Medics24 Limited

UNIT 2C

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?	Insufficient evidence to rate
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

UNIT 2C is operated by Medics24 Limited. UNIT 2C provide support to event organisers, in need of event medical cover. Events primarily included sporting events including regular medical support at football matches. UNIT 2C has 6 vehicles and 36 staff including paramedics, emergency medical technicians and assistant medics.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection of the registered location on 24 January 2023.

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 transferred 5 patients via ambulance, from an events site to a local emergency department. We inspected this service under our urgent and emergency care framework.

We have 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 mostly had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- 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.

However:

- The services safeguarding policy did not reflect best practice
- The service had limited communication aids to assist patients who may have additional communication needs.

We rated this service as good because it was safe, effective, responsive and well led. We did not have sufficient evidence to rate caring.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	

Summary of findings

Contents

Summary of this inspection

Background to UNIT 2C

This is the first time we have rated this service using our new methodology. We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 24 January 2023.

The service had a registered manager in post since 2016. This service was last inspected in 2017 at a different registered location. The service was registered to provide the following regulated activities: Transport services, triage and medical advice provided remotely.

How we carried out this inspection

During the inspection we spoke with 7 members of staff including 6 operational staff including paramedics and emergency technicians, the registered manager, a director and the office manager. We reviewed 6 patient records and 6 staff records. We were not able to observe care within the service, but we were able to review patient feedback information.

The inspection team comprised of a CQC inspector and an assistant inspector.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service 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:

- The service should consider how it uses communication aids to help communicate with patients with additional needs.
- The service should ensure safeguarding policies are updated to reflect best practise.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Good

Is the service safe?

Good

This is the first time we have rated the service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Mandatory training was comprehensive and met the needs of patients and staff. Data submitted by the service showed that all staff had completed mandatory training. Staff on zero hours contracts who worked substantively for NHS providers submitted evidence that they had completed mandatory training modules with their NHS employers. Mandatory training modules included infection prevention and control, information governance, health and safety, moving and handling and the Mental Capacity Act.

Staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. They maintained a training dashboard that included alerts for when individual staff training was due.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff that we talked to could outline how to make a safeguarding referral in line with the services policy. The services policy was in date and had been reviewed in December 2022. The safeguarding policy did not reflect best practise as paramedics were required to be trained to level 3 according to the Safeguarding Children and Young People: Roles and Competencies for Healthcare

Staff Fourth edition: January 2019 intercollegiate document. We reviewed 3 paramedic staff records and two staff had been trained to level 3 and one member had been trained to level 2. All staff were trained to a minimum of level 2 in safeguarding children and safeguarding adults. We raised this on inspection and the service updated the safeguarding policy and sent evidence that training sessions had been scheduled for staff.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to work with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had not made a safeguarding referral in the 12 months before our inspection. Child and adult safeguarding policies detailed who to contact in the event of safeguarding concerns and there were contact details for local authority safeguarding services.

At the time of the inspection the registered manager was trained to safeguarding level 3 children and adults. Following the inspection, the registered manager submitted evidence they had completed safeguarding level 4 children and adults.

The service had a clear recruitment policy and undertook relevant checks including Disclosure and Barring Service (DBS) checks, clinical registration, identification verification, employment history and references. We reviewed 6 staff records and found that checks had been carried out as required.

Cleanliness, infection control and hygiene

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.

All areas were clean and had suitable furnishings which were clean and well-maintained. We observed that premises and furnishings were clean and well-maintained. The premises were not cluttered. We observed the premises had designated cleaning preparation and storage areas, which promoted good levels of cleanliness.

Cleaning records were up-to-date and demonstrated that areas were cleaned regularly. We reviewed a sample of Infection Prevention and Control (IPC) audits which demonstrated a comprehensive record of checks and a high level of compliance.

A director was the Infection Prevention and Control lead. All ambulances were visibly clean and had suitable furnishings which were clean and well-maintained. We saw evidence of regular deep cleaning of vehicles and guidelines for staff to book additional deep cleans if required. All the paramedic response bags were made of wipe clean material. The service used single use linen to reduce the risk of infection.

All staff received training on how to clean the ambulances as part of their induction. Cleaning equipment was available in vehicles. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Spillage kits were readily available onsite and on all vehicles. Staff used spillage kits to clean up bodily fluids safely.

The service had a designated area for pressure washing vehicles. Cleaning equipment, such as mops and buckets were colour coded and stored correctly. There was alcohol hand sanitising gel for staff and visitors.

Staff washed their own uniforms. There was a uniform policy stating all uniforms had to be washed at 60 degrees centigrade to minimise risk of spreading infections.

Good

Emergency and urgent care

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. Fire escapes were clearly marked, and fire extinguishers were available in prominent positions throughout the premises. The service secured fire extinguishers to the wall and they were marked with servicing dates. This was in line with the Regulatory Reform (Fire Safety) Order 2005.

Staff carried out daily safety checks of the vehicles and onboard equipment. The make ready team ensured vehicles were ready for use at events. We saw daily vehicle checks had been completed. The statutory vehicle inspection included checking lights, indicators, hazards, engine oil, fuel level, wipers, tyres, reflectors doors and windows and mirrors. The daily checks also included patient equipment that may be required to treat and convey a patient to hospital. For example, seats, seatbelts, Automated External Defibrillators (AED), monitors, suction, Personal Protective Equipment (PPE), fire extinguishers, medical gases, paramedic bags and medicines bags.

The service mostly had enough suitable equipment to help them to safely care for patients however at the time of the inspection the service did not have child harnesses to transport children. Leaders said no children had been transported without a harness and that children would have been transported securely on a stretcher if they needed hospital treatment. Following our inspection, the service purchased new child harnesses to safely transport children. Equipment was standardised on all ambulances. For example, this included piped oxygen, patient transfer board, curved transfer board, fire extinguisher, ramp, carry chair and stretcher. At the induction, staff were given a tour of the vehicles and equipment. Managers demonstrated how to use equipment on board.

We checked equipment on board 3 vehicles and found equipment, including consumables to be in good condition. Safety checks had been completed where required and pre-prepared equipment and medicines bags were secured with tamper evident seals.

Staff disposed of clinical waste safely. Arrangements were in place for the appropriate disposal of waste. We saw records of an external company collecting waste on a regular basis.

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. We reviewed 6 patient records and saw that NEWS 2 tool was used appropriately as part of patient observations. Patient report forms included clinical information that was used to measure clinical stability and possible deterioration. This included level of consciousness, blood pressure, heart rate, oxygen levels and levels of pain. All staff had access to printed copies of the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) to provide information and clinical guidance.

The service primarily supported sporting events. The service used the Glasgow Coma Scale to describe the extent of impaired consciousness in all types of acute medical and trauma patients.

Staff knew about and dealt with any specific risk issues. Staff had received training on specific risks. All senior clinicians had completed advanced life support and all staff had been trained in immediate life support as a minimum. Additional training provided by the service included sessions on commonly seen clinical situations including head injury and bleeding.

Staff knew about and dealt with any specific risk issues. We saw patient records that detailed Glasgow Coma Scale for head injuries.

Staff shared key information to keep patients safe when handing over their care to others. Ambulance staff used duplicate carbonated patient records so information about the patient, including any drugs administered, could be handed over to the receiving NHS hospital.

Staff shared key information to keep patients safe when handing over their care to others. The service alerted the local hospital ahead of arrival when transporting patients who required immediate support.

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.

Medics 24 employed 36 staff at the time of the inspection. All Medics 24 staff were employed on zero hours contracts. Staff included paramedics and emergency medical technicians.

The service had enough staff to keep patients safe. Both management and operational staff told us that the levels of staffing felt enough to keep patients safe. Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with required skill set and knowledge. The service had a good skill mix of clinical staff on each shift and reviewed this regularly. We reviewed records that showed the service always maintained safe levels of staffing.

Risk assessments were carried out when planning support for events. Factors influencing the agreed number of staff included event capacity, location and type of event. Support for events was contractually agreed and included a clear definition of the staff skills and experience required. Staff were allocated to shifts and events based on the risk assessment and additional support was provided by the management team.

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. We reviewed 6 patient records and found they were fully completed. Patient notes were handwritten. Notes were written onto a patient report form and carbon duplicates were provided so that details about patient information, administration of drugs and observations could be handed over to the receiving NHS hospital to assist onward care planning.

Patient records were audited to ensure that they had been completed in full, were legible and signed and dated.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely in locked cupboards.

Medicines

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

The service used effective systems and processes to safely administer, record and store medicines. Medicines were stored securely in the storeroom and on vehicles. Storage areas were well organised and tidy, with effective processes in place to ensure stock was regularly rotated. All medicines we checked were within their use by date. Directors monitored the location of all medicines as well as their expiry dates, which ensured medicines were replaced before they expired.

The service had an up to date medicines management policy which outlined the safe storage, use and disposal of medicines

Medical gases (oxygen) were available and in date and used in line with best practice. Staff had received training in their use. Medical gases were securely stored on ambulance vehicles. At the base location, medical gases were locked and securely stored.

Staff stored and managed all medicines safely. Medicines were stored safely and securely at the location and on vehicles with access only by authorised members of staff. Medicines allocated to paramedics during their work were kept in specifically designed medicine bags. They were secured with security tags which included a first expiry date to indicate the earliest date that a medicine in the pack was to expire, and that medicines were safe and ready for use.

Staff learned from safety alerts and incidents to improve practice. Managers were signed up to receive safety alerts. Medicines were checked to identify relevant alerts.

Incidents

The service managed patient safety incidents well. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had a reporting and recording of incidents policy. The policy contained detailed guidance on serious and clinical incidents and including how to recognise, report and investigate them.

There had been no incidents recorded in the 12 months prior to the inspection.

Managers communicated information from patient safety alerts to staff using the staff notice board and at face to face events.

The provider had a duty of candour policy which staff could easily access. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident

includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm. Staff were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened. However, there had been no incidents to date to which the duty of candour applied.

Is the service effective?

Good

We have not previously rated this service. 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 followed policies to plan and deliver high quality care. Policies were up to date and followed national guidance however the safeguarding policy did not reference intercollegiate guidance. We raised this on inspection and the service responded by updating the policy and planned training for staff. Service policies were in date, version controlled and accessible to staff. Staff had access to printed copies of The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines for managing emergency patients. Managers audited patient report forms to ensure that treatment guidelines were followed.

The service's own policies were printed and available in vehicle packs. There were also paper copies available in the office at the registered location.

Medicines updates such as medicine alerts were communicated to staff on shift and posted on the staff notice board.

Pain relief

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. Staff used a pain ladder scoring tool to assess patients' pain and noted this on patient report forms (PRFs).

We saw from our review of a sample of PRFs that pain scores and pain relief had been correctly recorded. Crews were experienced in observing and responding to patients who were experiencing pain. Staff described how they were able to assess pain levels where patients had difficulty in communicating, using their clinical judgement to manage patient needs. Staff could use a paediatric pain assessment tool to assess children who may have difficulty articulating themselves. The service used a separate patient report form for children. Patients received pain relief soon after it was identified they needed it, or they requested it.

Good

Emergency and urgent care

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 provided immediate treatment for all members of the public accessing their service. The service recorded key information relating to timing of patient treatment and handover at the hospital.

Event organisers gave positive feedback about the care and treatment provided by the service.

The service recorded and monitored response times to ensure patient care and treatment was provided. Directors reviewed patient report forms where the time of initial patient contact through to time at point of handover was recorded.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff received training for using specialist equipment. Staff competencies were assessed and recorded.

Managers gave all new staff a full induction tailored to their role before they started work. Staff told us they received an induction, including shadowing co-workers to develop the confidence, skills and ability to carry out their role.

Managers supported staff to develop through regular, constructive clinical supervision of their work. This included audits of patient record forms where managers sought oversight of clinical activities and used this information as a basis for discussions with staff about clinical decision making and actions, including identifying learning opportunities.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Evidence given to us by the provider showed nearly all staff had received an annual appraisal.

The clinical educators worked within the service and supported the learning and development needs of staff. Managers made sure staff received any specialist training for their role. Staff had recently attended a training day for updating their knowledge and skills in the management of head injuries and there were further sessions planned for staff.

Managers identified poor staff performance promptly and supported staff to improve. Managers worked alongside other staff at events. If poor performance was identified staff received clinical supervision to support them to improve their practice.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Good

Emergency and urgent care

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff were able to provide a full and relevant patient handover to receiving emergency departments through copies of the patient report form that were pr. Staff had knowledge of any relevant clinical concerns and shared these in a professional manner during handovers.

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. All staff we spoke with could describe their responsibilities in assessing a patient's capacity to make decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and the Mental Capacity Act.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Insufficient evidence to rate

We did not have sufficient evidence to rate caring.

Compassionate care

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

We were unable to speak with patients who had used the service and therefore we did not have sufficient evidence to rate caring for this service. Staff told us they were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were mindful to ensure dignity and respect when responding to injuries at a public event or in view of crowds. Staff also endeavoured to treat patients in a vehicle or a side room where available.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They described how they would manage a patient whose condition was deteriorating whilst in the presence of a relative or carer. Staff were aware of their role in these sensitive situations and articulated clearly how they would provide comfort and reassurance to loved ones traveling with the patient.

Good

Emergency and urgent care

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 help, emotional support and advice when they needed it. Staff gave examples of supporting patients who had required transporting to hospital when they had no other support available.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff always endeavoured to provide care in a private space to maintain the dignity of patients at events when they get injured in public view.

Understanding and involvement of patients and those close to them

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

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service sought feedback from all those who they had attended, however most of the feedback came from players who had received emergency treatment on a pitch or at a sporting event. We saw positive feedback from athletes who had been injured on the pitch.

Is the service responsive?

Good

This is the first time we 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 was contracted to cover events but had conditions that stipulated their need to respond to emergencies if required. The registered manager worked closely with organisations when event medical cover was provided. They liaised on the requirement needed and evaluated the provision of cover to ensure this met the needs of the communities. This included local football teams where event cover was provided for spectators, as well as other community events such as festivals. They attended the safety advisory group meetings for larger events along with the event organisers, the local authority, statutory services, the security provider and highways agencies. They produced a medical risk assessment which formed part of the overall event management plan.

The service helped care for patients at an event in need of additional support or specialist medical intervention. There were 4x4 ambulances to attend to people at a sporting event who required treatment on a hard to reach location with uneven terrain.

Good

Emergency and urgent care

The service had systems to help care for patients in need of additional support or specialist intervention. Ambulance crews were trained to recognise situations and incidents where a paramedic from the contracting NHS ambulance trust would be required. This meant patients with specialist or significantly higher needs, were cared for by the most relevant clinical professional.

Staff had access to policy and clinical information to help guide them on appropriate care and any next steps. Medics24 had a duty manager rota which provided on call cover throughout staff shifts

Meeting people's individual needs

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

Staff had received training on supporting patients living with mental health problems, learning disabilities and dementia through their regular NHS employment. They ensured all patients received the necessary care to meet all their needs. This included referring patients to NHS or local authority services as needed, including where patients were identified as vulnerable.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters. Staff had access to telephone translation services.

Staff had access to limited communication aids to help patients become partners in their care and treatment. The service used a nonverbal pain score for paediatric patients however there we no other communication aids for adults with additional communication needs.

Access and flow

People could access the service when they needed it and received the right care promptly.

Due to the nature of the service patients requiring treatment by the service were mostly sports injury related and were directed by event staff. Directors planned the service based on information produced by the event managers. This included the number of people attending the event and the type of event being held. This enabled the right number of ambulances and staff to be used to provide medical cover to make sure patients could access services when needed and receive timely treatment.

Due to low patient conveyance activity managers did not monitor delay in handover times.

Learning from complaints and concerns

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

The service had a complaints policy. Patients were offered feedback forms to give compliments, make complaints or raise concerns.

The service had not received any complaints in the last 12 months. Managers understood that complaints could help them improve their service and staff were aware to handle patient complaints in line with the services policy.

Good

Emergency and urgent care

Is the service well-led?

Good

We have not previously rated this service. We rated it as good.

Leadership

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

Leaders had a comprehensive understanding of priorities and issues. They were focused on the provision of quality services and had clear processes for governance and leadership responsibilities.

The management team all had operational experience of working with NHS ambulance services. Directors shared operational responsibilities and often joined staff on vehicles at events.

Staff all spoke highly of the leadership team and said they were visible, approachable and that they felt supported in their roles.

Staff gave us examples of how the leadership team had identified talent and developed staff to reach their professional goals.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service had clear values, we saw a poster outlining the values and how they related to providing good care for patients, and staff could tell us about these.

Leaders had a comprehensive understanding of local plans and the wider health economy. They worked collaboratively with other local authority services providing emergency medical support at a system level.

Managers told us about their vision to grow the service without compromising patient safety and spoke about the strategy for how this could be achieved.

Culture

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

Staff felt supported, respected, valued and were positive and proud to work in the organisation. All staff spoke highly of the leadership team and described them as helpful and professional. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vison and values, regardless of seniority.

Staff said they felt listened to and gave an example where they had provided patient care at an event where no ambulances were required they fed back to managers that an ambulance would have been more appropriate to maintain patient privacy and dignity when assessing the patient. Managers then liaised with event organisers to ensure an ambulance was provided at future events. Managers were generally office based so were in frequent face to face contact with staff.

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.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with event organisers were governed and managed effectively to promote coordinated, person-centred care.

There were clear and comprehensive governance processes in place. Organisational policies were regularly reviewed. All policies except the safeguarding policy were in line with national guidance.

We reviewed clinical governance meeting minutes and saw that all aspects of governance were reviewed. This included activity reporting, incidents, complaints and patient feedback, safeguarding, health and safety, equipment, training and medicines management.

Managers reviewed this information after each event and through ongoing audits of patient record information.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a programme of clinical and internal audit to monitor quality, operational and financial processes. They had processes in place to manage performance. The service undertook risk assessments for events as part of the terms of engagement before agreeing a contract. They carried out a risk profile and risk score based on factors such as general event risks, weather, participant size and profile, event and venue hazards, medical risk and proximity to NHS services in the event of emergencies.

The registered manager was responsible for planning the service to be delivered in conjunction with event leaders. The risk management plans were shared at safety group meetings attended by the police, local NHS ambulance trust and local authority representatives. The risk management plans identified risks and actions to mitigate these. For example, the hospital patients should be conveyed to dependent on the nature of illness or injury sustained.

The service had a risk register that that was regularly monitored and reviewed by the directors.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance and make decisions. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service collected data on ambulance service activity at events. This included the number of patients conveyed to hospital from events, time of departure, arrival and handover at hospital.

Service performance measures had not been set by the service or event owners as this element of the service was very small.

Electronic databases were password protected. Records of journeys containing personal identifiable data were paper based records stored in a locked cabinet.

Processes were in place to submit notifications to other services. However, the service had not had any notifiable incidents to report from 1 December 2021 to 30 January 2022

Computers were secure and password protected.

Engagement

Leaders engaged with staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Leaders worked alongside staff to deliver patient care and time working at events was used to plan and prepare how best to respond to expected scenarios. At larger events leaders engaged with stakeholders at pre event briefings where a response to a medical emergency would require coordination with other agencies. Leaders and staff worked in collaboration with events staff and the local authorities to plan and manage services. This included working with events staff to ensure treatment was provided at the scene to prevent unnecessary hospital admission.

The service had a patient feedback form and staff were encouraged to provide these to patients. There was a limited response from patients that had been transported to hospital. The service could provide many examples of positive feedback from stakeholders from previous events.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Leaders were passionate about the service they provided and there was a clear focus on learning with a view to continuous improvement. Specific examples of this was a focus on staff training and continued professional development to ensure sustainability and a suitable mix of staff skills and competence to deliver the services.