Prehospital Advanced Care Team Ltd

Prehospital Advanced Care Team

Quality Report

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

Ratings

Overall rating for this ambulance location	Good
Emergency and urgent care services	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Prehospital Advanced Care Team is operated by Prehospital Advanced Care Team Ltd. The service provides a patient transport service from events.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 4 July 2019.

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.

Our rating of this service was **Good** overall.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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

  Heidi Smoult

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services	Good 	The service provided patient transport services from events to hospital. We rated it as good because the service was safe, effective, caring, responsive and well led.

Prehospital Advanced Care Team

Detailed findings

Services we looked at
Emergency and urgent care

Detailed findings

Contents

Background to Prehospital Advanced Care Team

Prehospital Advanced Care Team is operated by Prehospital Advanced Care Team Ltd. The service opened in 2018. It is an independent ambulance service in Willenhall, West Midlands. The service provided event support (not regulated) and patient transport services to hospitals nationwide.

The service has had a registered manager in post since September 2018. At the time of the inspection, the manager had just resigned. One of the directors was in the process of registering to become the new manager. This was the first inspection since registration.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise as a paramedic. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

How we carried out this inspection

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the ambulance station. We spoke with five staff including; registered paramedics, patient transport drivers and management. During our inspection, we reviewed four sets of patient records.

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

Detailed findings

Facts and data about Prehospital Advanced Care Team

Activity (September 2018 to June 2019)

- There were four patient transport journeys undertaken.

Three registered paramedics worked at the service, which also had a bank of temporary staff that it could use. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- No never events
- Clinical incidents: one no harm, no low harm, no moderate harm, no severe harm, no deaths
- No serious injuries
- No complaints

Our ratings for this service

Our ratings for this service 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

Notes

Emergency and urgent care services

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

Information about the service

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Emergency and urgent care services

Summary of findings

We found the following areas of good practice:

- Effective infection control procedures with high standard of cleanliness.
- Passionate, committed, caring staff putting patients at the centre of their care process.
- Well skilled staff aware of own scope of practice within the company. Continual professional development offered to staff with management oversight of skills.
- Clear well-defined governance structure with effective method to implement new guidelines into practice.
- Service responsive to individual needs, particularly in relation to patients living with dementia through innovative communication techniques. For example, communication book with pictorial cards.
- Supportive management team who promoted a no blame, open culture and encouraged staff feedback.

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

- There were no paediatric ambulance bed harnesses to ensure children were made secure during transit.

Are emergency and urgent care services safe?

Good

Our rating of safe was **good.**

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.** Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff had access to a policy on managing incidents on the staff intranet.
- Paper incident forms were kept on both ambulances. Staff could also complete an electronic version at the base.
- Staff explained they had one-to-one discussions with senior management to discuss incidents they had been involved with. Staff received incident feedback via email.
- Wider learning from incidents was updated on the governance section on the staff intranet. From September 2018 to June 2019, there were no reported serious incidents. Serious incidents are adverse events, where the consequences are so significant or the potential for learning is so great, that a heightened level of response is justified. There had been one, no harm clinical incident recorded since registration in September 2018.
- Staff understood their responsibilities under the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Mandatory training

- **The service ensured all staff received mandatory training in key skills.**
- Most staff received their mandatory training at their main place of work within the NHS. The service provided training for non-NHS staff.
- The service monitored and checked that staff had received their mandatory training. Senior management notified staff when training was required prior to expiry dates. If required training was not updated, staff were put on hold and not able to be allocated work.
- We saw training logs which showed that most staff had received all their mandatory training. Two staff out of 24 were out of date with one training course.

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**.**
- Staff had access to safeguarding policies and procedures on the staff intranet. They included information on modern slavery. Ipads were available for staff to access policies when they were off site.A safeguarding flowchart poster was displayed at the ambulance base.
- All staff were trained to level 2 for adult safeguarding and level 3 for children safeguarding.
- Staff we spoke with understood their responsibilities to safeguard adults and children.

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, ambulances and the premises visibly clean.
- Infection control was included in staff induction and annual mandatory training. Staff could obtain advice and support from the senior management team and the infection control policy.
- The ambulance station and ambulances were clean and well maintained.
- Hand washing facilities were available at the ambulance station with hand washing instructions. Hand gels and personal protective equipment such as aprons and gloves were well-stocked within the ambulances.
- Staff completed cleaning checklists pre-and post each transfer. Clinical wipes were available if required in addition to routine cleaning. Surface cleaning was carried out weekly and deep cleaning of ambulances was carried out monthly. Spill kits were available on the ambulances to enable staff to clean up blood, vomit or other bodily fluids safely.
- Infection control audits of the base and both ambulances were carried out monthly. Action plans were developed if not 100% compliant. Results for May 2019 was 77% improving to 100% in June 2019.
- Mops and brushes were colour-coded to identify their use, including red for toilets, blue for general areas, green for kitchen and yellow for interior of ambulances.
- Staff washed their own uniforms. There was a uniform policy stating all uniforms had to be washed at 60°C.

Environment and equipment

- **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- Senior management had systems in place to ensure that vehicles had a current MOT, were taxed, serviced regularly and properly insured.
- At the ambulance station, keys to vehicles were stored in key safe boxes. Buildings were locked when not in use overnight or when staff were off site.
- We saw equipment had received maintenance and electrical safety checks completed.
- Vehicles were stocked appropriately with the stretcher and seating securely fastened. Wheelchairs could be clamped in to secure them.
- Child seating was available to transport a child seated upright. However, there were no paediatric ambulance bed harnesses available. We informed the management who said they would order some immediately.

- Equipment was standardised across the service. Ambulances contained defibrillators, fire extinguishers, oxygen and sharps boxes which were all safely secured. Ambulances did not contain bariatric equipment.
- Staff were aware of processes to take if vehicles broke down.
- There was colour-coded demarcation within the ambulance station to indicate whether equipment was ready for use. For example, the red area was for out of service equipment, amber: equipment ready to be used for vehicles and the green area contained stocked trolleys ready for use.
- The service had a contract with a company to remove clinical waste which was segregated appropriately from domestic waste.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks.** Staff identified and quickly acted upon patients at risk of deterioration.
- Staff received patient records containing a full medical history identifying risks prior to transferring patients to hospital. Staff monitored deteriorating patients using NEWS 2 (National Early Warning Score) observation records.
- Both ambulances contained automated external defibrillators and sealed first-aid boxes.
- All staff were trained in adult and paediatric basic life support. Some staff were also trained in intermediate and advanced life support.
- All staff that drove vehicles were blue light trained and were therefore able to transfer patients to hospital in an emergency situation.
- Staff received training on the management of acute behavioural disturbance within their mandatory training to equip them to deal with violent or aggressive patients or behaviours that challenged. Staff had access to policies on deteriorating patients and managing challenging behaviour on their intranet.

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**. Managers regularly reviewed staffing levels.
- The three directors were the only employed staff with the remaining 25 bank staff. All staff were required to complete an induction and mandatory training.
- As part of the induction, each clinical grade had a competency book where the manager signed off competencies. Clinical assessment of skills was part of the induction process. All staff were supernumerary initially and attached to the same clinical grade or higher.
- Management assessed the number of staff and competencies required depending on the event they were supporting. The three directors who had a background as paramedics and currently worked as advanced practitioners in A&E, were supernumerary at events and for transfers so could backfill in case of staff sickness.
- Staff told us management ensured they received regular breaks and a minimum of 12 hours off between shifts.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff completed paper records when transferring patients from an event to hospital. These records were photocopied at the hospital to ensure the service maintained a copy for auditing. We saw that all records were audited for completeness.
- We reviewed four patient records and found they all contained a detailed medical history to alert staff to pre-existing conditions and safety risks including medications currently taken. Records contained NEWS 2 (National Early Warning Scores) charts for monitoring observations. All were completed clearly, signed and dated.
- Records were stored in a folder in a lockable cupboard on the ambulance. At the end of the shift staff posted the folder into a locked box (at the station) for management to file and audit.

- Records were stored in a locked cabinet at the ambulance station. The clinical lead and the modern matron were the only people who had access to this.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- Oxygen cylinders were stored securely on vehicles and included in daily checks by crews. There were no cylinders stored at the ambulance station.
- Controlled drugs were stored within a safe within a key coded room. The key for the safe was also in a key coded cupboard for extra security. Controlled drugs were managed in accordance with guidelines. We checked a range of drugs and found them to be in date and the correct quantity as stated in the controlled drug book. Controlled drugs were stored in pouches within locked cupboards on ambulances if required.
- When transferring patients with their own medicines there were clear guidelines in the medicines policy for staff to follow. These included staff recording the name and quantity of medicines and when next due within the patient's records.
- Staff followed 'emergency drug directives' (administration of a medicine without a prescription) which were signed off by the medical director who was an NHS A&E consultant, the clinical lead and the pharmacy advisor.
- The paramedic pre-stocked bags contained a medicine checklist which was signed by a manager before being sealed. Clinicians informed the managers when medicines were administered and left the unsealed bags in the safe for managers to replenish.

Are emergency and urgent care services effective?

Good

Our rating of effective was **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. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff had access to policies and procedures on the intranet. All staff had to sign to say they had read and understood them.
- The service held clinical steering meetings to review new clinical guidelines and best practice. These were attended by the medical and assistant directors and all three directors. Management emailed staff to inform them of changes to procedures and practice. New guidelines were also displayed on the staff noticeboard at the ambulance station.
- We saw minutes of a meeting where the senior management team discussed adapting NICE (National Institute of Health and Care Excellence) NG37, management of complex fractures guideline.
- The service followed best practice guidelines, for example NICE CG 176 head injury guidelines and British Thoracic Society guidelines for asthma and COPD (chronic obstructive pulmonary disease).

Nutrition and hydration

- **Staff assessed patients' drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.**
- Staff provided water for patients when needed. Both vehicles carried bottled water.

Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance informally to provide support and development.
- Management ensured that all staff had the relevant qualifications to work clinically and drive ambulances**.** All staff were Disclosure and Barring Service (DBS) checked prior to starting work.

Emergency and urgent care services

- All staff received the same induction and mandatory training package, including annual updates. Managers discussed staff training needs and informed them of opportunities for internal training on an annual basis.
- The service did not conduct formal appraisals. However, each grade of staff had a competency framework which was monitored and signed off by senior management. Managers had access to a training matrix to ensure staff were working within their scope and to see which aspects of their work required supervision.
- A practice development clinician monitored staff's clinical development requirements. The senior management team did clinical development training with staff at events. Sessions provided included: pain management, respiratory and cardiac assessments and ECG interpretation. Staff received certificates for their ongoing continual professional development folders.
- The senior management team also conducted clinical incident scenarios with staff. For example, cardiac arrest and trauma cases.

Multidisciplinary team

- **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 informed the hospital staff ahead of their arrival and provided a thorough verbal and written handover for all patients they transferred.

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 Mental Capacity Act (2005) is designed to protect patients who may lack capacity, to make certain decisions about their care and treatment. Mental Capacity Act (MCA) and Deprivation of Liberty (DOLS) safeguards training was included in annual mandatory training.
- Staff had access to a policy on consent including MCA and DOLS.
- Staff understood the relevant consent and decision-making requirements involved under the MCA and DOLS and Children's Act 1989. Staff gained verbal consent to transfer patients to hospital and carry out treatment.
- The service did not provide transport to patients who required restraint or had been detained under the Mental Health Act.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We were unable to rate the caring domain as the service had done so few transfers and we were not able to observe care or speak to patients.

Compassionate care

- **Staff told us they treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- We were unable to observe care as the main service provided was event support, only transferring patients to hospital if their condition required it.
- We spoke to staff who explained how they preserved patients' privacy and dignity by always keeping patients covered during transfer. Staff explained how they monitored patients' pain levels and provided pain relief if required. Staff offered water to patients during transfer.

Emotional support

- **Staff told us provided emotional support to patients, families and carers to minimise their distress.** They understood patients' personal, cultural and religious needs.
- Staff told us how they empathised with patients and their relatives and supported them throughout the transfer. Carers/relatives could be transferred with the patient if required to provide support.

Emergency and urgent care services

- Feedback received by the service included, “Fabulous care for dad,” “All staff were excellent, they have all my respect and gratitude,” and “I have not been graced with professionalism, proactive and positive attitudes, willingness to find solutions and world-class service as you displayed.”

Understanding and involvement of patients and those close to them

- **Staff told us how they supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**
- Staff explained how they put patients at ease by explaining what was happening and apologising if there were delays at the hospital.
- Staff said how they would explain treatment in simple terms rather than using jargon to ensure patients understood what was happening.

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

Good

Our rating of responsive was **good.**

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.
- Staff receive training on how to support people living with dementia or a learning disability during their mandatory training. Staff explained that they would transfer patients with their carers, providing reassurance and remaining as calm as possible.
- Both ambulances contained a communication pack including pictures and words in an ‘easy read format’ for patients who may need support with communication, such as a learning disability.
- There were children’s packs on the ambulances including toys and bubbles.
- Staff used an on line translate or language line to communicate with patients whose first language was not English.
- One of the senior managers was trained in Makaton and sign language to aid communication with patients who were deaf or hard of hearing.
- Both vehicles carried bottled water, urine bottles and vomit bowls for patient use if required.
- The service did not transfer bariatric (obese) patients.

Access and flow

- **People could access the service when they needed it, in line with national standards, and received the right care in a timely way**.
- Most patients received care and treatment at the events avoiding the need to transfer to hospital. Patients were transferred immediately to hospital if their condition required it.
- Staff gave an example when a patient had a medical emergency and required prompt surgical review and treatment. They contacted the surgeons at the local trust to fast track the patient’s treatment avoiding them waiting hours in A&E.
- Staff explained that there were no delays in transferring patients to hospital, however, there were sometimes delays at the hospital. Staff kept patients informed if this was the case.

Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received.** The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.
- Staff had access to the complaints policy on the intranet.
- Both ambulances contained posters on how to make a complaint or provide feedback to the service. Feedback cards were also available for patients to complete.
- The service had received no complaints since registration in September 2018.

- Senior management explained how complaints would be investigated and learning fed back to staff if they occurred.

Are emergency and urgent care services well-led?

Good

Our rating of well-led was **good**.

Leadership of service

- **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 patients and staff. They supported staff to develop their skills and take on more senior roles.
- There were three directors who had previously been paramedics and currently worked as advanced clinical practitioners in an accident and emergency at a local NHS trust. The registered manger had recently resigned and one of the directors was currently in the process of becoming the new manager.
- The three directors worked alongside staff providing support and continual professional development.
- Staff said they felt supported by the management team.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.** The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The service had a clear vision which was to, 'Deliver excellence in care through provision of skilled clinicians with a caring workforce.' The management team explained how they had had an open forum with staff to develop the vision and values of the service.
- Staff we spoke to were clear about the vision.
- The service had a long-term strategy to implement an admission avoidance scheme. The management team had presented their idea to seven Clinical Commissioning Groups (CCGs) and a project plan was currently being reviewed by one CCG.

Culture within the service

- **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 they felt valued and respected and felt it was a good place to work.
- Staff said that management supported and looked after the staff and were always contactable for advice.
- Staff described an open-door policy where management actively encouraged them to make suggestions for improvements to the service.

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations**. 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 three managing directors each had a clear role,
- clinical governance
- clinical lead and HR director
- operations manager
- Through a formal arrangement, the directors were supported by advisory roles including the medical director who was an A&E consultant and surgeon, deputy medical director who was an anaesthetist, a pharmacist, a modern matron who oversaw infection control and a practice development clinician who oversaw staff clinical development.
- The three managing directors held weekly management meetings. We saw minutes of these meetings which had

regular agenda items including clinical governance, incidents, complaints and safeguarding. Information from meetings was shared with staff on the governance section of the intranet.

- The managing directors held clinical steering meetings monthly with all the clinical leads and the medical and assistant directors to discuss and review new guidelines and best practice.

Management of risk, issues and performance

- **Leaders and teams used systems to manage performance effectively.** They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service had a risk register which was reviewed weekly at senior management meetings and completely refreshed on an annual basis.
- The senior management team were aware of the top three risks which included injury from manual handling, cables running across ground at base and contamination from blood-borne viruses. There were actions included to reduce all the risks.
- Staff were required to undertake an enhanced Disclosure and Barring Service check as part of the recruitment process and the service requested a copy of the check once received. The check included checking of adults and children's barred lists.
- We reviewed three staff personnel files and found these had all been completed appropriately.

Public and staff engagement

- **Leaders and staff actively and openly engaged with patients and staff to manage services.** They used this information to help improve services for patients.
- The service actively encouraged patients to feedback via feedback slips, email, social media or phone. Management displayed feedback that had been received within the ambulance station.
- Staff told us they were actively encouraged to feedback any ideas for improvements.

Outstanding practice and areas for improvement

Outstanding practice

- Both ambulances contained a communication pack including pictures and words in an 'easy read format' for patients who may need support with communication, such as a learning disability.
- Through a formal arrangement, the directors were supported by advisory roles including the medical director who was an A&E consultant and surgeon, deputy medical director who was an anaesthetist, a pharmacist, a modern matron who oversaw infection control and a practice development clinician who oversaw staff clinical development.

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should consider purchasing paediatric ambulance bed harnesses to ensure children are made secure during transit.