

## A-Cute Medical Event Services Limited

# Jubilee Hall

### Quality Report

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

### Ratings

Emergency and urgent care services

**Requires improvement**



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Jubilee Hall is operated by A-Cute Medical Event Services Limited. The service provides an emergency and urgent care service by conveying patients from event sites to local NHS trusts or walk in centres. A-Cute Medical Event Services Limited was not commissioned by other organisations to deliver services. Work was acquired through tendering processes with event organisers.

We inspected this service using our comprehensive inspection methodology. We informed the service of our inspection, to ensure people we needed to speak with could be made available. We carried out this short notice inspection on 8 April 2019.

The service had one emergency ambulance it used to carry out the regulated activity for both adults and children.

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 emergency and urgent care.

We rated it as **Requires improvement** overall.

We found the following issues that the service provider needs to improve:

- There was not an effective incident reporting and management processes in place.
- The provider did not ensure all staff who worked for the service had a good understanding about their responsibilities and obligations towards the duty of candour legislation.
- The 'drugs protocols policy booklet' did not meet with legislative requirements and did not accurately reflect the service provided.
- There were gaps in the recording of staff recruitment information.
- The provider did not always ensure staff deployed to work for them could provide care and treatment based on national guidance.
- There was no Mental Capacity Act (2005) or consent policy to support staff in providing the service.
- Policies and procedures were not all relevant to the service being delivered or did not accurately detail current legislation and national guidance.

However, we found the following areas of good practice:

- The service took account of national guidance and local legislation to ensure there was enough numbers of staff deployed for event work. This included ensuring there were enough staff to convey patients from the event to the local acute hospital.
- There was a process to ensure staff completed their mandatory training.
- There was a process for safeguarding adults and children.
- A system and process had been developed to enable staff to keep detailed records of patients' care and treatment.
- There was a process for induction of staff when they were recruited, and on each day an event was run.
- There was a process for effective multidisciplinary team working.
- There was a process to ensure staff understood the Mental Capacity Act (2005) and how to apply the principles in practice.
- There was a process to enable people to give feedback and raise concerns about care received.

# Summary of findings

- The service had a system for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Following this inspection, we told the provider that it must take some actions to comply with the regulations. We also issued the provider with two requirement notices. Details are at the end of the report.

## **Dr Nigel Acheson**

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

# Summary of findings

## Our judgements about each of the main services

### Service

**Emergency and urgent care services**

**Requires improvement**

### Rating



### Why have we given this rating?

The service provided medical assistance at events. The service undertook regulated activity by conveying patients to hospital.

We rated this service requires improvement for safe, effective, responsive and well led. We did not rate caring and responsive as there was insufficient evidence to rate.

Requires improvement 

# Jubilee Hall

## Detailed findings

### Services we looked at

Emergency and urgent care

# Detailed findings

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## Background to Jubilee Hall

Jubilee Hall is operated by A-Cute Medical Event Services Limited. It is an independent ambulance service in Southampton, Hampshire. The service primarily serves the communities of the Southampton and London area.

A-Cute Medical Event Services Limited was first registered with the Care Quality Commission (CQC) on 24 August 2017. At that time the provider was registered to carry out the regulated activity from a different location. On 26 February 2019 the registration of A-Cute Medical Event Services Limited was changed by the CQC, the regulated activity is now carried out from Jubilee Hall.

The service was registered with CQC, so it can convey patients from event sites to NHS hospitals or walk-in centres. The service had two ambulances and a rapid response vehicle. We have only reported on the ambulance vehicle used for the regulated activity.

A-Cute Medical Event Services Limited was not commissioned by other organisations to deliver services. Work was acquired through tendering processes with event organisers.

The service for this location has had a registered manager in post since 26 February 2019. A registered manager is a person who has registered with CQC to manage a service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist advisor with expertise in paramedic services. The inspection team was overseen by Amanda Williams, Interim Head of Hospital Inspection.

## Facts and data about Jubilee Hall

The service is registered to provide the following regulated activities:

Transport services, triage and medical advice provided remotely

# Detailed findings

## Treatment of disease, disorder or injury.

During the inspection, we visited the office at the registered services address. The ambulance used for the regulated activity and associated equipment was kept here. We spoke with the registered manager and training manager. During our inspection, we were unable to review any patient records, as no patients had been conveyed to hospital or a walk-in centre since this location was registered on 26 February 2019.

The service recruited three contracted staff and approximately twenty subcontracted staff. These staff were employed as and when they needed to deliver the service at events where they may be required to convey patients to a local NHS hospital or walk-in centre. We were not able to speak to any of these staff. We were not able to observe any care being delivered to patients or speak with them as there was no one receiving care during our inspection.

There were no special reviews or investigations of the service ongoing since the service registered at this location 26 February 2019. This was the service's first inspection since registration with CQC at this location.

## Activity

- In the period since 26 February 2019, when the service registered at this location there have been no emergency and urgent care patient journeys undertaken.

There were no registered paramedics or paramedic technicians employed by the service, other than the registered manager who was a registered paramedic and the training and procurement manager who worked as an Institute of Health and Care Development ambulance technician. Sub contracted staff included a doctor, nurses, paramedics, emergency care practitioners, responders and first aiders. The service provided did not require a Home Office controlled drug licence.

## Track record on safety

- No never events
- No reported clinical incidents
- No reported serious injuries
- No reported complaints

## 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	Not rated	Not rated	Requires improvement	Requires improvement
Overall	N/A	N/A	N/A	N/A	N/A	N/A

# Emergency and urgent care services

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

## Information about the service

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 office at the registered services address. The ambulance used for the regulated activity and associated equipment was kept here. We spoke with the registered manager and training manager. During our inspection, we were unable to review any patient records, as no patients since this location was registered on 26 February 2019 had been conveyed to hospital or a walk-in centre from an event.

The service recruited three contracted staff and approximately twenty subcontracted staff as and when they needed to deliver the service at events where they may be required to convey patients to a local NHS hospital or walk-in centre. We were not able to speak to any of these staff. We were not able to observe any care being delivered to patients or speak with them as there was no one receiving care during our inspection.

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Track record on safety

- No never events
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- No reported serious injuries
- No reported complaints



# Emergency and urgent care services

## Summary of findings

We found the following issues that the service provider needs to improve:

- There was not an effective incident reporting and management processes in place.
- The provider did not ensure all staff who worked for the service had a good understanding about their responsibilities and obligations towards the duty of candour legislation.
- The 'drugs protocols policy booklet' did not meet with legislative requirements and did not accurately reflect the service provided.
- There were gaps in the recording of staff recruitment information.
- The provider did not always ensure staff deployed to work for them could provide care and treatment based on national guidance.
- There was no Mental Capacity Act (2005) or consent policy to support staff in providing the service.
- Policies and procedures were not all relevant to the service being delivered or did not accurately detail current legislation and national guidance.

However, we found the following areas of good practice:

- The service took account of national guidance and local legislation to ensure there was enough numbers of staff deployed for event work. This included ensuring there were enough staff to convey patients from the event to the local acute hospital.
- There was a process to ensure staff completed their mandatory training
- There was a process for safeguarding adults and children.
- A system and process had been developed to enable staff to keep detailed records of patients' care and treatment.
- There was a process for induction of staff when they were recruited, and on each day an event was run.
- There was a process for effective multidisciplinary team working.
- There was a process to ensure staff understood the Mental Capacity Act (2005) and how to apply the principles in practice.

- The service had a system for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Emergency and urgent care services

## Are emergency and urgent care services safe?

Requires improvement



### Incidents

#### **There was not an effective incident reporting and management process in place.**

- The service had an incident reporting policy. However, there was no date when the policy was produced, version number, author or when due for review. To ensure policies remain up to date, it is important to have review dates. The registered manager told us they would review the incident policy in relation to this concern. The policy also referred to a 'Counter Fraud Policy' which was not available.
- The policy did not refer to the duty of candour. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The meant staff may not recognise when they had an incident that required duty of candour, and their responsibilities in relation to the duty of candour. The registered manager told us they would amend the policy to include information about the duty of candour and associated responsibilities.
- However, the registered manager had an awareness of duty of candour, as this was included in the 'A-Cute medical 3rd party due diligence declaration' signed before any events took place.
- The incident reporting policy did not include a template incident report form for staff to use. The registered manager told us they would develop an incident report form. However, at each event as part of the induction process, staff were advised to report any issue to the duty manager.
- The registered manager told us there had been no reported incidents since they were registered with the Care Quality Commission (CQC) at this location.

### **Mandatory training**

#### **There was a process to ensure staff completed their mandatory training.**

- Mandatory training included basic life support, advanced life support, manual handling, ambulance driving, safeguarding, and health and safety for paramedics. Ambulance technicians completed the above training, other than advanced life support.
- Staff training was recorded on paper forms. The training manager told us the recording of training undertaken by staff was in the process of being developed into an electronic spreadsheet. This was to enable an overview of staff training, rather than the need to review individual staff files.
- The registered manager had created a form entitled 'A-Cute Medical 3rd party due diligence declaration'. This included a section on staffing and evidence of staff training. The registered manager told us the due diligence declaration was completed before any events took place. The declaration was then signed by a representative of the organisers of the event and the registered manager.

### **Safeguarding**

#### **Systems and processes were in place to support staff to understand how to protect patients from abuse and the service.**

- The safeguarding lead was the registered manager. To support them in the role, they had undertaken a two-day face-to-face safeguarding children managers' course level five, and a level three course in the safeguarding of vulnerable adults. The service had also trained a member of staff who worked as needed to safeguarding level four children.
- The service had a safeguarding service users' policy, due for review in July 2019. The policy detailed types of abuse, signs of abuse, how to raise safeguarding concerns, where to report abuse or suspected abuse, and useful advice numbers and contacts.
- The provider told us that staff employed to work at events, would have completed level three adults and children safeguarding training.
- The registered manager had produced a staff handbook, which was given to all staff used by the service during their recruitment. The staff hand book detailed staff responsibilities about safeguarding children and adults, with a section about safeguarding and a section that signposted staff to the service's safeguarding policies.

### **Cleanliness, infection control and hygiene**

# Emergency and urgent care services

**The service controlled infection risk well. Systems and processes were in place to keep the equipment and vehicle clean. They used control measures to prevent the spread of infection. However, the checklist did not provide detailed guidance for staff on what to check was clean in the vehicle.**

- The service used one ambulance for the conveyance of patients. When we inspected the vehicle, the inside and outside were visibly clean. The registered manager told us the service had a contract for the vehicle to be deep cleaned every three months, or sooner if needed. For example, after transporting a patient with diarrhoea or vomiting.
- Hand sanitising gel and protective personal equipment such as gloves and aprons were available.
- Decontamination wipes were available on the vehicle so that staff could clean equipment between patient journeys.
- The service had an infection policy that was due for review in July 2019. The policy included guidance regarding hand hygiene, use of personal protective equipment, management of a spillage and needlestick injuries.
- The registered manager explained there was guidance in the staff handbook about infection control. At each day at an event, a briefing would be given about the prevention and control of infection.
- On the vehicle used to convey patients, one of the lap belts on the stretcher was cloth and frayed which would be difficult to clean effectively. The registered manager told us they would replace this lap belt with a wipe down belt. The other belt with the stretcher was made of a wipe down material.
- The service had a vehicle checklist, which included a box to tick if the vehicle was clean. This vehicle checklist did not provide detailed guidance for staff on what to check was clean in the vehicle.

## Environment and equipment

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

- The premises were secure. The vehicle used for regulated purposes was secure in a compound at the registered location.

- The registered manager told us that the system in place was that staff cleaned, restocked and made vehicles ready when they returned to the registered location.
- On the ambulance used for the regulated activity there was equipment suitable for adults and children. This included paediatric oxygen masks and nebuliser masks. If the service needed to convey a child to hospital, the registered manager told us they had a suitable seat and straps.
- We saw evidence that the vehicle used for the regulated activity had an up to date MOT and vehicle excise duty. The vehicle was registered with a local garage for servicing. The service had vehicle breakdown cover for emergency assistance should the vehicle develop a fault.
- The tail gate lift on the back of the vehicle was due for the next service in September 2019. Servicing records were available for other items used by the vehicle. This included the automatic external defibrillators that were next due for service in May 2019.
- The service had facilities for the correct segregation of clinical and non-clinical waste into different coloured bags. This was in line with Health Technical Memorandum 07-01, Control of Substances Hazardous to Health, and the Health and Safety at Work Regulations. The provider had a sharps bin on the vehicle. This was important to prevent injury to staff and patients from sharp objects such as needle sticks.

## Assessing and responding to patient risk

**A system was in place for staff to complete and update risk assessments for each patient. Staff would be able to obtain support when necessary.**

- The service used the AVPU scale (an acronym from alert, voice, pain, unresponsive) system for staff to measure and record patients' level of consciousness. To support staff in assessing patients the AVPU scale was included on the 'patient casualty form'. The form also included space for a series of patients' observations to be recorded, and pupil reactions.
- The registered manager told us that at all events there would be a clinical team leader who staff could contact for immediate advice regarding escalation, if patients were deteriorating. Staff could also contact the duty manager for advice at any time using their mobile telephones.

# Emergency and urgent care services

- The registered manager told us that the staff daily briefings at events would be based on patients risks related to the event. This included anaphylaxis, sepsis, falls and drugs.

## Staffing

### **The service had enough staff for events it was contracted to provide medical assistance for.**

- The registered manager told us there two of the three contacted staff and approximately 20 subcontracted staff who could carry out regulated and non-regulated activity.
- The registered manager used the 'Purple Guide to Health, Safety and Welfare at Music and Other Events' to determine safe staffing levels and skill mix for different events. The Purple Guide provided national guidance to help services plan safe staffing for events. This helped the service ensure there was a sufficient number and skill mix of staff on shift should the service need to transfer a patient to hospital and carry out a regulated activity.
- The service was developing a spreadsheet with details of staff, so they could match staff with suitable jobs according to their skills and qualifications. The registered manager told us that as events were planned in advance, this would enable an appropriate number and skill mix of staff to be allocated.

## Records

### **A system and process had been developed to enable staff to keep detailed records of patients' care and treatment.**

- The service had 'patient casualty forms' that staff completed following their assessment and treatment of patients. We could not review any completed forms as no regulated activity had taken place since the provider registered at this location.
- The staff handbook provided guidance for staff about the completion and management of the 'patient casualty forms', to ensure effective completion and confidential storage of the casualty forms.
- The registered manager told us that they would put copies of the 'patient casualty forms' on to a hard drive, and the paper copies would then be shredded.

- The registered manager had a tool to audit completion of casualty forms. We could not review any record keeping audits as no regulated activity had taken place since the provider registered at this location.

## Medicines

### **There were systems and process for the administration, recording and storage of medicines. However, the patient group directions had not been reviewed by a pharmacist and the balance of controlled drugs was not clear.**

- There was a 'Drug Protocol Policy Booklet' (dated June 2017) for staff to follow for the order, storage and administration of medicines. The policy did not detail the disposal of medicines. When we asked the registered manager, they advised medicines were taken to the pharmacy for disposal.
- Patient group directions (PGDs) allow healthcare professionals to supply and administer medicines to pre-defined groups of patients, without a prescription. In this service paramedics worked under PGDs to ensure timely access to medicines. Staff had to sign to agree they were competent in the use and administration of the drugs listed and read and understood the providers 'Drug Protocol Policy booklet'.
- There was no evidence that a pharmacist was involved in writing the review of PGDs. This is a requirement of medicines legislation. This was particularly important for the medicines Ipratropium bromide, Salbutamol, Codeine 30mgs and Aspirin 300mgs (if used for stroke or antiplatelet for myocardial infarction) that can only be administered by paramedics using PGDs.
- There was one medicine listed twice in the 'drugs protocols policy booklet', this was Chlorphenamine (Piriton) and later on in the protocol was written 'Piriton Allergy' with the word allergy spelt incorrectly. Other medicines spelt incorrectly included 'Codine Phosphate 30mgs' should be Codeine Phosphate 30mgs and 'Chlorhetamine 1ml', should be spelt Chlorphenamine. For Paracetamol intravenous administration was listed as well as oral. However, when we spoke with the provider, they explained they no longer carried Paracetamol for intravenous use. The provider had also included guidance under 'Ampoules' to re-cap the needle after use. The European (EU) directive 2010/32/

# Emergency and urgent care services

EU states recapping must be banned. For the medicine Salbutamol, there was no drug form stated, for example, nebulas to be given through a nebuliser. The concerns identified could lead to medicine administration errors.

- The registered manager used a tagging system for the three ambulance medicines' packs. The tagging system enabled the registered manager to identify if medicine packs had been tampered with. The tagged medicine bag tags were kept in a secure location. We checked a medicines' pack, and the medicines were in date. The registered manager had a recording system, which listed all the medicines. The system ensured that all medicines used by registered staff could be accounted for.
- The medicines used included controlled drugs. The controlled drugs were purchased by the registered manager who was a paramedic and stored in a safe. This practice met national guidance for management of controlled drugs. For an event, there were two tagged medicines bags with controlled drugs stored securely. These were those which the paramedic would take to events.
- The record sheet for controlled drugs purchased was clear for the amount purchased and date of purchase. However, the way the stock balance had been recorded did not clearly document the amount used, for example one entry showed that one ampoule had been used, and there were seven ampoules left. However, the balance read as if there were eight ampoules left in stock.

## Are emergency and urgent care services effective?

Requires improvement



### Evidence-based care and treatment

**The registered did not always ensure staff deployed to work for them could provide care and treatment based on national guidance.**

- Policies and procedures referenced some professional and national guidance. However, the guidance was not always current. The incident policy was not dated as to when created, had no author or when the policy would be reviewed. It is important that policies are reviewed regularly, to ensure any updated guidance is included.

There was no reference to the duty of candour. The complaints policy referenced a committee that did not exist within the company. The registered manager told us that staff provided care and treatment to patients in line with the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice guidelines. We saw copies of the JRCALC guidelines at the location, and the registered manager, a paramedic, had the JRCALC application that they were able to show us on their mobile telephone.

- The registered manager told us, that as part of the risk assessment for an event, they would ensure they would be able to convey patients in a timely manner and meet national guidance for time-critical treatments. This included the vehicle used for regulated activated being parked near the main road with easy exit from the event site.

### Pain relief

**A system was in place for staff to assess and monitor patients regularly to see if they were in pain. Staff would be able to give pain relief if required.**

- Guidance was provided in the staff hand book and JRCALC guidelines to support staff with their assessment of patients, and the type of pain they may be experiencing.
- Registered paramedics were able to administer analgesia, as analgesia was contained within the medicine packs taken to events. Nitrous oxide with oxygen, an inhaled analgesic gas, was also available on the vehicle used to convey patients to hospital or a walk-in centre.

### Patient outcomes

**There were limited processes to monitor the effectiveness of care and treatment.**

- The registered manager told us they had an audit tool to monitor patient casualty forms. They said they would audit all patient casualty forms. This would enable the registered manager to monitor the completeness of the forms which included recording if a patient taken to hospital. This might be during the event, or after an event if there was not time during the event. The registered manager told us they would provide feedback to the member of staff as required.

### Competent staff



# Emergency and urgent care services

**The service made sure staff were competent for their roles, although some information on staff was incomplete.**

- We reviewed four staff files and there was evidence that recruitments checks were carried out which included obtaining references and Disclosure and Barring Service (DBS) checks. However, of the four files we reviewed a reference was missing in one, which the registered manager told us they would ensure was completed. In the same file there was no evidence of a DBS check.
- The registered manager explained there was not a recruitment policy. Recruitment checks undertaken were detailed in the staff handbook. The checks included, the completion of an application form satisfactory references, passport photograph for identification card, driving license and a recent enhanced DBS check.
- The registered manager told us that when staff commenced, as part of the induction process, they were all given a staff handbook. The handbook included information about safeguarding, record keeping, medicines management, uniform, manual handling and infection control.
- The service had a driving standards manager who carried out twice yearly driving licence checks. All staff who drove Jubilee Hall's vehicles (whether owned or hired by the provider) had to complete a driving-standards driving assessment. Blue light drivers had to complete section 19 of the Road Traffic Act assessment. If the driver was successful they were issued an emergency driving assessment certificate. We were only able to see the registered manager's certificate at the inspection, as the other certificates were not present in the staff files. The registered manager told us that when planning for an event they would check that the staff being used for an event had an up to date certificate.
- At events, staff would be supervised as a clinical team leader would be part of the staffing. This meant there was a process to ensure staff provided safe effective care and treatment to patients. The registered manager would check the clinical leader mandatory training up to date before the allocation of a clinical leader to an event.
- There was an appraisal process in place. The registered manager told us that in September of each year staff

would be met with for 'annual training and 1 to 1 managerial quality assurance checks'. The discussion included training undertaken and when due, and career aspirations.

- The registered manager advised us that each day of an event an induction took place, to ensure staff had all essential information needed. This included the names and roles of team members, layout of the site, and a radio to be able to contact team members.

## Multidisciplinary working

**There was a process for staff to work together to benefit patients.**

- At large events, a safety advisory group (SAG) meeting would be held, to which the registered manager would attend. Other attendees would include the event organisers, local council and police.
- The registered manager said they telephoned the NHS command duty officer at the local NHS ambulance trust, if they were able to respond to an incident at an event. This was in case a member of the public called the NHS ambulance service, without the realisation an ambulance was on site. This ensured that the NHS ambulance service were able to respond to calls from the community.

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

**The registered manager understood how and when to assess whether a patient had the capacity to make decisions about their care. There was a process to ensure staff understood the Mental Capacity Act (2005) and how to apply the principles in practice.**

- The registered told us during staff induction they would go through the principles of the Mental Capacity Act (2005) and the updates from the Social Care Institute for Excellence (SCIE) and trained their staff in recognising and gaining consent from patients. The process was that subcontracted staff would sign a due diligence form to say that they are compliant and up to date with the Mental Capacity Act (2005).
- The service did not have a Mental Capacity Act (2005) and deprivation of liberty safeguards policy to provide

# Emergency and urgent care services

guidance to staff, and there was no reference to this in the staff handbook. However, the patient casualty form did prompt staff to assess patients' mental capacity before assessment and treatment took place.

- The registered manager shared with us a two-sided form that had been developed to support staff with assessing patients' ability to consent to care and treatment. The form complied with the principles of the Mental Capacity Act 2005.

## Are emergency and urgent care services caring?

Not sufficient evidence to rate

There is insufficient evidence to rate Caring. At the time of inspection patients had not been conveyed from this location.

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

Not sufficient evidence to rate

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

#### The registered manager tendered for and planned services to meet the conveyancing needs of the local population at events.

- The service was not commissioned by any other organisations to provide an ambulance service. The service tendered for business events held mainly in the Southampton area and London. It was from these events that the service conveyed patients to the local acute NHS hospital or walk-in centre.
- The registered manager planned staff numbers and skill mix in response to the need to have capacity to convey patients to the local NHS hospital from the events they were contacted to provide a service for.

### Meeting people's individual needs

#### The service took some action to take account of patient's individual needs.

- The service did not have a contract for interpretation services. The registered manager told us they would

draw pictures if needed to communicate with patients. The registered manager told us that staff could also use an online interpretation service through their mobile telephones.

- The service did not have equipment to support conveyance of bariatric patients. The local NHS ambulance service was used if a patient was assessed as needing bariatric equipment to be conveyed safely.
- The registered manager had evidence of having completed equality, diversity and human rights training and dementia awareness training. We did not see any records that other contracted and subcontracted staff who may be asked to convey patients had completed this training.
- The vehicle had different points for entry, which included a sliding door and tailgate lift, so people who were mobile or in wheelchairs could enter the vehicle safely.
- The registered manager told us if patients were violent or aggressive the support of the police or event security would be sought. Staff were also given advice in the staff handbook about managing patients who were violent or aggressive.

### Access and flow

#### People would be able to access the service when they needed it

- The service only worked at events for which they had been awarded the contract to provide the medical or first aid service. Since the service had registered at this location, the service had not conveyed any patients to hospital.
- People could access the service at any time while at an event. Patients would be able to access a medical or first aid post for initial assessment before transferring to ambulance crews if they needed transfer to hospital.

### Learning from complaints and concerns

#### There was a process to enable people to give feedback and raise concerns about care received. However details in the complaints policy were not fully relevant to the service provided.

- The registered manager shared with us a complaints' leaflet the service had developed. The provider told us during the inspection that information about how to

# Emergency and urgent care services

make a complaint was made available at events and in the ambulance. There was no information on the provider's website, advising patients how to raise concerns or make a complaint.

- The service had a complaints policy. This had a date of issue June 2017, and version number, but not a date when the policy would be reviewed. The policy set out the actions, and timescales for investigating and responding to complaints. However, detail in this policy was not fully relevant to the service provided. This described a role such as complaints manager and a committee 'the clinical quality, safety and governance committee', that did not exist in the service. The policy did not set out clearly, how patients could raise concerns or make a complaint.
- Since the provider had registered at this location they had not received any complaints from patients, or from event organisers they were contracted to work for.

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

Requires improvement



### Leadership of service

**Managers at the service had the right skills and abilities to run a service providing high quality sustainable care.**

- The managing director was also the registered manager, and a registered paramedic. Other members of the leadership team were a clinical advisor who was a local GP, driving standards and procurement manager, training manager and a company secretary. The training manager had recently commenced in post.
- The registered manager's previous roles included working as a paramedic and operational manager for an NHS ambulance service. They had also undertaken an advanced level apprentice in management, giving them the knowledge and skills to undertake the leadership role for the service.
- The registered manager told us they were frequently part of the allocated staff at events, giving them visibility both to staff working for the service and event organisers. We found the registered manager to be helpful and approachable during our inspection.

### Vision and strategy for this service

**The provider had developed a vision and strategy for what they wanted to achieve.**

- The vision and strategy for the service was: To provide dedicated professional medical care to those in need; To ensure that care is safe; To manage the service with due diligence; To respond to complaints or thanks in a timely manner; To comply with all current legislation.

### Culture within the service

**There were indications that the service encouraged a positive culture.**

- The service had a whistle blowing policy. This indicated and provided assurance that the service did encourage an environment where staff would feel comfortable to raise concerns. The presence of the policy was not specifically highlighted in the staff handbook, however staff were guided to read policies created by the service.
- The lack of policy detail about the duty of candour in the incident policy meant there was no assurance that the culture of being open and honest with patients was fully considered and embedded into the running of the service.
- At events staff could access support from the clinical team leaders and at the daily event briefings, which was indicative that a positive culture was considered.

### Governance

**There were limited systems and processes to improve service quality and safeguard high standards of care.**

- There was no process or programme to ensure policies and procedures were reviewed. For the seven policies and procedures we reviewed, three had the version number, date commenced, author and when due for 'revision'. One had some of this information, and three had no version control information. This did not provide assurance that policies and procedures were current and include guidance that reflected national guidance. The incident policy made no reference to the duty of candour legislation. Information in the complaints policy was not all relevant to the service provided.
- Agreements with third party providers included agreements with a waste company, cleaning and equipment companies to safeguard high standards of care within the service.



# Emergency and urgent care services

- The registered manager told us about the coordination arrangements that would be in place as part of following the national guidance in The Purple Guide and The Blue Guide for undertaking risk assessment prior to events. This included working with the local authority, event organisers and police, to ensure responsibilities, roles and accountability were clear. In the staff handbook it was noted that if a major incident was declared at an event, the NHS ambulance service would take the lead and coordinate ambulance support.
- The registered manager told us they were planning to arrange a governance meeting in April 2019 following the service change of location.
- The service was a member of the Independent Ambulance Association (IAA). The IAA is formally recognised by government, NHS, department of health and transport and media outlets as the voice of the independent ambulance sector. The registered manager found information produced by the IAA useful for information to support developments in the service.

## Management of risk, issues and performance

### **The service had a system for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**

- The registered manager knew and understood the risks to the service. There was a process to identify, record risk to the business and monitor effectiveness of action to reduce the level of risk. When we spoke with the registered manager risks identified included: equipment breakdown, equipment shortage and staffing challenges. The registered manager talked about actions to reduce these risks. Actions included checking the vehicle used to convey patients the day before an event and equipment used.
- A documentation audit tool had been developed by the provider. This provided assurance that when regulated activity took place, areas for improvement in record keeping could be identified and monitored. There were no other systems or audit tools to monitor if improvement may be required, for example a hand hygiene audit or a detailed vehicle cleanliness check audit.
- The registered manager told us they were on the National Events Intelligence Unit mailing list. The registered manager showed us a recent update they had

been sent. This information the registered manager was able to share with staff for awareness during daily induction sessions at events, to help safeguard people and service staff at events.

## Information Management

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

- The registered manager told us they would scan 'patient casualty forms' on to a hard drive, which would then be securely stored. The paper copies of the form were shredded with a shredder approved for confidential documents.
- Risk assessments for events undertaken by the risk manager were stored in a file in the location's office, which was locked.
- The training manager we spoke with explained they were in the process of developing spreadsheets for the recording of staff training.

## Public and staff engagement

### **There was a process to engage with the public, although as yet no evidence of this leading to service improvement or development.**

- The registered manager shared with us feedback forms developed for members of the public to be able to complete at events.
- The views of staff about working for the service were gathered informally at events, and during staff annual training and appraisal meeting.

## Innovation, improvement and sustainability

### **The service was committed to improvement through promoting sustainability.**

- The registered manager told us they had worked closely with a leader in sustainability. The service reached the level required to apply for ISO 20121 Sustainability Event Certification. ISO 20121 was management system that enable an organisation involved in events to remain financially successful, become more socially responsible and reduce their environmental footprint. The service aim was to continually monitor and maintain a sustainable delivery of services without compromising patient safety or treatment.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital MUST take to improve

- Ensure there is an effective incident reporting system in place.
- Ensure all staff who work for the process have a good understanding about their responsibilities and obligations towards the duty of candour legislation.
- Ensure the 'drugs protocols policy booklet' is reviewed to meets legislative requirement and accurately reflects the service provided.
- Ensure staff recruitment information is fully completed.
- Ensure that audits are planned for and take place such as for infection control.
- Ensure all policies and procedures are relevant to the service delivered and where relevant, accurately reflect current legislation and national guidance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>2)(g) the proper and safe management of medicines</b></p> <p>These policies and procedures should be in line with current legislation and guidance and address:</p> <p>Supply and ordering storage, dispensing and preparation Administration Disposal Recording.</p> <p>The drug protocols policy booklet did not include the disposal of medicines, included a medicine no longer used, contained spelling errors of medicines that may lead to error. There was no evidence that a pharmacist had reviewed and agreed the patient group directions (PGDs) for four medicines which required a PGD, which is a legal requirement.</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17(2) (a) Good Governance</b></p>

## Requirement notices

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Not all policies were relevant to the service delivered or accurately reflected current legislation and national guidance.

The incident policy did not support a culture of learning, openness and transparency, as there was no reference to the duty of candour regulation.

Information should be up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated, and appropriate action taken.

There were gaps in the recruitment information held by the service.