expired. They were issued with a disposal certificate from the pharmacy. We saw evidence of this.

The provider also stored medicines in prepared bags. They were stored securely on vehicles and at the location. We checked a 'paramedic drugs pack' which included a list of all the medicines available in the pack. All the medicines listed were available in the pack and all in date.

We also checked a 'general drugs pack'. This could be used by non-registered staff. There was a list to confirm what medicines should be included. All the listed medicines were included, sealed and within date. They tagged the bags to provide assurance to staff that the bags were stocked and ready to use.

The room was temperature controlled to ensure medicines required to be stored at room temperature (15-25 degrees Celsius), were stored safely. The RM monitored the temperature. The RM advised us they used portable air conditioning units if the temperature exceeded the required temperature. However, this meant that the temperature was not monitored if the RM was away from the location.

We saw that medical gases were in date and stored securely on the vehicle. The provider had an agreement with a third-party service to supply medical gases and dispose of associated equipment, safely. However, we saw an empty cylinder was stored on a wall rack in their storage facility with other equipment. It was stored about five feet from the ground. This meant it could fall and injure someone. We highlighted this to the RM. They told us it was used for training purposes. They agreed to remove it and store it securely.

## Incidents

**Staff knew how to report incidents. Staff knew the importance of apologising and giving patients honest information and suitable support if things went wrong. Managers ensured that actions from patient safety alerts were implemented and monitored.**

The service had an incident policy which was updated in October 2019. The review date was October 2020. The

updated policy outlined what an incident and near miss were. It included incident categories. For example, health and safety, violence, abuse, clinical and non-clinical issues. There was a description of the objectives of the policy, staff roles and the reporting process. There was a clear process for staff to follow.

The provider had not reported any incidents or never events in the twelve months prior to the inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by the healthcare service. Each never event has the potential to cause serious harm or death.

It was a concern that there were no reported incidents. This could mean there were no incidents. It could also mean that "near miss" incidents were not reported, and the service was not learning from them or making improvements. However, staff were able to explain what an incident was, different types of incidents, how, and why to report them.

The provider received medicine alerts and medicine safety updates from the Medicines and Healthcare Products Regulatory Agency (MHRA). The registered manager (RM) disseminated this information to staff through their online communications channels and staff briefings. One example was given where guidance from the MHRA had changed regarding the storage of intravenous paracetamol. This was to reduce the risk of sharps injuries.

The duty of candour (DoC), Regulation 20 of the Health and Social Care Act 2008, relates to openness and transparency. This is a legal duty to be open and honest with patients, service users, or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. We read the providers Serious Incident Policy (October 2019). This outlined the principles of openness, honesty and transparency. It gave guidance on the responsibility of staff to apply these principles when something had gone wrong.

Staff told us they had never applied the DoC as they had not reported any incidents. However, staff were able to describe what it meant, why it was important and when to apply it. This was an improvement from our last

# Emergency and urgent care

inspection when staff had been unfamiliar with the regulation. We also saw that staff were required to complete mandatory training in being open and in obtaining consent. This provided assurance that staff had the necessary knowledge to support them to apply this legal requirement.

## Are emergency and urgent care services effective?

(for example, treatment is effective)

Good 

**This is the first inspection to be rated.** We rated it as **Good**

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

We reviewed the provider's policies. All policies included details of the author, the date they had been approved and the date they were due to be reviewed. They contained relevant, evidence-based information. For example, their Policy for the Supply, Administration, Safe Handling and Storage of Controlled Drugs outlined their responsibilities and accountability. It included guidance on how controlled drugs would be purchased and stored, how their usage would be recorded and administered, how any discrepancies in numbers must be managed and their safe destruction.

Policies were based on the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance. JRCALC provides expert advice with practical guidance. They used their guidance to ensure staff were supported in their role and provide assurance that they had clear guidance on how to provide safe and effective care.

Staff told us they accessed the service's policies and procedures via an online application. They could access them 24-hours a day. They received an alert when a policy or procedure was updated. Managers had a system that confirmed whether a member of staff had read the policies.

The provider had introduced a regular audit programme which the registered manager (RM) had oversight of. They diarised specific audit days to ensure they were completed three times a year. This included audits of infection prevention and control, medicine management, documentation, equipment and storage. We saw audits results were stored electronically and graded as pass, marginal or fail. All audit results for the previous 12 months had scored a 'pass'. This was an improvement from our last inspection when the provider did not complete any audits. However, the provider did not use specific audit tool(s) to measure audit standards. They completed the audits by visual checks. This meant the provider did not have evidence that standards were audited to provide assurance that practice was fully compliant with their policies and procedures.

### Pain relief

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

The service monitored and managed patients' pain in line with the Joint Royal Colleges Ambulance Liaison Committee guidance. They recorded pain scores before and after pain relief to monitor the effectiveness of pain relief and the patients' condition. They used a numerical score of one to ten to assess and record patients' pain in adults. They used a face pictorial tool to assess and monitor pain in children. The scale showed a series of faces ranging from a happy face at 0, or "no hurt", to a crying face at 10, which represents "hurts like the worst pain imaginable". We saw pain relief was managed and monitored using pain scores in patient care records.

### Response times

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients.**

The ambulances had tracking devices that linked to their monitoring system. This enabled them to monitor when a vehicle left and arrived at the planned location. The service monitored this in real time. This meant the service could monitor, record and audit the ambulance in real time, should they want or need to.



# Emergency and urgent care

This system allowed them to monitor urgent transport of patients to emergency services. This included the drivers' speed. The monitoring provided them with further assurance that staff drove safely under blue light circumstances.

## Patient outcomes

The provider did not participate in any national audits. This was because the volume of patients they treated when carrying out regulated activity was small.

## Competent staff

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

Staff told us they received an induction before they were offered any work with the provider. The induction included an overview of policies, kit, vehicles, portal access, identification, uniforms and terms and conditions. New starters were issued with a staff handbook. This was updated in October 2019 and due for renewal in October 2020. There was an outline of the provider's mission and values, details of how to access the staff portal and policies, code of conduct and terms and conditions. Staff had to sign to confirm they had read and fully understood the handbook and agreed to abide by their set of rules.

The registered manager (RM), completed one or two observations of new starters in practice. They offered unsupervised work when they were satisfied with the new starters' competencies and practice. The service demonstrated that 100% of staff had received an appraisal in the previous 12 months. We also saw evidence of this in the four staff files we reviewed. One member of staff had written, "feel continually supported and there is opportunity to develop skills." Staff told us appraisals were generally completed online although they could request one face to face.

Staff completed a self-assessment and the RM also completed their assessment of performance indicators. Some of these included creativity and innovation, understanding, knowledge and teamwork. The RM gave

feedback based on observations of practice and feedback from service users and colleagues. This meant the provider had up-to-date assurance around the competencies and performance of staff.

The RM also offered staff the opportunity to receive 360-degree feedback from the team. Staff told us they could request development opportunities. They gave us examples of requests for resources to support their work such as high viz jackets, which had been approved.

## Multidisciplinary working

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

Staff coordinated with doctors and other healthcare workers who were on site at events. We were given examples of when this had happened. There was a team briefing at the start of every event. The team leader led this. They ensured staff had all the relevant information for their shift. For example, contact details and chain of command.

The team leader facilitated simulation training at events. The team practised their clinical skills and used equipment that might be needed. The team leader assessed the effectiveness of clinical skills and team working. They fed back immediately to ensure the team practised in a safe and controlled environment.

The service provided first aid cover for sporting events at a school. Staff told us they worked well with the school nurses(s) and link GP. They had developed a specific patient record for their staff and the GP to use. This meant information was standardised and avoided duplication.

Staff handed over all clinical information to hospital staff when they transferred the patient. They told us they had a good rapport with hospital staff, there was mutual respect and they worked together well at handovers. We were not able to observe any handovers during the inspection.

Staff carried smartphones and radios which they used to contact the duty manager for support and advice. We were given examples of when the duty manager had organised back up support and staff told us they worked well as a team.

# Emergency and urgent care

## Health promotion

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

Staff gave us examples of when they provided advice at events such as healthy eating, the importance of adequate fluids and tips to stay safe in the sun. Although we do not regulate events, this showed that staff used opportunities to promote public health messages to support healthy living.

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

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

The service had a Mental Capacity and Deprivation of Liberty Policy. This was updated in October 2019. It was due for review in October 2020. The policy included staff responsibilities, key principles of the Mental Capacity Act (MCA), and Deprivation of Liberty Safeguards.

Staff told us they had not needed to complete a competency review or best interest decision in the previous 12 months. However, they showed an understanding of the MCA. They were able to explain the process they would follow if they had concerns about capacity.

We saw capacity forms in a documentation folder on the vehicle we inspected. Staff told us they could also access them via the staff e-portal.

The provider told us some of their work involved providing care and treatment to children. Parents accompanied children under the age of 16 years and were able to provide consent if needed.

Staff told us that would gain the consent of parent and child when caring for children. Staff were able to describe Gillick competency and how to apply it. Gillick Competence is the statutory process for assessing that children under the age of 16 years are competent to make decisions about their own care and treatment. Staff received training on this as part of their safeguarding

training. This meant the provider had assurance that staff had the training to support them to assess Gillick Competency and ensure they obtained consent in line with current legislation.

Staff told us they obtained consent for each element of care. For example, recording observations or moving a patient. We saw there was a section in the patient report form to record if a patient declined treatment.

## Are emergency and urgent care services caring?

Not sufficient evidence to rate 

**Not rated** as insufficient evidence.

## Compassionate care

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

Staff told us they maintained patients' privacy and dignity by using screens at events. They closed ambulance doors when they completed assessments or provided care in ambulances that were stationary. They put signs up that said, "do not disturb, assessment in progress." All their vehicles had blinds and one vision glass, so people could not see inside. They told us they asked patients how they liked to be addressed and spoke to them discreetly when other members of the public were nearby. They used modesty sheets for completing examinations and kept patients covered up as much as possible.

We read several examples of patient feedback that had been sent directly to the provider and provided online. The feedback was positive. Staff were described as "very helpful", "friendly" and "caring".

## Emotional support

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

We saw the providers Safeguarding Policy (October 2019), included information on how to understand the challenges a person living with dementia may have. This

# Emergency and urgent care

also included guidance on effective communication skills to use. For example, smiling, stopping what you were doing to focus on the person, and giving the person plenty of time to answer.

Staff described how they communicated with patients. They used child friendly language when talking to children. They made sure they understood what was happening. They checked that adults and children understood information.

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

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

We interviewed a member of staff at a nursing home by telephone. They told us the provider had transported a patient to them. They said the family had described them as marvellous. They had explained everything to the patient and their family. The family told staff, "we felt reassured, involved and safe". The patient had to be transported downstairs following a fall. They said staff were very careful and considerate. They pre warned the patient and family of road bumps during the journey. They slowed down and constantly checked if they were all OK.

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

(for example, to feedback?)

Good 

**This is the first inspection to be rated** .We rated it as **good**.

### Service delivery to meet the needs of local people

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

Clients who were event organisers and production companies, funded all the work that the provider carried out. The provider had enough time to plan for events as

most events were planned well in advance. This helped them to ensure they had the right number of vehicles, equipment and staff to effectively plan to keep people safe.

The provider met with clients in advance of events to help them plan effectively and to meet the expectations of the client. They requested that clients gave feedback following events or the transportation of patients to hospitals. We saw evidence of feedback and the provider monitored and acted on this. Although we do not regulate events, this provided assurance that the provider planned for situations where patients might need to be transferred to hospital.

### Meeting people's individual needs

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

The provider ensured that all staff completed mandatory training in equality and diversity. This was an improvement since our last inspection. This provided assurance that staff were aware of the importance of meeting individual needs.

The provider told us they had access to translation services. This was though a telephone translations service. They could also use translation applications on mobile telephones, multi-lingual phrase books and pictorial books to support effective communication. They told us they never used family or friends to interpret. This is in line with best practice.

Staff told us they did not have the equipment to safely transport bariatric patients. They would call 999 if a bariatric patient needed transporting from an event.

### Access and flow

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

The service mainly provided medical cover for events. They held contracts to cover some regular events such as sporting events for a school. They transported patients to emergency departments when they needed urgent or

# Emergency and urgent care

emergency care. They also completed some pre planned journeys. However, they had not completed any pre planned journeys in the 12 months prior to the inspection.

Patients could complete an online form or call the service direct to discuss a pre-planned journey. The registered manager managed these bookings as they were familiar with the capacity of the service.

Patients could access the service at any time while at an event. The service monitored response times using their tracking devices and they monitored journey times to hospitals. They also used the tracking devices to identify where vehicles were at larger events. This helped them to allocate vehicles nearest to the point of need. This provided assurance to the provider that they could attend to patients as quickly as possible.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

The provider had a complaints policy. This was updated in October 2019 and due for review in October 2020. This was an improvement from our last inspection when the policy did not include a review date. The registered manager had overall responsibility for managing complaints. The policy included clear guidance on how the service would review, monitor and respond to complaints. It also included a flow chart for quick reference. Staff could access the policy through their e-portal. The public could access it through the provider's website. The policy also included details of how to raise concerns with us.

The provider had not received any written or verbal complaints in the 12 months prior to the inspection. This meant we could not review how complaints were managed or whether there had been any learning from them.

However, we saw that the provider made it easy for people to make complaints and provide feedback. We saw business cards advertising details of how to submit an online complaint/feedback. They were given to all clients and patients. Staff told us they had a poster in

their ambulance which outlined how to make a complaint. However, we did not see this as we were unable to inspect the providers ambulance during our visit.

## Are emergency and urgent care services well-led?

Good 

**This is the first inspection to be rated.** We rated it as **Good**

### Leadership

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

The managing director was also the registered manager (RM). The provider had a team of eight staff. This included the RM, three paramedics, three first responders and one emergency medical technician. The paramedics, first responders and emergency medical technician were line managed by the operations manager. The operations manager and all other staff were responsible to the RM.

The RM told us their biggest asset was their staff. Staff told us the RM had an open-door policy and there was an emphasis on engaging with staff. The RM were described as "approachable", "fair", "caring", "a good listener" and "responsive to concerns".

Staff were encouraged to contribute their ideas and concerns. They could contact the RM to do this immediately, discuss it as part of their appraisal, or through their online communication channels. A member of staff had suggested in house training could be beneficial to support team building and wellbeing. Staff told us the RM was planning a team away day. This would include training updates and team building activities. We saw the agenda for this. It included time for socialising at the end of the day.

### Vision and strategy

# Emergency and urgent care

## **The service had a vision for what it wanted to achieve.**

Their mission statement was “To provide an outstanding service with the highest level of patient care, cleanliness and clinical excellence whilst being professional, safe and compliant with motivated, qualified and caring staff.”

The registered manager told us they ran their service using the ‘SAFER’ values and these were at the heart of everything they did. Their values included:

- Safe
- Approachable
- Friendly
- Efficient
- Responsive

Staff we spoke with understood the company’s values. This was reflected in our observations and feedback during the inspection. For example, the cleanliness of the vehicle, stock and equipment and staff and patient feedback.

## **Culture**

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff told us the culture was open and honest. The provider ensured they had the right training, skills and equipment necessary to complete their work. They told us they were supplied with enough uniforms, free training and equipment such as smartphones to support them to work efficiently.

Staff told us the registered manager led by example. They were described as open and honest. Staff felt this supported an open and honest culture. They told us there was “a high level of trust within the company. We feel comfortable to put our hand up when we make a mistake.” They gave us an example of when they broke a piece of equipment by mistake. They told us it was easy to report to this to the registered manager. This was because the culture celebrated honesty and learning.

We read the provider’s policy on equal opportunities. This was outlined in their staff handbook (October 2019). This outlined their commitment to treat all employees and applicants equally, and to appoint people based on their merit and ability. Their philosophy was to ensure staff and members of the public were treated equally. Staff told us the company was inclusive.

Their staff handbook also included guidance on whistleblowing. This included an outline of their role and responsibility in raising information of concern.

Staff were always offered a de-brief session following a difficult clinical scenario. For example, trauma. They received a wellbeing call, or face to face contact on the same day of the incident. Additional support was available. This included time off, support calls or meetings and access to counselling. We were given several examples of when this had been applied. We also saw information booklets to support mental wellbeing

## **Governance**

**Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The service was a small company that was run by the registered manager (RM). The paramedics, first responders and emergency medical technician were line managed by the operations manager. The operations manager and all other staff were responsible to the RM. They used a system of policies and audit to deliver their strategy and care. They did not have a governance body or governance meetings. They were able to monitor and support their small team using their existing system.

Staff were encouraged to contribute their ideas and concerns. They could contact the RM to do this immediately, discuss it as part of their appraisal, or through their online communications. A member of staff had suggested in house training could be beneficial to support team building and wellbeing. Staff told us that the RM was planning a team away day. This would include training updates and team building activities. We saw the agenda for this. It included time for socialising at the end of the day. We were also given other examples of ideas and concerns that staff had raised which had been listened to and actioned.



# Emergency and urgent care

## Management of risks, issues and performance

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

The provider had established a risk register to monitor risk and actions to reduce their impact. This was an improvement from the last inspection when we saw there was no risk register in place.

The risk register included a description of the risk, control measure(s) to reduce the identified risk, the likelihood of the risk happening, the impact of the risk and actions to reduce the risk happening. The registered manager (RM), was responsible for managing the risk within a reviewed period. For example, monthly or bi-monthly. However, it did not include the date that the risk was added.

Risks were potential risks. For example, the potential risk of losing equipment. This risk was controlled by mandating that all staff signed a logbook when they took kit out and returned it. Staff were also required to check equipment daily. They had to sign to confirm they had completed this. This also ensured that there was an audit trail. Another potential risk was if staff had not completed mandatory training. The RM reviewed the staff training register monthly to manage this risk. The system also notified them four weeks in advance of training expiry dates.

## Information management

**The service collected reliable data and analysed it. Managers could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

The information systems were integrated and secure.

Their policies gave clear guidance on data or notifications that were required to be submitted to external organisations.

All staff completed information governance training to be eligible to complete work for the company. Information governance provides a way for employees to deal consistently with the many different rules about how information is handled, including those set out in the Data Protection Act 2018.

## Public and staff engagement

**The registered manager and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

We saw that the service engaged with staff. Staff told us that management asked for their feedback in advance of buying new equipment and resources. Staff were able to contribute their ideas. For example, they asked for warmer jackets with hoods which the managing director (MD) authorised.

The registered manager (RM), arranged social events which enabled staff to share ideas for innovation and improvement. Staff were encouraged to share their ideas of how to improve the service as well as raise their concerns. We were given examples of ideas that had been implemented. They also collected feedback from staff through online questionnaires.

Staff gave examples of positive feedback they had received from the RM. We saw evidence that the RM disseminated feedback to individuals. They shared it more widely across their communication channels. The provider had an online site that was used as a communication channel. There was also an electronic communication group to enable team discussions. They were used to ask questions, share ideas and best practice. The RM monitored both. This was to identify and monitor any themes such as staff concerns.

The service offered emotional support to staff during debriefs and during face to face meetings. They encouraged staff to consider accessing emotional support through a designated charity. This was following distressing incidents from emergencies.

## Innovation, improvement and sustainability

**All staff were committed to continually learning and improving services. The registered manager encouraged innovation.**

The provider had made improvements since our last inspection. They had addressed all the issues that we raised at the last inspection. There was an emphasis on continually improving. They encouraged innovation and recognised that staff were their biggest asset. They

## Emergency and urgent care

wanted to know their staff well and maintained their team of eight staff. They organised social events and training. They believed it was important to value staff and invest in them.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should consider how it can effectively audit its practice.
- The provider should consider a risk assessment for the safety of medicines when they are away from the location.