Medics24 Limited

UNIT 2C

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 know to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

UNIT 2C is operated by Medics24 Limited. UNIT 2C provide support to event organisers, in need of event medical cover. Events include football matches, triathlons and horseracing. UNIT 2C supply rapid response vehicles crewed by paramedics, emergency medical technicians and assistant medics.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 19 October 2017, along with an unannounced visit to the site on 26 October 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by Medics24 Limited was first aid and medical cover for events. Events are not within our scope of regulation and we do not inspect events. However, at some events, the service provided emergency transport. Emergency patient transfers fall into our scope of regulation and thus require inspection. Within the last year, the provider had had to transfer five patients via ambulance, from an events site to a local emergency department. We inspected this service under our urgent and emergency care framework.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- There was a clear ethos of patient safety and delivering a high standard of medical care.
- Records were completed appropriately and stored securely.
- The vehicles and all areas of the service we inspected were visibly clean, well-organised, and in line with infection control policies and procedures.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Policies and procedures were based on best practice, legislation and relevant national guidance and were easily accessible by staff.
- There was evidence of effective oversight and management while the service continued to grow and develop.
- All staff had completed advanced life support (ALS) or immediate life support (ILS) training and this was checked yearly by the registered manager.

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

- Upon reviewing medical gases, we found two oxygen cylinders that had expired and a cylinder of medical nitrous oxide and oxygen mixture that had no expiry date.
- Risks were not formally recorded on the service risk register. On our unannounced visit, we found three risks had been added to the risk register.
- The service did not provide staff with translation support.

Summary of findings

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		The main service provided by UNIT 2C was first aid and medical cover for events; however, this is not within our scope of regulation. We have reported on the urgent and emergency care aspect of the service as the provider has, on rare occasions, transported patients from event sites to local emergency departments, via ambulance. There were effective processes in place to protect people from abuse and avoidable harm. Care and treatment was based on best practice, legislation and relevant national guidance. Staff delivered compassionate care. The service was planned and delivered to meet the needs of people. There was evidence of effective oversight and management, while the service continued to grow and develop.

UNIT 2C

Detailed findings

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Emergency and urgent care

Detailed findings

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Background to UNIT 2C

UNIT 2C opened in 2016 and is operated by Medics24 Limited. It is an independent ambulance service in Rayne, Essex. Medics24 Limited has been registered with the CQC since 2011.

UNIT 2C provide support to event organisers, in need of event medical cover. Events include football matches, triathlons and horseracing. With the exception of the two directors, all staff work for the service on a casual basis, and are allocated to events based on availability and profession.

The service has three ambulance vehicles and one 4x4 off-road vehicle.

The service has had a registered manager in post since 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a second CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Facts and data about UNIT 2C

The main service provided by Medics24 Limited was first aid and medical cover for events. Events are not within our scope of regulation and we do not inspect events. However, while supporting events, the provider had had to transfer a small number of patients via ambulance, from an events site to a local emergency department. Emergency patient transfers fall into our scope of regulation and thus require inspection.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Transport, triage and medical advice provided remotely

During the inspection, we visited the service base in Rayne, Essex. We spoke with eight members of staff including directors of the service, registered paramedics, ambulance technicians, an administration assistant and a support worker.

During our inspection, we reviewed five sets of patient records.

There were no special reviews or ongoing investigations of the service by the CQC during the 12 months prior to inspection. UNIT 2C had not been previously inspected.

Detailed findings

The service does not operate under subcontracting arrangements with the NHS or private providers. Work is procured directly through clients running events, and is dependent on demand.

Activity (January 2017 to June 2017)

- The service attended 119 events, at which there were five emergency and urgent care patient journeys undertaken.

With the exception of the two directors, all staff were employed by a local NHS ambulance service and worked for Medics24 Limited on a bank basis. The bank contained 22 registered paramedics, 14 ambulance technicians and four assistant medics. The provider does not require an accountable officer for controlled drugs, due to its service type.

Track record on safety (January 2017 to June 2017)

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

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The main service provided by UNIT 2C was first aid and medical cover for events; however, this is not within our scope of regulation. We have reported on the urgent and emergency care aspect of the service as the provider has, on rare occasions, transported patients from event sites to local emergency departments, via ambulance.

Summary of findings

There were effective processes in place to protect people from abuse and avoidable harm. Care and treatment was based on best practice, legislation and relevant national guidance. Staff delivered compassionate care. The service was planned and delivered to meet the needs of people. There was evidence of effective oversight and management, while the service continued to grow and develop.

Emergency and urgent care services

Are emergency and urgent care services safe?

Incidents

- There were effective processes to record and manage incidents. Staff followed an up-to-date incident reporting policy. Staff reported incidents on a paper based incident reporting form, found on all vehicles in the crew information folder. All completed incident report forms were brought to the attention of the duty manager.
- Following an incident, an investigating manager was appointed by the director on duty. The investigating manager would review the incident report, instigate an investigation and disseminate any learning to staff.
- Staff we spoke with understood the incident reporting policy and knew how to report an incident. Staff were aware of the types of incidents that they needed to escalate and were encouraged to report incidents.
- From January 2017 to September 2017, the service reported no incidents.
- In the same reporting period, the service reported no never events. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- The service had no direct policy on the application of duty of candour. However, the customer and patient experience policy specifically addressed the need for staff to be open and honest, when dealing with complaints. Additionally, when asked, staff described the principles of duty of candour and could give examples of when it should be triggered.

Clinical Quality Dashboard or equivalent

- The service did not have a clinical dashboard (or equivalent) to measure the quality of the service. However, the registered manager reviewed all patient report forms and patient experience forms for themes and trends. A clinical governance report was produced every year and discussed at the clinical governance meeting. The report included information on incidents, infection prevention and control, medicine management and staff training.

Cleanliness, infection control and hygiene

- There were established processes to maintain standards of cleanliness and hygiene. The service had an up-to-date infection prevention and control (IPC) policy, available to staff in hardcopy. Staff also had access to an IPC board displaying IPC updates and information.
- We observed staff to be complying with best practice with regard to infection prevention and control, for example when cleaning the ambulances. Staff told us about the practices they used to prevent infection risk.
- The registered manager completed an IPC report every six months. We reviewed the January to June 2017 report, which included information about IPC incidents and details of the current management of clinical waste.
- All clinical areas inspected, including ambulances and the outdoor cleaning unit, were visibly clean, tidy and free from clutter.
- We inspected all four vehicles and found cleanliness and infection control to be of a good standard. At the start of every shift, staff completed a crew assignment form, confirming vehicles were cleaned prior to use.
- Vehicles were also cleaned weekly by a designated support worker, or more regularly if required. Vehicle cleaning equipment was stored in a locked outdoor unit. Single-use mop heads were used to clean vehicles, with additional new mop heads seen in their original sealed wrapping.
- A support worker completed a deep clean of all vehicles every 10 to 12 weeks, or more regularly if a risk was identified. The deep clean was completed using a steam cleaner. We saw the vehicle cleaning records from January to October 2017 and found staff had signed to confirm they had cleaned the vehicles, in line with the service policy.
- Personal protective equipment (PPE), such as disposable gloves and masks, was readily available for

staff, to ensure their safety and reduce the risk of cross infection. PPE was stocked on all vehicles, with additional supplies stocked on site. We saw staff used PPE appropriately when cleaning the vehicles.

- The service supplied new staff with a uniform. In the event that uniforms were soiled, staff used a body spillage kit for the safe clean-up of bodily fluids. An external company was contracted for excessive soiling.
- Hand sanitising gel was available on each vehicle and included within the emergency kit bags. Staff told us that they were issued with individual gel dispensers before an event.
- The service had external arrangements for the management of clinical waste and all waste was separated in appropriately labelled bins, ready for collection.
- Although no longer in use, the service stored old-stock chlorine tablets, which are a hazardous substance. Hazardous substances were stored in a locked cupboard within a locked area and complied with the control of substances hazardous to health (COSHH) regulations, 2002. The registered manager confirmed there was no COSHH register. On our unannounced visit, the registered manager informed us that the chlorine tablets would be removed from the site as they were not in use and had been replaced by the body spillage kits.

Environment and equipment

- The site consisted of an office block, outdoor area where vehicles were kept, and an outdoor unit where cleaning equipment was stored. Within the office, there was a locked medicines and equipment room.
- The site office was secured via keypad entry. Staff secured the outdoor unit with keys held in the office. The site also had CCTV in operation.
- There were effective processes to ensure the vehicles and equipment were serviced and fit for use. The service had three ambulance vehicles and one 4x4 off-road vehicle. All vehicles we inspected had an up to date vehicle licence tax, ministry of transport certificate, insurance certificate and full service history log. In addition, one vehicle had a Transport for London low emission zone compliance checker.
- The service maintained a contract with an auto recovery service to support any ambulance breakdowns. An external company was used annually for vehicle servicing.
- Staff completed a crew assignment form at the beginning of every shift, which ensured all ambulance equipment was present on the vehicle and all vehicle maintenance checks had been completed. Equipment included emergency equipment, medicines, PPE, disposable blankets and a burns kit. Any equipment not used would be returned to the office, reviewed and a stock check completed. The stock check documentation we reviewed was accurate and up to date.
- The service had seven automatic external defibrillators (AED). An AED is a portable electronic device, with audio and visual commands, which through electrical therapy allows the heart to re-establish an organised rhythm so that it can function properly. All seven AEDs checked were working and within their servicing date.
- The service had two electrocardiograph (ECG) machines, six suction pumps and thirteen blood pressure monitors. Paediatric life support equipment was available on each vehicle. All equipment checked, including ECG machines and suction pumps, was within its servicing date, with the exception of one paediatric nebuliser mask. The directors removed and replaced the mask when brought to their attention.
- There were sharp boxes used for the disposal of sharp medical items, such as needles and syringes. Each grab bag contained a sharp box for staff to use at an event. However, we found a used, open sharps box in one grab bag, posing an IPC risk. This was raised with the registered manager, who immediately removed and replaced the sharps box.
- Each ambulance had two fire extinguishers secured appropriately on the vehicles. Upon review, we found all extinguishers had received an up to date servicing and all were fit for use.

Medicines

- The service had an up-to-date medicines management policy, alongside standard operating procedures for the management of controlled drugs.

- The service employed a clinical adviser who carried out an annual medicine audit and was on hand to provide guidance on medicines, for example following any significant changes to legislation, guidance or best practice.
- Medicines were stored securely in grab bags, within a locked room.
- All medicines we checked were in-date and stored appropriately. Bags were date tagged and sealed, ready for use. An administration assistant tracked the tags on a spreadsheet. The spreadsheet also recorded when medicines were due to go out of date. Each grab bag had a laminated contents checklist displaying when an item would expire and need a replacement.
- Only those medicines listed by the Medicines and Healthcare Regulatory Agency (MHRA) for paramedic use, and by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines, were obtained and stored. If the service identified the need for a medicine to be added to the grab bag inventory (from this list above), the proposal would go to the clinical advisor for approval.
- Controlled drugs (CDs) were stored securely in a safe, within the locked room. The two directors and administration assistant were the only staff members who had keys and could access the controlled drugs safe.
- CDs were checked before being transported to an event and a monthly CD audit was conducted by the registered manager. We reviewed the August 2017 audit and found all CDs were accounted for. We also undertook a random check of 25 CDs. We found staff to be following their internal procedures for the storage and administration of CDs, which included two signatories following each administration.
- Staff told us that during an event, controlled drugs were secured either on their person or in the vehicle safe.
- Staff told us that before an event, each vehicle was stocked with over-the-counter medicines, including paracetamol and ibuprofen. All over-the-counter medicines we checked were and within the expiry date.
- Medical gases, such as oxygen and medical nitrous oxide and oxygen mixture (pain relieving gas), were stored securely in sealed bags, within a locked outdoor unit and on each vehicle. There was a clear medical gas warning sign on the unit door. All medical gases were provided by an external company.
- We undertook a random check of medical gases. We found two oxygen cylinders that had expired and a cylinder containing medical nitrous oxide and oxygen mixture that had no expiry date. This finding was immediately raised with the registered manager who removed the out of date cylinders and escalated a request for replacements. On our unannounced inspection visit, we found the registered manager had placed an order and the cylinders were due to arrive the following week. In response to this finding, the leadership team was exploring different ways in which technology could improve their medicine management.

Records

- Records were completed appropriately and stored securely. The service had an up-to-date clinical records policy for the creation, storage, security and destruction of clinical records.
- Each ambulance vehicle had a supply of report forms. There were two types: a standard minor injury report form, used for general treatment on event sites, and a more detailed patient report form, used for patients requiring an emergency transfer.
- Following patient contact, staff stored report forms securely in a folder on the service vehicle. All patient records were stored in the office, in a locked filing cabinet. During an emergency transfer, a copy of the patient report form was handed to the receiving hospital.
- The registered manager reviewed all patient report forms to collate trends, identify good practice and ensure staff were completing the forms appropriately.
- We reviewed the patient report forms for the five emergency transfers completed in 2017. They were legible, completed and signed off by the appropriate staff member. Staff recorded the clinical observations of a patient, ensuring a smooth patient handover at the receiving hospital.

Safeguarding

- From January 2017 to June 2017, the service completed five emergency and urgent care transfers. No emergency transfers involved children under the age of 17.
- The service had an up-to-date safeguarding children and vulnerable adults policy.
- The service took into account the safeguarding needs of patients, based on the type of event they were attending. The registered manager would conduct a risk assessment to establish the correct level of safeguarding resources required. The risk assessment considered whether access to a safeguarding lead, trained to level 3, would be required for additional support.
- Staff would raise any safeguarding concerns to a director, both trained in level 2 safeguarding children and in safeguarding vulnerable adults.
- All planned events had a dedicated risk assessment based around the likely incidents that may occur and contact details for various people at the event. A laminated form, inside the crew information folder, was seen on all vehicles. The form had contact details for local safeguarding authorities, for staff to use if they had a safeguarding concern.
- Medics24 Limited did not train staff in the safeguarding of children and vulnerable adults. Instead managers reviewed staff training records from their main employer. This ensured that safeguarding training was up to date and at the appropriate level (level 2). We saw evidence that the service requested this on an annual basis.

Mandatory training

- All clinical staff worked for a local NHS ambulance service and worked for Medics24 Limited on a bank basis. The service did not provide mandatory training, however there were effective processes in place to ensure that staff had received up-to-date mandatory training in order to deliver safe care and treatment.
- Prior to recruitment, staff training records were requested from the staff member's main employer, alongside evidence of their qualification certificates and annual clinical update certificates. New staff also signed a declaration form, confirming that they had completed NHS training within the last 18 months. On the form, staff confirmed that they had received training in equality and diversity, IPC, consent and capacity. We saw evidence in all staff files that the declaration form had been signed and the training certificates had been requested.
- However, we were told by the registered manager that gaining access to staff training records was sometimes difficult, dependent on the main employer. The registered manager explained that some NHS employers were slow at providing training records or provided records without the specific training modules specified. Upon reviewing the staff files, we found two training certificates without training modules specified.
- We saw email trail evidence that the service had attempted to engage with NHS services to try and resolve the delay in obtaining detailed training records.
- All training records were kept as a hardcopy in staff files. This meant it was difficult for the directors to have a clear oversight on which training was due to expire, without manually looking through all the staff certificates. We saw evidence that the registered manager checked the staff skills, training and competencies yearly.
- The service provided induction training, which focussed on training staff in the use of equipment, specific to the service, and vehicle familiarisation.
- In addition, the service provided annual update training, delivered by a training officer. The training officer was a bank staff member and registered paramedic. This included refresher training in the use of emergency equipment and immediate life support. In 2016, nine members of staff attended the annual update training.
- All staff received annual clinical reading material, namely the UK Resuscitation Council Guidelines 2015. The reading of this was mandatory and all staff had to sign a form to confirm they had read the material.

Assessing and responding to patient risk

- A risk guidance form was used to estimate the level of medical cover required, including whether emergency transport would be needed. The type of event, location, patient group, expected size and proximity to an emergency department were all considered when measuring resources.

Emergency and urgent care services

- The directors completed a risk assessment prior to each event booking. We reviewed risk assessments for past events and found them to be thorough and complete. If necessary, the directors would conduct a pre-event site visit, to determine logistics.
- For each event, an assigned duty manager was on call, for staff to contact with any concerns, for example if an ambulance broke down on the way to an event.
- Patient report forms identified key patient observations for staff to complete, including levels of response, oxygen saturation, blood pressure and respiratory rate, in the event that a patient deteriorated during care or treatment.
- If, based on patient observations, staff had significant concerns regarding patient well-being, they would either emergency transfer the patient or call 999 for an emergency ambulance, depending on which vehicle was deployed. Staff we spoke with showed an awareness of how to deal with a deteriorating patient and escalate any concerns.
- Staff told us that at some sporting events, crews were led by a clinician, employed by the event organiser. The clinician provided medical advice and would determine when a patient's deteriorating condition needed to be escalated.
- All staff had completed advanced life support (ALS) or immediate life support (ILS) training and this was checked yearly by the registered manager.
- A yearly fire risk assessment was conducted by the registered manager. We reviewed the assessment completed in July 2016, which showed no actions were required.

Staffing

- With the exception of the two directors, all staff were employed as bank staff. The hours worked varied from month to month and were agreed with each individual employee. The bank contained 22 registered paramedics, 14 ambulance technicians and four assistant medics. Assistant medics included two registered nurses and two sports therapists.
- A registered paramedic worked in the office one day per week to provide administration assistance. This included monitoring all expiry dates for medicines and emergency equipment. An ambulance technician worked in the office one day per week to provide support work, for example vehicle cleaning.
- The service employed a clinical adviser who carried out an annual medicine audit and was on hand to provide guidance on medicine management.
- The majority of work completed by Medics24 Limited was pre-planned. For pre-planned events, staff provided their availability for the year. The directors reviewed availability and positioned staff at events based on individual skills, training, and profession.
- For any short-notice events, the directors would request availability of staff via text.

Response to major incidents

- The service was not part of any local resilience or major incident plans, therefore no major incident plan was in place. However, the registered manager described the local ambulance network and how support could be offered, if required.
- If a major incident occurred at an event, staff would prioritise the needs of the clients and provide support as agreed with the event organiser.
- The service backed up electronic information on a hard-drive, reducing the risk to service disruption.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Evidence-based care and treatment

- Staff delivered care and treatment in line with evidence-based practice.
- Policies and procedures followed recognisable and approved guidelines, including the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the National Institute of Health and Care Excellence (NICE) guidelines. The policies we reviewed, including the medicines management policy and incident reporting

policy, were all up to date and had clear dates for review. Policies were reviewed every year, or more frequently if there was a specific change to legislation or national guidance.

- The registered manager monitored Medicines and Healthcare Products Regulatory Agency (MHRA), JRCALC and NICE update alerts. Any updates were posted on the clinical update board for staff to review. Important updates were also placed in wage slips to ensure that all staff were made aware of changes to policy.
- For sporting events, the service followed government-funded guidance on spectator safety at sports grounds, published by the Department for Culture, Media and Sport. The guidance uses a risk assessment to estimates the resources required for an event.

Assessment and planning of care

- When making bookings for events and conducting risk assessments, the registered manager considered the likely patient group, the risks associated with the event and the skills, knowledge, and experience required by staff sent to work at an event.
- The transfer pathways for care were assessed prior to an event, which ensured that patients were transferred to the most appropriate hospital. This assessment considered both hospital speciality, such as major trauma, and distance from the event. Where possible, the service aimed to reduce the pressures on local emergency departments by treating the patient on-site.
- An airway management survey was given to all staff to complete. The results were then used to inform the service as to which airway management kit to employ.
- Patient pain was assessed and managed. Staff had access to appropriate pain medicine, including medical gases. From the five patient records we reviewed, we saw evidence of pain management, including the administration of pain relief and a specifically designed paediatric pain scale.

Response times and patient outcomes

- The service did not measure response times as its provision was on event sites.
- Due to the nature of the service, staff only treated patients once and as a result, patient outcomes were difficult to obtain.
- The service did not participate in any local or national audits to provide a benchmark against similar services. Instead, the service used client feedback to measure performance.

Competent staff

- The service did not advertise to recruit. All new recruits were based on staff recommendations, supported by two references. The registered manager explained that this ensured staff quality.
- The disclosure and barring service (DBS) helps employers make safer recruitment choices by identifying individuals not fit to work with vulnerable people. Medics24 Limited requested staff produce a copy of their DBS certificate from their main employer, prior to commencing work. The directors told us that they were encouraging all staff to enrol onto the DBS online service, allowing certificates to be easily checked online. We checked five staff files and found DBS certificates to be in-date.
- All staff received a local induction to the service, upon commencing work. This included site orientation, vehicle familiarisation, equipment training and a review of policies and procedures. Staff we spoke with confirmed that they had received an induction to the service.
- Following their induction, new staff would complete their first job with a director to ensure they were confident to use Medics24 Limited equipment and a competent driver. All paramedics and ambulance technicians were required to have completed a blue light driver training course with their main employer.
- Staff submitted their up to date evidence of qualifications, competencies, and skills at the recruitment stage and then again yearly. The registered manager checked this to ensure staff were fit to practice. The registered manager also checked staff driving licences to ensure they were in-date and had the correct vehicle categories to legally drive the provider's vehicles.

- Staff we spoke with felt comfortable they had been given time to familiarise themselves with vehicles, equipment and processes and were well supported by more experienced colleagues. Staff were alerted to any changes in practice via staff bulletin.
- New staff received information folders detailing company policies and procedures. They also received annual clinical reading material, specifically the UK Resus Council Guidelines 2015.
- As the service only employed casual staff, the directors did not carry out regular appraisals. The directors explained that as some staff may only work for the service once, or on an ad hoc basis, a comprehensive appraisal would be difficult to complete.
- Every three months, the administration assistant checked all paramedic staff were still registered with the Health and Care Professions Council (HCPC). The registered manager also completed monthly checks of the Health and Care Tribunal Service register, to ensure no staff member was currently under investigation. We saw evidence in staff files that checks were regularly conducted.
- The service provided in-house training approximately three times per year. The service also provided additional training on an ad hoc basis. An assistant medic, who was also a qualified football tutor, offered a sports injury training session to staff. Clients would also run training sessions, for example a client that ran horseracing events provided horse safety training.

Coordination with other providers and multi-disciplinary working

- The service co-ordinated with event organiser and other agencies when required. For example, a director would routinely meet with any client wishing to plan an event, in order to carry out a comprehensive risk assessment and agree the resources that would be required.
- Although transfers from event sites were rare, in the event of an emergency transfer, the service would have pre-planned which hospital to transfer the patient based on the emergency. The service did not have any subcontracts with NHS ambulance trusts. If a patient required an emergency transfer, this would be done in a Medics24 Limited ambulance.
- For some events, patient care was delegated to other health professionals. For example, at specific sporting events, a clinician would lead the Medics24 Limited team. In an emergency, the clinical lead would identify which hospital the patient should be transferred to.
- The bank of staff used by Medics24 Limited were employed by various NHS providers, allowing for good practice to be shared across providers. Two nurses and two sports therapists (assistant medics) supported ambulance crews during events, bringing their own array of skills.

Access to information

- A hardcopy of each policy was stored in a policies folder, in the office. When a policy was reviewed, the registered manager would update the hardcopy, ensuring staff always had access to the most up-to-date policy.
- Before each event, staff were given information on the client, event, and potential risks. If required, staff could use a satellite navigation system to drive to the event.
- For regular clients, a folder containing useful emergency information was held on all vehicles. All local trauma centres were identified before an event, in case of an emergency transfer.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff signed a training form to confirm that they had completed training on consent and capacity with their main employer. The registered manager checked this was updated yearly.
- We reviewed the five patient report forms completed during emergency transfers in 2017.Each form had a consent and capacity section for staff to complete. We found staff had a good understanding of capacity and each form was completed in full and appropriately.
- Minor injury forms also had a prompt for staff to gain consent before commencing treatment.

Emergency and urgent care services

Are emergency and urgent care services caring?

Compassionate care

- As we do not have the scope to inspect events, we were unable to observe any interactions between staff and patients, or speak to patients who had used the service.
- We were, however, able to review feedback from companies that had used Medics24 Limited at events. Feedback was positive and described staff as 'friendly' 'impressive' and 'professional'. There was also positive feedback from other professionals who had worked with Medics24 Limited as part of a team.
- Staff displayed a patient-centred approach and gave examples of compassionate patient care. Staff described how they would protect a patient's privacy and dignity by using disposable blankets.

Understanding and involvement of patients and those close to them

- Staff described the importance of involving patients and those close to them, in an emergency transfer decision.
- On all patient report forms, staff had to confirm whether the patient had been given sufficient information, in a way that they can understand, to inform them on their treatment decision.

Emotional support

- Staff explained how they used their skills and experience to provide reassurance to patients needing treatment.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Service planning and delivery to meet the needs of local people

- The directors had regular contact with their event clients to meet the needs of attendees and seek opportunities to provide services at other events. Prior to each event, the service had a discussion with the client to plan and assess how they would provide care at the event site.
- Medics24 Limited provided no services to the NHS, and only worked directly with private clients.

Meeting people's individual needs

- The service did not provide staff with translation support. However, on our unannounced visit, we were told that there were plans for the provider to start using a translation service.
- Patient report forms included tools to document paediatric observations such as the 'Wong-Baker' faces pain rating scale. This is a tool, specifically for children and patients with a learning disability, used to help identify pain levels.
- The service had no specialist bariatric equipment. If a bariatric patient required an emergency transfer, staff would call 999 for a bariatric ambulance to attend the scene.

Access and flow

- Different factors including the size of the event, type of event and patient group, determined whether emergency transport would be required.
- For pre-planned work, staff provided their availability for the year. The directors reviewed availability and positioned staff at events based on individual skills, training, and their profession.
- Staff only transferred patients to hospital in an emergency capacity, which was rare. There was therefore no monitoring of response times, or communication with NHS ambulance trusts.

Learning from complaints and concerns

- There was an up-to-date customer and patient experience policy, which set out the process for the management of complaints. Written confirmation of receipt of the complaint was to be sent within 48 hours of receipt; and a written substantive reply, with resolution, to be sent within 25 days.
- Complaints could be received verbally, or via a patient or client feedback form. Staff were aware of the complaints policy and the process of referring a complaint to the designated complaints manager.
- From January 2016 to September 2017, the service reported no complaints from clients or patients.

Emergency and urgent care services

Are emergency and urgent care services well-led?

Leadership / culture of service

- The service was led by two directors, supported by a paramedic who completed administrational tasks, a support worker, a training officer and a clinical advisor. The directors were registered paramedics and had both worked for NHS and independent ambulance services, prior to starting Medics24 Limited.
- For an event held outside of office hours, one of the directors would be allocated as the duty manager. The duty manager would be on call to enable staff support and client contact. For larger events, a team leader would be chosen to supervise staff and liaise with the client.
- We found the management team to display a clear ethos of patient safety and delivering a high standard of medical care. Staff told us that they were proud to work for the service and expressed how the managers were friendly and easy to get along with. The culture of the service was positive and staff told us they felt well supported in their role.
- Both directors regularly worked at events as part of the crew. This meant they had a constant oversight of the service they delivered.
- Staff told us that they felt confident to raise any issues or concerns with the directors and that they would take their concerns seriously.
- The service provided staff with information about post-traumatic stress disorder support services.
- There was an up-to-date lone working policy to ensure staff safety when working alone.

Vision and strategy for this this core service

- Medics24 Limited was established with the aim to provide a high quality medical service at events, using only experienced ambulance staff. From speaking to the directors, we found there was a clear ethos of patient safety and delivering a high standard of medical care.
- The values of the service were based on the CQC five domains; to provide a safe, effective, caring, responsive and well led service.
- The service had five main objectives: to improve the patient experience; to continue to respect and involve users; to ensure an immediate response to complaints or concerns; to continue to provide immediate response to medical incidents at events; and to provide a safe, equitable quality service to all.
- At the end of each financial year, the service considered where to invest its resources. The directors were considering whether to expand their fleet if the level of work continued to rise.

Governance, risk management and quality measurement

- The service had an annual clinical governance meeting, attended by the two directors and clinical advisor. We reviewed the minutes of the meeting held in January 2017. They showed the previous year's clinical governance report was discussed and a controlled drugs audit was completed.
- The provider did not hold routine meetings with the staff, due to the casual nature of the workforce. Incidents, learning and updates to national guidance or policy were circulated to staff through the staff notice board, staff bulletin system or placed within staff wage slips. We saw evidence of a past staff bulletin, advising staff not to use emergency equipment issued by other providers.
- The service had a risk register however, upon review, there were no risks formally recorded on the register. When we raised this finding with the two directors, they were able to verbally describe the service risks and identified the need to formally record them. For example, the registered manager had identified the risk of lone working and had developed a lone working policy to mitigate this risk.
- During our unannounced visit, we found three risks had been added to the risk register: lone working, company office working and drug management. Each risk had been rated, dated and a responsible lead had been assigned to each risk.
- We reviewed event risk assessments and found them to be comprehensive, well written, and involved the event organiser in an end-to-end planning process, ensuring all risks were considered.

- Due to the nature of the business, the service had limited ways to measure the quality of emergency transfers. The quality of medical cover at events was measured via client feedback and repeat clients; all of which indicated that Medics24 Limited was providing a quality service.

Public and staff engagement

- Client feedback forms were sent to the client after every event, although response rates were low. In 2016, only one client feedback form was returned. The feedback was positive. The service did however receive more informal feedback from clients. We saw evidence of client feedback, via thank you emails. Again, all feedback was positive.
- A system to obtain patient feedback was in place and seen on all vehicles. We reviewed 24 completed customer experience comment forms and found 23 rated the service as 'very good'. Comments included 'fantastic' and 'all staff excellent'.
- There were opportunities for staff to engage in the service; for example staff with specific knowledge, such as the treatment of sports injuries, were encouraged to pass their knowledge on and deliver training to their colleagues.
- The service sought feedback from staff before making changes to practice. For example, the service used the results of an airway management survey to determine which equipment to purchase.
- Since UNIT 2C opened in August 2016, staff satisfaction has not been measured. The directors recognised this as an area that had been overlooked.

Innovation, improvement and sustainability

- The management team was exploring different ways in which technology could improve the service. For example, they planned on updating their office technology to allow for better oversight in specific areas such as equipment and medicine checks.
- The service was environmentally conscious and looking at ways in which it could reduce the amount of medicine and equipment waste produced.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure that there is an effective process to monitor expiry dates on medical gases.
- The provider should ensure that there is an effective process to record risks to the service.
- The provider should ensure staff have access to patient translation services.