

## Echo Fire and Medical Limited

# Echo HQ

### Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We had not previously rated this location. We rated it as good because:

- 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. 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, and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- 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.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

The main service provided by this ambulance service was emergency and urgent care (EUC). Where our findings on patient transport – for example, management arrangements – also apply to EUC, we do not repeat the information but cross-refer to EUC. We had not previously rated this service. We rated it as good because:

- 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. 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, and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- 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

# Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

PTS is a small proportion of the provider's activity. In the 12 months from February 2022 to January 2023 the service's total number of journeys was 980.

The main service was emergency and urgent care (EUC). Where arrangements were the same, we have reported findings in the EUC section.

We rated this service as good because it was safe, effective, caring and responsive, and had outstanding leadership.

## Emergency and urgent care

Good



We had not previously rated this service. We rated it as good because:

- 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, and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, 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.

# Summary of findings

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- 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.
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# Summary of findings

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# Summary of this inspection

## Background to Echo HQ

Echo HQ are an independent ambulance service providing a whole range of medical and fire services including emergency response, and urgent/non-emergency patient transport services (NEPTS) including high dependency transfers.

The provider Echo Fire and Medical Limited formed in 2016 and their statement of purpose states their key focus is to provide a responsive and professional service to clients and patients in their time of need. They provide ambulance services and treatment of illness or injury across the UK.

Echo Fire and Medical Ltd operate its services from an ambulance base in Sheffield.

The provider is registered to provide the regulated activities of transport services, triage and medical advice provided remotely as well as treatment of disease, disorder, or injury. The provider has had a registered manager (RM) in post since May 2021.

The location has an in-house clinical management team available 24 hours daily to support staff in the delivery of care and to respond to client's needs. The team have a wide range of skill sets from emergency care assistants, through to paramedics and doctors. A clinical education team supports their staff and clients to ensure high levels of care are delivered by teams. The team is fully supported by a 24-hour clinically led management structure and innovative support tools and portals.

We last inspected this provider in a previous location with a different methodology. On our 10 May 2021 focused inspection, we informed the service it must take action to bring services into line with its legal requirements related to urgent and emergency care services.

We also told the provider they must ensure recruitment processes are in accordance with Schedule 3 requirements of the Health and Social Care Act 2009 (Regulations) 2014. Regulation 19 (3) (a). The provider took immediate action during the inspection, satisfying this requirement.

The main service provided by this ambulance service was urgent care. Where our findings on urgent care also apply to other services, we do not repeat the information but cross-refer to the patient transport service.

## How we carried out this inspection

The inspection team consisted of two inspectors overseen by Deputy Director of Operations Sarah Dronsfield.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

## Outstanding practice

We found the following outstanding practice:

# Summary of this inspection

- The service utilised an external national deep cleaning company to undertake adenosine triphosphate (ATP) swabbing to measure the effectiveness of cleaning undertaken. These swabbing tests confirmed the service performed to a very high standard with results well below the national average.
- The RM sought bespoke solutions to vehicles, their environment and equipment. They ensured they were efficient, compact and would minimise environmental impact. For example, they used three-dimensional (3D) printing compatibility for some items including bespoke designed 3D-printed charging docks for onboard automated external defibrillator (AED) monitoring. They also built a deep cycle charging station to condition all batteries and extend their longevity reducing environmental waste. This ensured no service disruption was experienced due to potential equipment issues.
- The service had ordered four new purpose-designed vehicles and were awaiting their arrival. All staff had been consulted and given the opportunity to feedback how best to modify or adapt these vehicles as their working space to maximise utility and streamline processes.
- The provider had attended the largest ever major incident scenario day in UK history on 10 October 2022 alongside statutory services. 12 staff of all grades responded to realistic and intense scenarios involving a car versus pedestrian accident, terrorists and a chemical attack over six hours. The RM ran a business continuity simulation 2022 report from the day which showed their service delivery continued 'as normal'.
- The provider were a training and education hub and allowed any staff or trainees to use their 'sim-bulance'. This allowed newer staff to familiarise themselves with their working environment before commencing operational activity.
- The service had completed a specialist maternity risk assessment for a pregnant staff member to cover every work area or environment. The RM had created an associate ambulance practitioner's (AAP) course. Staff undergoing their first response emergency care (FREC) level 5 course had the option of staggering training days, allowing them more time to put learning into practice. The RM had given talks as a guest speaker at community and CQC conferences including the CQC's sexual safety conference in 2021.
- The provider offered all staff grades wellbeing, peer support and inclusion initiatives to encourage their personal and professional development, improved mental health and work life balance. For example, the provider was part of a dual 'my blue light' initiative with a mental health charity to improve staff's wellbeing at work with advice, a helpline and encouraging them to look out for crewmates.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **SHOULD** take to improve:

#### Emergency and urgent care

- The service should ensure staff have frequent in-person team meetings in some form for any members to raise issues, concerns and updates and document these.








# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Good	Good	Good	Good
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Patient transport services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

### Is the service safe?

Good 

We had not previously rated safe. We rated it as good.

For Mandatory training, Cleanliness, infection control and hygiene, Environment and equipment please see emergency and urgent care (EUC).

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**

PTS staff would document all relevant safeguarding information on their journey or run sheet, then summarise on that shift's daily envelope.

### Assessing and responding to patient risk

#### Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. The provider had a deteriorating patient process for non-clinical patient transport staff standard operating procedure (SOP). This gave staff clear guidance on best practice with identification and the escalation procedure. Staff followed separate procedures for single person or two or more person crews. We saw a related flowchart on walls around the premises.

We reviewed the service's PTS risk assessment. Staff's four highest rated risks all scoring eight were exposure to COVID-19, inappropriate use of medical equipment, decay of skills and defibrillator use. Control measures were in place for all identified risks.

### Staffing

## Patient transport services

The month before our inspection the service had devised a staffing development plan. This was a trial group with PTS staff's second day 'from zero to hero' to compare their own training in-house skills gap with training provided externally to find the best mix of trainers.

The provider did not take on first aiders as all staff were trained to first response emergency care (FREC) level 3 or above. All provider staff had the option of working PTS shifts to ensure workforce resilience and flexibility.

Since December 2022 the service had advertised and mostly recruited ten trainee urgent care assistant (UCA) posts. The manager felt the trainee UCA posts gave these staff a good foundation if they ever progressed to emergency care.

### Records

Patient notes were comprehensive, and all staff could access them easily. PTS staff maintained journey sheets in place of patient report forms to record any relevant information about their transfer. We reviewed six patient transport assessment of need forms. All had been completed fully and correctly.

### Medicines

**The service did not administer, record or store medicines** as part of the patient transport services. The service had a policy for ensuring the safe storage and transfer of patient's own medicines during transfer.

## Is the service effective?

Good 

We had not previously rated effective. We rated it as good.

For Evidence-based care and treatment, Pain relief, Response times, Patient outcomes, Multidisciplinary working, Health promotion and Consent, mental capacity act and deprivation of liberty safeguards, see emergency and urgent care (EUC).

### Competent staff

**The service made sure staff were competent for their roles.**

At the time of our inspection one PTS staff member had just completed induction and was on their second shift.

## Is the service caring?

Good 

We had not previously rated caring. We rated it as good.

# Patient transport services

For Emotional support and Understanding and involvement of patients and those close to them, see emergency and urgent care (EUC).

## Compassionate care

### Staff treated patients with compassion and kindness

Patients said staff treated them well. We reviewed eight compliments from patients and their families the service received over the last 12 months.

## Is the service responsive?

Good 

We had not previously rated responsive. We rated it as good.

For Service delivery to meet the needs of local people, Meeting people's individual needs see emergency and urgent care.

## Meeting people's individual needs

Staff completed an assessment of needs for all patients they transported. The form included sections on mobility, dietary, clinical, language or communication requirements or adaptations. The manager felt pre-planning was paramount to ensure they met all individual patient requirements and expectations. Patients were allowed an escort to accompany them onboard such as a carer, family member or medical team member.

Staff knew in advance if patients would use an ambulance stretcher, ambulance chair if mobile, wheelchair or mobility scooter according to their needs. We saw one patient transport assessment of needs form which stated one patient would be supported by an acute nursing team on route using a neonatal transfer trolley as this was most suitable.

## 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.**

At the time of our inspection the service's operational activity was very small. They averaged one PTS vehicle daily.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns. The service treated concerns and complaints seriously.**

Managers shared feedback from complaints with staff and learning was used to improve the service. We heard the example of a PTS staff member suggesting their vehicles should install frosting halfway up their windows to allow more patient privacy.

Good 

## Patient transport services






### Is the service well-led?

Good 

We had not previously rated well-led. We rated it as good.

Please see emergency and urgent care.

## Emergency and urgent care

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

### Is the service safe?

Good 

We had not previously rated safe. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

All staff received and kept up to date with their mandatory training. At the time of our inspection all staff achieved 100% compliance in their modules.

The mandatory training was comprehensive and met the needs of patients and staff. The provider's training was devised in conjunction with an ambulance training compliance specialist provider. The registered manager (RM) explained their staff completed more modules than some providers to meet their patient's needs and expand their knowledge such as disability awareness.

Provider staff training first covered all core topics then used adapted examples to suit the relevant staff grade and address any skill gaps. At the end of their continuous professional development (CPD) staff gave the manager feedback on their training by identifying their preferred and most useful modules.

Managers monitored mandatory training and alerted staff when they needed to update their training. The management board and human resources supervisor-maintained staff training records and monitored their mandatory training policy with the managing director yearly. We heard staff on long-term absence and maternity leave still achieved 100% training compliance as the RM gave them plenty of advance notice.

### 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.**

## Emergency and urgent care

All staff received training specific for their role on how to recognise and report abuse. All staff were trained to level 3 for safeguarding vulnerable adults and children to aid their development and CPD. We saw evidence all staff achieved 100% training compliance. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the equality act 2010. The service had an in-date safeguarding policy.

The manager confirmed their most common categories of safeguarding raised for their contracted NHS ambulance trust were patients being non-compliant with their medications or not receiving enough care in the community either through intentional or non-intentional self-neglect.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The manager and safeguarding lead reported to, liaised with and updated the local authority designated officer (LADO). We saw a list of key contacts with photos including the clinical and safeguarding lead in the base warehouse.

The manager recognised staff were often in environments where people had some safeguarding needs. Staff knew how to make a safeguarding referral and who to inform if they had concerns. In the 12 months from February 2022 to January 2023 the service completed 893 safeguarding referrals.

The provider had a female genital mutilation (FGM) lead, despite being a very small service. They had added FGM guidance information to the staff circulation folder on International day of zero tolerance for FGM to raise staff awareness and knowledge.

All staff completed a 'preventing radicalisation'/PREVENT module as part of their mandatory training.

### 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 the premises visibly clean.**

All vehicles were clean and well-maintained. We inspected five vehicles available at the time of inspection and found no issues.

The service kept cleaning schedules in all vehicles. Staff would stand down, increase ventilation then deep-clean all vehicles using materials onboard after any COVID-19 positive patients. If patients had spilt any biological or bodily fluids, staff would either return to base to complete cleaning or drive to their contracted NHS ambulance trust's nearest station once the control room had approved.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. We reviewed cleaning records and found no omissions. The service undertook deep clean reports.

The service utilised an external national deep cleaning company to undertake adenosine triphosphate (ATP) swabbing. This was used to measure the effectiveness of cleaning undertaken. We saw the service performed to a very high standard following swab testing. Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff adhering to the principles of bare below elbow (BBE). The service had an in-date and detailed infection prevention control (IPC) policy.

## Emergency and urgent care

We saw evidence of regular IPC and hygiene audits which included vehicle and environment checks and staff hand hygiene audits. For example, we reviewed the latest infection prevention and equipment audits from October 2022 to February 2023. All scored 100% cleanliness and met the standard for all 28 items.

Annual hand hygiene audits were undertaken, we reviewed the completed 2022 audit and saw compliance across all staff groups.

The service undertook a regular random sampling of vehicles to ensure all standards of cleanliness were being maintained. Sampling also ensured records that detailed completion of the work was accurate. We reviewed audit data following inspection and saw compliance with evidence of escalation to address any specific omissions.

Staff cleaned equipment after patient contact in line with IPC protocols and their in-vehicle cleaning schedule. They labelled equipment and vehicles to show when they were last cleaned. Cleaning staff completed periodic fogging on vehicles. This used a fine mist which killed all bacteria quickly and allowed faster cleaning in hard-to-reach areas coupled with standard cleaning protocols. Staff wiped all contact points where crews would transfer bacteria such as surfaces and bag contents as part of their deep cleaning process between patients. Staff followed laundry segregation and colour coding for linen bags guidelines.

All staff completed a control of substances hazardous to health (COSHH) module as part of their mandatory training.

### 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.**

The design of the environment followed national guidance. All vehicles were cleaned after each shift, maintained under warranty, and deep cleaned by an external company every six weeks. We reviewed all documentation that recorded cleaning and saw no omissions for any vehicle.

The manager had operational contingencies in place including vehicles and equipment so staff could maintain service levels. The service had additional vehicles so staff could respond to callouts promptly. Staff carried out daily safety checks of their vehicle and specialist equipment. Crews completed morning checks onboard using vehicle daily inspection (VDI) sheets. Any defective items they found were removed from service, placed in the crew room and red tagged. Staff then took replacements from the 'good to go' shelves. The manager instructed make ready staff to replace any items required as part of their rolling vehicle stocking processes.

All staff had been trained in manual handling techniques on how to use their compact two track stair descenders and various carry chairs. Instructions were also displayed on the back of equipment, and we saw the user manual displayed in communal areas.

The service had enough suitable equipment to help them to safely care for patients. For example, they had four stretchers to accommodate bariatric patients, carry chairs and a 'paedi' restraint system for child patients as well as stair lift descenders for transferring non-mobile patients in their homes. Their fleet included a four by four (4x4) A&E ambulance to support their contracted NHS work over winter. This ensured emergency care crews could access remote environments and farms to treat injuries such as spinal fractures and broken limbs.



# Emergency and urgent care

The provider had spares of all frequently used equipment for contingency such as ten defibrillators and 15 ventilators. All hardware onsite was fully charged and ready to go with batteries stored alongside.

At the time of our inspection the service had ordered four new purpose-designed vehicles and were awaiting their arrival. All staff had been consulted and given the opportunity to feedback about modifying or adapting these vehicles as their working space to maximise utility and streamline processes.

The service had an in-date clinical waste policy. Crews accessed secure clinical waste bins to dispose of this appropriately. The service had a 'modular bag system' in place with separate bags for different types of incidents to streamline service delivery and reduce equipment damage. Make ready teams would restock the bags and return them to the 'ready for use' shelf.

## 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 used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff completed NEWS2 scores and observations on their bespoke patient report forms (PRFs) which included charts and space for the purpose. The provider had a management of a deteriorating patient flowchart from the recognition and assessment stage with diverging urgent actions depending on if the patient was breathing.

All staff completed a paediatric basic life support (BLS) module as part of their mandatory training. Staff also followed the paediatric observation priority score (POPS) chart in conjunction with NEWS2's physiological parameters which considered age and several vital baseline observations. Any child patient who scored eight or above was considered for transfer to resuscitation for immediate clinical review and judgement.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff completed operational urgent care, 999 frontline and premise risk assessments depending on what the job entailed. The manager compiled, authorised and reviewed these at least yearly. We reviewed the 999 frontline risk assessment and found the highest rated risks were exposure to COVID-19 and an emergency vehicle accident which both scored eight out of a possible 25. The service had existing control measures in place for all identified risks.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information. If the service needed to handover patients to their contracted local ambulance trust, staff followed the trust guidance.

## 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 and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough paramedic and support staff to keep patients safe. Staff would be asked to change their shifts or working patterns to ensure enough cover if there were any shortfalls. When possible, staff could work their preferred days.

## Emergency and urgent care

Managers accurately calculated and reviewed the number and grade of paramedics, technicians and assistants needed for each shift in accordance with national guidance. The provider had a total of 31 staff. The number and grade of staff on shift depended on the deployment as the work dictated what was needed. As a minimum the manager consulted with the team leader and other senior staff then allocated one first response emergency care (FREC) level 3, one level 4 staff members and a suitably qualified blue light driver on all shifts.

Managers and senior staff-maintained oversight of the staffing rota at all times. The provider's business continuity plan covered arrangements for sourcing appropriately qualified staff in the event none of the provider's own staff were available.

The manager could adjust staffing levels daily according to the needs of patients. Service leads planned and staffed all their allocated journeys appropriately. The service had low and/or reducing vacancy rates. The provider recruited staff to maintain their current profile. The service had completed a specialist maternity risk assessment for a pregnant staff member to cover every work area or environment.

The service had low and/or reducing turnover rates. In the three months before our inspection two staff members had left, one of which had asked to return.

The service had low and/or reducing sickness rates. The provider had lost 30 days due to staff sickness across the whole year. The manager clarified they had roughly the same number of days over the year lost due to staff self-isolating with COVID-19. In December 2022 the service had two last minute cancellations from staff testing positive for respiratory viruses.

The service had low and/or reducing rates of bank and agency staff.

### 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.**

Patient notes were comprehensive, and all staff could access them easily. All staff completed patient report forms (PRFs) for any patient journey. We reviewed six PRFs from December 2022 and January 2023. We also saw monthly PRF audits from October to December 2022 completed by the head of education. October and November scored 100% in eight of 14 questions.

However, the overall compliance slightly decreased in these three months from 96.43% in October to 91.64% by December 2022. The lowest area of compliance during this period was 82% in November's audit as on some PRFs staff either had not stated or incorrectly calculated NEWS scores.

Staff placed all PRFs paperwork for any one shift into a daily envelope. They ensured no patient identifiable information was written on the front.

We saw slides emphasising the importance of consistent and correct documentation on PRFs being critical in reducing drug errors. Two of the most common of which were paracetamol and salbutamol. In January 2023 the service held a CPD event around clinical write-ups delivered by a paramedic. This event was accessible to all grades of staff to enhance their PRF and other paperwork completion and improve areas highlighted in PRF audits. The paramedic had also completed an aide memoire to support all staff with acronyms and other pointers for good documentation.

# Emergency and urgent care

Records were stored securely. The provider was information commissioner's office (ICO) registered and accredited for data protection.

## Medicines

### **The service used systems and processes to safely prescribe, administer, record and store medicines.**

The service did not hold any controlled drugs on site. Paramedics were required to replenish their own controlled drugs through a private contract with an approved supplier. Paramedic staff were supplied with their own personal controlled drugs records. The service undertook monthly controlled drugs audits. We reviewed the audit from October 2022 up to February 2023. All 19 areas met compliance over this five-month period.

These staff were responsible for the storage of their own controlled drugs during their shift in a locked box within a locked locker within a lockable vehicle. After the completion of their shift staff removed their controlled drugs from the premises and kept them off site. There was a clear process for the identification and disposal of controlled drugs which was completed by a local pharmacy. We saw that oversight of controlled drugs was maintained by regular audits of stock lists and disposal records.

Standard medicines were kept within lockable storage on site with access limited to management and registered clinical staff only. We reviewed the process for the management of prescription only medicines and found no errors or omissions.

Staff followed systems and processes to administer medicines safely. They adhered to the provider's latest medicine management and storage policy and medication standard operating procedure (MSOP) stored in their policies folder.

Staff completed medicines records accurately and kept them up to date. If any ambulance staff were present when patients took their medication, staff documented this on their PRF including how it was administered.

Staff learned from safety alerts and incidents to improve practice. We saw incidents external to the service being utilised as part of training.

At the time of our inspections staff had gained a pharmacology training qualification.

## Incidents

### **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. 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 knew what incidents to report and how to report them. We reviewed the service's in-date incident and investigation reporting policy. Staff reported incidents but did not use a digital system as the organisation's size meant this was impractical. Staff raised incidents of all types using the same process. Staff raised concerns and reported

## Emergency and urgent care

incidents and near misses in line with provider policy. The manager date and time stamped all incident emails saved for submission to their contracted NHS ambulance trust. By law the provider also had to maintain an accident book kept in their base's office cupboard. Staff reviewed the incident tracker at monthly clinical governance meetings where they reported any near misses or accidents.

The service's total number of incidents in the 12 months from February 2022 to January 2023 was four. Three of which related to delayed patient care, their most common incident category.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider had a duty of candour policy and module as part of staff's core mandatory training. Staff received feedback from investigation of incidents, both internal and external to the service.

The provider raised any anonymous whistle-blower enquiries received by CQC as incidents to ensure any allegations were thoroughly investigated. Managers investigated incidents thoroughly. The manager led any incident investigations unless they were implicated in the incident, in which case the safeguarding lead or head of education and operational support would lead instead. If the incident had a safeguarding element, then the manager or investigation lead involved their LADO. There were no specific themes or trends from incidents.

Managers debriefed and supported staff after any serious incident. The head of education often checked in with staff mentally to help them debrief as they were easy to talk to and a good active listener. The provider had been involved in another major incident training day on 10 October 2022 at Sheffield arena and HQ. This covered a sequence of realistic and intense scenarios involving a car versus pedestrian accident, terrorist and chemical attacks involving biological warfare which 12 staff of all grades triaged over six hours.

### Is the service effective?

Good 

We had not previously rated effective. 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. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw joint royal colleges ambulance liaison committee (JRCALC) clinical guidance updates from the provider's contracted NHS ambulance trust around termination of resuscitation in October 2022 reflecting the move from 20 to 30 minutes.

The provider was a Quasafe awards registered centre. We saw evidence of their in-date certificate of membership.

### Pain relief

# Emergency and urgent care

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We saw staff completed pain scores for patients before and after treatment at suitable intervals on their PRFs out of a possible ten.

Patients received pain relief soon after it was identified they needed it or they had requested it. Staff recorded pain relief accurately. PRFs we reviewed showed staff recorded the patient's own painkillers and fentanyl patch.

## Response times

**The service monitored and met agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

The service averaged four vehicles a day out for urgent care services. 80% of their total urgent care operational activity was for their contracted NHS ambulance trust. Some days they had one less urgent care vehicle. In the 12 months from February 2022 to January 2023 the service's total number of journeys was 3,047.

The service logged and monitored both their internal and contracted ambulance trust response times of all priority response categories. They reviewed average patient response times and performance. They monitored appropriate patient outcomes for CPD and wider learning.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients**

The service participated in relevant national clinical audits. The provider's head of education led their clinical audit programme and was very methodical. The main monthly audit programme consisted of a patient report form (PRF) audit review of all patient info, an infection prevention and control (IPC) audit, the compliments and complaints tracker, human resources audits of certain staff files, and any drugs administered to patients.

The service were unable to obtain performance information from their main contracted NHS ambulance trust client. However, we saw a recent reference from the client which demonstrated high service levels and a favourable relationship with the provider.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

## Emergency and urgent care

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. On our last inspection in May 2021, we told the provider it must ensure recruitment processes were in accordance with Schedule 3 requirements of the Health and Social Care Act 2009 (Regulations) 2014. On the same day the registered manager had ensured background checks were undertaken when recruiting all staff to adhere to fit and proper persons and safeguard patients and other staff.

All the service staff were highly skilled and qualified to meet patient needs. For example, they had completed a 20-day ambulance driving course registered with FutureQuals an Association of Ambulance Chief Executives approved course. The organisation also used the same assessment forms which are recognised as NHS gold standard for ongoing periodic driving assessments.

We reviewed the personnel files for five members of staff including the manager and one employee with a personal risk assessment from a positive disclosure and barring service (DBS) check. All files we checked were schedule 3 compliant and staff were risk assessed.

Managers supported staff to develop through regular constructive clinical supervision and appraisals of their work. At the time of our inspection the service's total appraisal and one-to-one completion rate for staff was 93%. Two appraisals were due by 20 February 2023 after which point their rate would be 100%.

The manager supported the learning and development needs of any staff who expressed interest through the ranks. They gave staff many opportunities to develop their skills and experience different working environments.

The manager maintained a folder of all staff's continuous professional development (CPD) portfolios and recording in the crew room. They had trialled staff surveys with questions about their CPD. Staff were also asked specific questions to gain their feedback through a social messaging network. The RM told service staff they would like to see more staff engage in feedback sessions and was trialling ways to do this, including CPD event day participants.

We reviewed human resources audits from December 2022, January and February 2023. The service was compliant in all eligible areas for this period.

Managers did not ensure staff attended team meetings. At the time of our inspection the service had frequent ad-hoc discussions and updates but held no formal staff or team meetings. The RM told us this was to safeguard their workforce from the risk of COVID-19 cross-infection. However, they aimed to plan future meetings if infection rates stayed low. We saw methods for staff to provide feedback and receive updates in other forms. The manager documented any actions staff needed to follow up from conversations.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The provider were committed to internal training and development of staff and had been awarded a pre-hospital care training centre accreditation with Qualsafe awards.

The manager had created an associate ambulance practitioner's (AAP) course. Staff undergoing their FREC level 5 course had the option of staggering training days to one week per month allowing them more time to put learning into practice. At the time of our inspection one placement student was conducting research on how to adapt a FREC5 course so the provider could move to a phase where they dual or cross-qualified their workforce. They had also completed training as an assigned mentor.

## Emergency and urgent care

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The provider had created a development pathway for all staff from first aider upwards, all have plans for opportunities to pursue CPD. We saw a first responder development plan. All staff had and maintained their own tailor-made action plans to help them with identified learning points, enhance their service delivery and career development.

Managers made sure staff received any specialist training for their role. For example, at the time of our inspection the manager planned to schedule a trauma risk management (TRIM) training course for four staff who expressed an interest.

The provider requested supporting information on why any staff who wanted to become trainers felt they would be right for the role with competency-based proof of the right character traits such as maintaining timescales.

Managers identified poor staff performance promptly and supported staff to improve. The manager would identify the root cause of any staff member's performance problem or issue. Managers would talk informally with the staff member to identify any concerns or conduct issues and then address them as required. They would create quarterly action plans to best support any staff shortcomings, as they felt monthly plans did not give staff enough time for improvement.

### 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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. Any of the provider's newer FREC3 level staff could gain experience from the more skilled FREC4 trained. One team leader had completed their FREC5 training and could accommodate clinical shifts.

Staff worked across health care disciplines and with other agencies when required to care for patients. We saw major incident guidance and scenario training days where staff had followed the joint decision-making model on-scene. This entailed coordinated group responses at operational, tactical and strategic levels.

Staff maintained close and positive working partnerships with their contracted NHS ambulance trust for service users. They had a regular contact who was supportive of their service delivery. This ambulance trust undertook routine inspections of all their contracted independent healthcare providers. They inspected the provider in November 2022 and assessed all areas as compliant with no actions outstanding. The trust told us in terms of feedback they experienced very few issues with the provider who had consistently demonstrated professionalism throughout all their interactions.

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

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance and recorded this in the patients' records. All staff received and kept up to date with the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) and consent as part of their mandatory training.

# Emergency and urgent care

## Is the service caring?

Good 

We had not previously rated caring. We rated it as good.

Due to COVID-19 restrictions in place at the time of this inspection, we were unable to observe any patient care. However, we rated it as good based on the considerable amount of positive feedback received.

### Compassionate care

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

At the time of our inspection, we could not accompany staff onboard vehicles due to national steer.

Patients said staff treated them well and with kindness. We reviewed eight compliments from patients and their families the service received over the last 12 months. These commended staff on being professional, caring and treating them with dignity and respect.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients. All staff completed an equality, diversity, and human rights module as part of their mandatory training.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Staff could access multi-lingual phrase books on all vehicles. In the unlikely event any languages were not covered, they would use an internet search engine translate app available on all smartphones.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. All staff had completed domestic violence and recognising abuse, and conflict resolution modules as part of their mandatory training.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. We saw positive feedback and compliments from patient relatives which said staff reassured them to help put them at ease. The manager had received positive patient feedback about their delivery of patient care for incidents attended.



## Emergency and urgent care

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. Staff demonstrated empathy when having difficult conversations. They often had to manage patients' expectations onboard upon arrival at the acute hospital ED or outpatient's department during prolonged waits. For emergency care transfers where patient's clinical deterioration was more acute, crews ensured their language and reassurances were proportionate.

### 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.**

Staff made sure patients and those close to them understood their care and treatment. All staff carried out a two-stage capacity assessment for patients where needed to ensure they or a loved one understood information shared. Staff involved patients in all their decision making and we saw a compliment received from a patient shortly before our inspection which demonstrated this.

Staff talked to patients in a way they could understand, using communication aids where necessary. We saw a patient relative's feedback letter from 23 January 2023. They said staff explained everything to the patient and them in detail using simple language allowing them time to digest the information. Staff said what would happen in advance, never hurried them, and gave them time to ask questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The provider had patient feedback forms available on vehicles. These included prompts about the staff, vehicles, their treatment, medications and journey and overall experience they used to improve the service.

### Is the service responsive?

Good 

We had not previously rated responsive. 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.**

Managers planned and organised services, so they met the needs of the local population. The service had no exclusion criteria for patients as their contracted NHS ambulance trust vetted them prior. The manager and staff knew their patient demographic. For example, they could use a full 4x4 kit to access very remote geographical areas of their contracted emergency work where it could snow.

Facilities and premises were appropriate for the services being delivered. The provider were a training and education hub and allowed any staff or trainees to use their 'sim-bulance'. This was the decommissioned back of an ambulance from an NHS trust which covered all training scenarios except needle decompression with a dummy on a stretcher. This

# Emergency and urgent care

allowed newer staff to familiarise themselves with their working environment and ease their nerves. The location also had a training centre which the manager had custom designed with all furniture and resources built to specification which optimised space. At the time of our inspection the manager was designing an office for private working which would be finished in two weeks.

The service had systems to help care for patients in need of additional support or specialist intervention. Crews carried handling belts onboard to reduce pressures on certain people. They also had child and bariatric patient equipment provision.

## 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 supported patients living with dementia and learning disabilities. All staff had completed dementia, learning disabilities and dysphasia awareness modules as part of their mandatory training. The service allowed dementia carers onboard vehicles. Staff could complete dynamic risk assessments if they were unsure of the patient's needs. However, often crews knew this patient information in advance. Staff could also switch on the vehicle's trauma or dimmed lights for patients with dementia if appropriate to calm the environment or their mood. We heard crews tried to encourage patients with dementia in the decision-making process as much as possible to provide patient-centred care.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. All staff completed a communication module as part of their mandatory training induction to recognise people's needs and any dysphasia care. All the service's policies included an equality impact review. For example, their business continuity policy considered the impact to people with a disability. At the time of our inspection the manager was trying to source flashcards for people with verbal difficulties.

The service had information leaflets available in languages spoken by the patients and local community. Staff had access to language booklets with 70 languages onboard vehicles they could use to aid communication with patients and others.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff used language line for any patients non-fluent in English. We heard staff used this less often than the language books which they used three times a month on average. Crews were conscious that what a family relative may translate to them may not always be the patient's whole phrase. This meant they would prompt the relative to clarify with areas such as pain scores or assessment.

Staff had access to communication aids to help patients become partners in their care and treatment. All service vehicles had smiley face prompts staff could use to help them understand non-verbal 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.**

Staff supported patients when they were transferred between services. Staff ensured any patients had a full handover upon arrival at the acute setting or end destination.

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PRFs were specification-designed by the manager and staff to streamline patient needs and key information upon handover. The provider had also developed more detailed continuation forms for delayed handovers when crews were onboard observing patients for longer. These forms allowed for diagrams and drawings as well as lines for notetaking.

## 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.**

Patients, relatives and carers knew how to complain or raise concerns. The provider had received 41 compliments from patients. Compliments were passed onto all relevant crews. We saw a commendation from the contracted ambulance trust paramedic about one service paramedic on his day off responding to someone who suffered a cardiac arrest and collapsed. The paramedic commenced CPR, asked someone to retrieve and apply an AED, and maintained chest compressions until the ambulance crew arrived to save their life.

We reviewed complaints and compliments audits from January and February 2023. All eight areas for both met the required result.

Staff understood the policy on complaints and knew how to handle them. The provider had a complaint, concern, comments and compliments policy which all staff were familiar with and required to read any updates. Staff also had completed a complaints handling module as part of their mandatory training section two.

Managers investigated complaints and identified themes. At the time of our inspection the service had no ongoing complaints, and only one in the last 12 months had been malicious in nature. All complaints had been closed within the required timeframe.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. The manager identified any opportunities for learning and any feedback was cascaded to staff.

The manager planned to devise and rollout a 'learning from' tracker with simple bullet points for each topic from mid-February 2023. This would bring regular areas of demonstrated learning in one place. Staff agreed this would be useful.

Staff could give examples of how they used patient feedback to improve daily practice.

The RM told us their feedback had led to education or refresher modules, CPD and devising action plans. They also shared good news and industry developments within the ambulance sector.

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## Is the service well-led?

Good 

We had not previously rated well-led. We rated it as good.

### Leadership

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

The manager had over six years' experience in the role, having started the company in October 2016. They told us they did the job to make a difference as they genuinely cared about people. The RM undertook regular operational shifts in all areas of the organisation including 999 response.

Staff told us their manager was visible and approachable. They told us they could normally ring the manager or resolve any issues informally. If the manager was preoccupied, they would ask the staff member if they could call them back shortly to fully address and resolve any issues.

One team leader explained the manager was the main reason they wanted to join the provider permanently as they felt the manager was genuinely passionate, friendly and dedicated in how they ran the service. They liked the fact the provider used the latest specialist equipment onboard.

Staff could complete feedback and suggestions forms. We reviewed two recent staff survey and feedback reports from question and answer sessions in August and December 2022. The manager detailed their post survey actions or considerations carried out in response to the recommendation points raised by staff.

The manager had given talks as a guest speaker within the independent ambulance sector at community and CQC conferences including the CQC's sexual safety conference in 2021. They spoke about sexual safety and safer recruitment practices within the wider ambulance sector.

### Vision and Strategy

**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 provider had eight key areas of focus, with their priority being 'people' encompassing both the people they served and employed. These key areas aided Echo staff and their team to ensure they carried out a responsive, caring and professional service.

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The provider's aim was to invest their time, attention and funds to ensuring services met the needs of each individual patient they served.

The provider's vision was 'together we make a difference'. This was written on the wall of their crew room cabin and drinks cups.

## Culture

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

Staff we spoke to were very positive about the organisation's culture and their colleagues. They were proud to work for the provider, and felt they were encouraged, personally and widely invested in and heavily trusted in their roles. Staff felt the manager went above and beyond for them and gave the example of the manager buying one staff member a car upfront to ensure easier access to work. Staff told us work relations were built on companionship and mutual trust and respect. As crewmates spent a lot of time together, they could often tell if something affected one of them personally to receptively offer each other support. The manager felt their staff were outstanding and expressed great belief and confidence in their skills and competencies.

One team leader told us the service's culture and leadership were far preferable to other similar-sized independent ambulance providers they had worked for prior. The service's latest clinical governance policy vowed to treat colleagues fairly in accordance with the equality act 2010. The service also had an in-date equal opportunities policy. This defined forms of direct and indirect discrimination and harassment to help the organisation combat these.

The provider had a freedom to speak up guardian (FTSUG) who was an ex-police officer of 20 years. However, they told us no staff had raised concerns with them in their 12 months as guardian. We saw an ongoing action for all staff on the clinical governance meeting minutes to 'speak up' if something did not feel right as encouraged by their training.

Junior staff told us they could also raise issues or debrief from upsetting incidents with the safeguarding lead.

## 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. They could suggest updates or improvements to policies.**

The provider held regular clinical governance meetings with a standard agenda. We reviewed minutes from the last three meetings on 23 November 2022, 22 December and 31 January 2023.

We reviewed the service's latest in-date clinical governance policy. This outlined good clinical practice, processes for quality improvement, creating an open and transparent working environment and organisation culture.

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The manager reviewed all service policies under their current suite in March and April. Any staff could submit any suggestions for inclusion or consideration in the updated versions in advance. All staff monitored industry requirements for any policy changes needed.

## 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 and probability. They had plans and contingencies to cope with all unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The manager was aware of the service's top current risks. These were staffing shortfalls due to viruses, operational costs, and transmission due to the increase of respiratory airborne viruses.

We reviewed provider and service-level risk registers. The provider's highest priority level risk of ten was the failure of medical equipment. The priority level was determined by the impact multiplied by the probability. The register also had seven risks with a priority level of nine. Mitigations were in place which considered the impact and probability for all risks.

The service's highest scored premises-related risks were the risk to staff of exposure to COVID-19 which scored eight out of a possible 25. The service's 999 risk assessment's top three risks were an emergency vehicle accident and exposure to COVID-19 which both scored eight, and a few risks scored six.

The manager told us the service would mitigate as many risks as possible through prior planning. For example, the HDU transfer team would consider the availability of fuel stations via their quickest route to a callout. They explained this had never caused delayed as crews were approved to refuel after a transfer.

Staff would book a blue light driver and appropriate clinician, such as a doctor in advance. They would inform the doctor where equipment was stored to mitigate risks.

## Information Management

**The service collected reliable real-time data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated, secure and encrypted. Data or notifications were consistently submitted to external organisations as required, with back up critical systems in place.**

The provider's use of cloud-based storage functions enabled all management to have real time access to critical data without affecting their performance business wide. Several vehicles were fitted with inverters to operate 230-volt equipment so that a mobile 'command' unit was possible in the event of a power outage. All crews were issued with global radios with a back-up critical services cross-network sim card. This meant in case of emergency, their contracted NHS ambulance trust control room would also be linked in.

Incident emails staff sent to the manager included no patient identifiable information as their receiver was not encrypted. This meant to maintain data protection and GDPR, staff just referred to the 'patient' then their number.

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The service's clinical governance meeting minutes in January 2023 confirmed they had identified no data breaches, problems or other related issues. The provider were data security and protection (DSP) toolkit compliant. The manager planned to liaise with their data security provider as this was due for renewal two months after our inspection.

The service had an in-date CCTV policy which clearly outlined their purpose, scope and justification for using cameras onsite.

The company maintained business security by ensuring guests and trainers accessed a separate Wifi network to staff.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public, community, charity and local organisations to plan and manage services and raise awareness. The provider made concerted initiatives to improve staff's wellbeing, mental health and inclusion. They collaborated with partner organisations to help improve services for patients, providing pilot schemes and student placements.**

The provider offered all staff grades wellbeing, peer support and inclusion initiatives to encourage their personal and professional development, improved mental health and work life balance. For example, the provider was part of a dual 'my blue light' initiative with a mental health charity to improve staff's wellbeing at work with advice, a helpline and encouraging them to look out for crewmates.

All staff completed reflection exercises for their CPD, mental health (MH) and psychological support. Any staff could train to become a mental health first aider (MHFA). At the time of our inspection 15 staff had expressed interest so the manager was seeking a full day's workshop. The manager was also hoping to train four staff members as TRIM practitioners to spot signs of distress in people which may normally go unnoticed.

The manager planned to invest with a charity to raise awareness of community-based needs and support encouraging them to 'think'. They would create and design adverts with awareness information about mental health help, domestic violence and other topics on the side of their new ambulances.

The provider had a staff portal where information and updated policies were shared. Staff also had two organisation-wide social messenger chat groups, one more formal with latest guidance and best practice examples and another more casual advisory discussion group.

The provider used a forum approach to staff engagement whereby the manager reviewed cyclical feedback with ongoing regular channels of communication. They shared staff bulletins at least monthly which focused on educational or clinical practice.

The service provided community engagement. For example, at the time of our inspection they planned to give an engagement session at a local primary school to encourage children to respect first responders and used it as a reflective piece. They had a schoolchild on work experience.

The provider was also trialling a pilot scheme for unemployed people to get a career. On 22 February 2023 they would train people to gain new skills funded by two local councils and would attend a careers fair to stage pretend jobs and create and present a showreel. Four people had already completed and gained jobs through this advanced scheme which the manager planned to develop.

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A placement student told us during their first response emergency care (FREC4) course they and another attendee helped one staff member who had failed a module by sharing information and being mutually supportive. They felt the provider actively encouraged staff engagement and close camaraderie with colleagues.

The provider worked with a local university who sent health and social care students in their final degree-level year on placements. These students submitted reports as part of their dissertation at the end and gave positive feedback about their provider experience. The provider had taken on three more student placements the week after our inspection. We spoke to one who was very positive about their experience and had extended their placement for a year during which time they had undergone significant CPD. The university used the student as an example of how placements could lead to career development.

### Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.**

The manager felt the provider's quarterly audits were a prime example of their continuous improvement. Each audit round had draft action plans for staff to enact for the next cycle. They had already seen improvement in staff's patient report form (PRF) documentation.

The provider were registered with the office of qualifications and examinations regulation (OFQUAL) for education so they covered everything on the royal college of emergency medicine (RCEM) framework.