MR Emergency Medical Services Ltd

MR Emergency Medical Services Ltd

Quality Report

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

Ratings

Overall rating for this ambulance location	Requires improvement
Emergency and urgent care services	**Requires improvement**

Summary of findings

Letter from the Chief Inspector of Hospitals

MR Emergency Medical Services Ltd is operated by MR Emergency Medical Services Ltd. The small service provides emergency and urgent care to patients requiring care and treatment from an event to a hospital setting. The nominated individual for the company and the registered manager were the same person. They were also the only director of the company.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 31 July 2018.

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 how the provider understood and complied with the Mental Capacity Act 2005.

The service provided by this provider was emergency and urgent care.

We regulate independent ambulance services and have a legal duty to rate them. However, we did not rate 'effective' and caring' because of the lack of evidence. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

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

- The safeguarding policy did not reflect elements relating to female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- Equipment checks did not relate to what we found on inspection.
- No contracts were in place for disposal of clinical waste or sharps and a review of the organisation's policy relating to the management of health records was required.
- There was no contract in place with a reputable medical gas provider.
- Annual checks on oxygen piping and servicing of some items of equipment were not in evidence.
- A child harness for secure transportation of children was not available.
- The acquisition, management and audit of medicines were not robust.
- Staff had not received dementia awareness training.
- The risk register did not reflect the risks we observed during the inspection.
- Policies did not always reflect processes within the organisation. They were not easy to read for staff and did not have a review date in place.
- Minutes were not available of staff meetings.

However, we found the following areas of good practice:

- All staff were trained to level three in safeguarding adults and children.
- Staff assessed patients, and used clinical protocols to inform clinical decisions and safe administration of medicines as laid down in the Joint Royal Colleges Ambulance Liaison Committee guidance for pre-hospital care.
- All equipment appeared visibly clean with cleaning equipment available to use during an event.
- Equipment was available for both adults and children with medicines and medical gases stored safely.
- An incident reporting policy was in place and the manager understood the duty of candour regulation.
- The registered manager, a registered nurse with experience in emergency care provided guidance on the most effective care for patients,
- An effective staff recruitment and induction was in place.

Summary of findings

- The service had a clear vision underpinned by patient-centred values with a registered manager who was approachable and available.
- A whistle-blowing policy was in place to support staff to raise concerns without retribution.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements. The registered manager had begun to address the concerns outlined in the report and provided dates for completion. However, further work was still required to address the outstanding concerns which the provider was still working towards. We issued the provider with one requirement notice that affected urgent and emergency care. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central), 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	Requires improvement 	MR Emergency Medical Services Ltd is operated by MR Emergency Medical Services Ltd. The small service provides emergency and urgent care to patients requiring care and treatment from an event to a hospital setting. The nominated individual for the company and the registered manager were the same person. They were also the only director of the company. The provider was focussed on providing good quality care to all patients requiring conveyance to an emergency department from an event. Due to lack of evidence we could not rate either the effective or caring domains. Overall we found the service required improvement in both the safe and well-led areas, in particular relating to patient safety. However we rated responsive as good. More focussed attention was required for governance of the service.

MR Emergency Medical Services Ltd

Detailed findings

Services we looked at
Emergency and urgent care;

Detailed findings

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Background to MR Emergency Medical Services Ltd

MR Emergency Medical Services Ltd is operated by MR Emergency Medical Services Ltd. The service was registered with the Care Quality Commission in September 2017. It is a small independent ambulance service with minimal activity to date, based in Chesterfield, Derbyshire and serves the population in the areas where MR Emergency Medical Services Ltd provides its services at an event. At the time of our inspection this was in the Midlands and northern part of England. This was the first inspection of the service.

The service is registered to provide the following regulated activities:

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

MR Emergency Services also provides first aid training. However this is not a regulated activity and was therefore not included in our inspection

The service has had a registered manager in post since September 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, an assistant inspector and a specialist advisor with expertise in emergency and urgent care ambulance services. The inspection team was overseen by an Inspection Manager.

Facts and data about MR Emergency Medical Services Ltd

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the office of MR Emergency Services Ltd in Chesterfield. We spoke with the registered manager, and inspected the service's one ambulance. During our inspection, we reviewed three

Detailed findings

sets of patient records. Following our inspection we spoke with one member of staff and received further information from the registered manager in electronic format which we have used in making our judgements.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC. We identified eleven areas of concern all of which the registered manager was already addressing.

Activity (September 2017 – July 2018)

- In the reporting period September 2017 to July 2018 there were three emergency and urgent care patient journeys undertaken. These had all taken place since May 2018.

Apart from the registered manager who was a registered nurse, four members of staff worked on an ad-hoc self-employed basis at the service. Another person was in the process of being recruited. All staff had other full time employment. Members of staff had first aid experience as a minimum. One member of staff had received training in order to drive the ambulance in an emergency situation on blue lights. No controlled drugs were used at the service.

Track record on safety

There had been no never events, no clinical incidents and no complaints in the ten months the provider had been delivering services.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Not rated	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Not rated	Not rated	Good	Requires improvement	Requires improvement

Notes

Emergency and urgent care services

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

Information about the service

The service is registered to provide the following regulated activities:

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During the inspection, we visited the office of MR Emergency Services Ltd in Chesterfield. We spoke with the registered manager, and inspected the service's one ambulance. During our inspection, we reviewed three sets of patient records. Following our inspection we spoke with one member of staff and received further information from the registered manager in electronic format which we have used in making our judgements.

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Emergency and urgent care services

Summary of findings

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

- The safeguarding policy did not reflect elements relating to female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- Equipment checks did not relate to what we found on inspection.
- No contracts were in place for disposal of clinical waste or sharps and a review of the organisation's policy relating to the management of heath records was required.
- There was no contract in place with a reputable medical gas provider.
- Annual checks on oxygen piping and servicing of some items of equipment were not in evidence.
- The acquisition, management and audit of medicines were not robust.
- Staff had not received dementia awareness training.
- The risk register did not reflect the risks we observed during the inspection.
- Policies did not always reflect processes within the organisation; they were not easy to read for staff and did not have a review date in place.
- Minutes were not available of staff meetings.

However, we found the following areas of good practice:

- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All staff were trained to level three in safeguarding adults and children.
- Staff assessed patients, and used clinical protocols to inform clinical decisions and safe administration of medicines as laid down in the Joint Royal Colleges Ambulance Liaison Committee guidance for pre-hospital care.
- All equipment appeared visibly clean with cleaning equipment available to use during an event.
- Equipment was available for both adults and children with medicines and medical gases stored safely.
- An incident reporting policy was in place and the manager understood the duty of candour regulation.
- The registered manager a registered nurse with experience in emergency care, provided guidance on the most effective care for patients,
- An effective staff recruitment and induction was in place.
- The service had a clear vision underpinned by patient-centred values with a registered manager who was approachable and available.
- A whistle-blowing policy was in place to support staff to raise concerns without fear of retribution.

Emergency and urgent care services

Are emergency and urgent care services safe?

Requires improvement

This is the first time we had inspected this service. We rated safe as requires improvement because:-

- The safeguarding policies did not contain specific elements relating to female genital mutilation, modern slavery or risk of being drawn into terrorist activity.
- No contracts were in place for the disposal of clinical waste or sharps.
- Equipment checks dated 15 July did not represent what was found at inspection with some items being beyond their expiry date.
- A child harness for conveying children was not available.
- There was no evidence the oxygen pipeline in the ambulance had been checked on an annual basis as required nor that the oxygen saturation probe and automatic blood pressure cuff had been serviced.
- An audit trail of the acquisition, management and use of medicines and medical gases was not in place.
- The provider had no contract in place with a reputable medical gas provider.
- A review of the organisation's policy was required relating to the management of heath records.

We also found the following areas of good practice:

- All staff were trained to level three in safeguarding adults and children.
- Cleaning equipment was available for effective cleaning of the ambulance internally and externally when in use at an event.
- The ambulance and all equipment appeared visibly clean.
- Equipment was available for both adults and children.
- Staff assessed patients against protocols laid down in the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance.
- Patient's care records were well managed and stored appropriately.
- Medicines and medical gases were stored securely on the ambulance.
- An incident reporting policy was in place.

Mandatory training

- The provider's mandatory training programme related to ten modules including life support, manual handling, infection control and health and safety. The frequency of the training varied from annually to three years dependent upon the module. For example training in life support, health and safety and the use of an automated external defibrillator (AED) was scheduled to occur annually. We saw evidence this had occurred. Training in caring for people in anaphylactic shock was scheduled to occur every three years.
- The member of staff we spoke with told us they received all their mandatory training from their substantive employer. However they were required to take their certificates of attendance at these events to the registered manager so they could place them in their personnel file as proof of training.
- We requested the registered manager send us copies of all the certificates of training received for his four staff as well as themselves, which they did. We received certificates relating to mandatory training for all members of staff undertaken in February 2018. The modules included basic life support (BLS), health and safety, infection control, information governance and manual handling. The training had been delivered by the registered manager of the service who had a City and Guilds level three certificate in delivering learning from 2007. We saw evidence for one member of staff who had completed level three training in November 2017 for emergency response ambulance driving. This entitled them to drive the ambulance in blue light conditions. If blue lights were required when the member of staff was not on duty at an event the registered manager called the local ambulance service via a 999 call. When finances permitted the registered manager was going to undertake blue light training themselves.

Safeguarding

- MR Emergency Services Ltd had safeguarding policies and processes in place to protect adults and children. This included the systems in place for frontline staff to report safeguarding incidents when they went to other providers such as an emergency department at a local hospital.
- The safeguarding policy did not contain specific elements such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity although it is acknowledged that the elements

are included in level three safeguarding training. Following the inspection the registered manager informed us they were revising the policy and would include the elements that were missing. This would be completed by 1 October 2018. The staff member we spoke with told us the registered manager had given an update to staff on FGM the weekend following our inspection.

- All staff were trained to level three in both adult and children safeguarding and had completed this in the previous twelve months.
- Levels of safeguarding should comply with the 'Safeguarding Children and Young People: roles and competencies for healthcare staff' intercollegiate document. This states that across health care settings staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns should be trained to level three. The provider was meeting this.
- The registered manager was the lead person for safeguarding within the organisation. At the time of our inspection the registered manager attended all events where the organisation was delivering services.
- No safeguarding incidents had been reported by staff when attending patients being conveyed to hospital from an event.
- The registered manager informed us that if new staff did not have level 3 training from their substantive posts they would ensure they obtained it before they were permitted to work at events.
- The member of staff we spoke with following the inspection was aware of what constituted abuse, the reporting systems in place and knew how to use them and would inform the registered manager immediately.
- Following discussion with the registered manager they informed us they would report any safeguarding concerns to the local authority safeguarding team within 24 hours. If an adult or child were in immediate danger they would call the police.

Cleanliness, infection control and hygiene

- The provider had an infection prevention and control policy in place dated March 2016. There was no review date in place. Following our inspection the registered manager informed us the policy was being reviewed, would include the next review date and would be completed by 1 October 2018.
- A uniform policy was in place which reflected the need for operation staff to be bare below the elbows when on duty whilst giving patient care and not to wear wrist watches.
- Staff were advised to receive vaccinations for Tuberculosis, Rubella (German Measles) Poliomyelitis, Hepatitis B (HBV), Tetanus and Influenza. The provider monitored compliance with this and we saw evidence of a member of staff's compliance in their file.
- The inside of the ambulance including the cab area was visibly clean and tidy. Re-usable equipment on the vehicle also appeared visibly clean. Clinical wipes were used to decontaminate equipment in-between patients. However, the wipes on board the vehicle had dried up and were therefore ineffective. We informed the manager who stated they would ensure these were replaced immediately.
- Cleaning equipment, for example mop and bucket, for the internal and external area of the vehicle were taken in another vehicle to events to enable effective cleaning to take place. The mop heads were disposable.
- We saw one completed cleaning log and one deep clean log both dated 10 June 2018.
- The ambulance contained spill kits for bodily fluids with guidance on their use.
- A sharps box was available for use in the ambulance which was approximately one quarter full. The commencement date of the use of the box was not evident.
- The provider did not have a contract with an appropriate company for removal of clinical waste and we were informed both sharps and clinical waste were taken to a hospital drop off point as they only amounted to small quantities. Following our inspection the registered manager informed us a contract for managing clinical waste and sharps would be in place by 1 October 2018 and had already begun the process to meet this date.
- Linen was replaced like for like at the attending hospital after transport service journeys. Clean linen was available in the ambulance.
- Staff used sanitising wipes to clean equipment and the trolley between each patient. Trolley, mattress and pillow covers were intact and visibly clean.

- There were no wall alcohol gel dispensers on the vehicle; alcohol gel was sourced via small portable bottles and was readily available for clinicians within the vehicle. As we did not inspect the service at an event we did not see the way staff sanitised their hands before and after patient contact.
- Personal protective equipment was available in the ambulance. This included gloves, full length white coveralls and aprons. Staff were responsible for ensuring they complied with the provider's uniform policy and that clothes were laundered appropriately. There was a policy in place which explained the expectations of staff.
- There had been no reported healthcare associated infections during the preceding twelve months.

Environment and equipment

- MR Emergency Services Ltd was a small provider and the office was located in a private house.
- The provider had one ambulance at the time of our inspection. This had been in use since May 2018. For the duration of the inspection this was parked outside the office. When not in use, the vehicle was kept at a secure storage area with closed circuit television in operation. The vehicle was able to be cleaned externally on these premises. Keys for the vehicle were kept with the registered manager at all times.
- The provider hired in another ambulance from an independent ambulance owner if required.
- On inspecting the vehicle, multiple pieces of equipment had passed their expiry dates. Examples such as cannulation needles stored within the ambulance cupboards, expired in July 2017. Oropharyngeal airways of different sizes expired in December 2012. Medical syringes expired in April 2016. The first aid grab bag within the vehicle also contained dressings which had passed their expiry dates. It did not appear the equipment had been thoroughly checked as the vehicle equipment checklist stated dated 15 July 2018.
- We informed the manager immediately who stated all expired items would be removed after our inspection and any items required would be purchased prior to the next event. The manager stated the reason for items being past their expiry date was due to human error.
- Following our inspection we were informed via email from the provider on 13 August 2018 that out of date items were removed on 1 August 2018; all items had been replaced by 8 August 2018.
- The light in the rear of the ambulance did not work which would make the monitoring of a patient being transported difficult in low light conditions. We received confirmation from the provider on 13 August 2018 the light had been repaired.
- A child harness was not available on the vehicle. We raised this with the provider and the day after our inspection we received evidence this had been ordered; the delivery date being 17 October 2018. Up to the time of our inspection no children had been transported in the vehicle.
- The vehicle was not able to transport patients over 150Kgs. The registered manager informed us they would call 999 to assist in such an instance.
- The vehicle check sheet, also dated 15 July 2018 had been completed. There was no other evidence of previous checks on the vehicle; the vehicle had been in use since May 2018. The previous ambulance used had been sold and previous check lists were not available.
- We did not see any evidence the oxygen pipeline in the ambulance had been checked as required on an annual basis. The provider informed us they had contacted their servicing contractor to arrange for the oxygen pipeline to be serviced as soon as possible. This would be completed by 31 August 2018.
- A mobile satellite navigation system was available when the ambulance was in use.
- Radios used by staff had not been found to be reliable as signals were sometimes poor and confidentiality had been a concern. Ear phones were in the process of being purchased to address the confidentiality issue. Staff also used individual mobile phones to contact each other and any other services required.
- All compartments in the ambulance were labelled for ease of usage other than the large rear shelving unit for medical gases & kit bags etc. However, we found a pack of clinical wipes had been put in the linen chest under the seat.
- Equipment was available for both adults and children including such items as airway adjuncts for use by different staff. Airway adjuncts are used to maintain patient's airways so they can breathe.

- We saw electrocardiograph gel 'dots' for use with an ECG machine had been opened but the remaining 'dots' had not been discarded as per the manufacturer's instructions. Dry conductive gel on the 'dots' will result in either false or non-interpretable ECG readings. An ECG machine measures the electrical activity of a heart to show whether or not it is working normally. The manager had removed the opened gel 'dots' and replaced them with new ones following our inspection.
- The vehicle had been taxed and Ministry of Transport (MOT) tested and was within date.

Appropriate insurance was in place.

- Patients detained under the Mental Health Act were not transported in the ambulance.
- High visibility jackets were available for staff for use when it was dark or in poor weather.
- The manager informed us any faults identified either before or during a shift which included vehicle defects or problems with equipment and vehicle damage were reported immediately and actions taken to rectify this. All servicing and repairs of the vehicle were undertaken by a local firm.
- The dry powder fire extinguisher appeared new, and in good condition although there were no notable stickers on the cylinder for when its next test or service was due.
- Medical bags on the ambulance used for taking to a patient at an event did not detail what should be in each bag. This meant they could not be checked to ensure essential items were in the bag and ready to use. Following the inspection the registered manager informed us lists had been made and were now in place.
- Health and safety requirements to display that cylinders were contained inside the ambulance on its exterior had not been met. The ambulance only displayed the fact that one cylinder was inside the vehicle when there were four in place. Following the inspection the registered manager had ordered new compressed gas signs to ensure the service complied with health and safety requirements.
- The oxygen saturation probe and automatic blood pressure machine contained in the ambulance medical bag did not appear to have been serviced. The provider informed us on 13 August 2018 they had removed all items of equipment that had not been serviced following our inspection. The defibrillator used in the ambulance was capable of taking both oxygen saturation levels and a patient's blood pressure. The registered manager informed us the clinical engineering company which they had used previously, would service all equipment as part of their visit on 30 August 2018.

Assessing and responding to patient risk

- Appropriate procedures were in place to assess and respond to patient risk, including appropriate responses to vehicle breakdown.
- Staff assessed patients against protocols laid down in the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance.
- The service gathered information about the patients, including any previous medical history and input the information on the patient report form (PRF). This included their name, age, known medical conditions, current medication and presenting problem.
- The provider used the national early warning score (NEWS) to identify a deteriorating patient. NEWS involves taking a series of physiological observations, such as blood pressure, heart rate, temperature and level of consciousness to determine the degree of illness of a patient and prompt any intervention that is required. It can be used by any healthcare worker who has been trained to use it and can interpret the results. NEWS was not just used initially on attending a patient, it was used over their period of treatment to determine whether a patient was deteriorating or improving: this was evidenced in the PRF's.
- The registered manager, a registered nurse who had worked in emergency departments for over 15 years, had a good awareness and understanding of how to manage a deteriorating patient. If required they explained they would transport a patient to the nearest emergency department (ED) or request urgent assistance from the local NHS ambulance trust via a 999 call. We saw all staff used by the provider had received training in emergency first aid.
- Reference was made by the registered manager to safety and efficiency improvements on event days. In order to meet a sudden increase in patient demand, the company were looking to utilise triage tools, for example the Manchester triage tool, to help liaise and coordinate appropriate resources to several patients at a time at an event. The Manchester triage tool is a systematic approach in assessing patients to reach the appropriate priority for treatment. It is used in many emergency departments in England.

- There had been no incidents of restraint in the year prior to our inspection. The manager told us how they would use reassurance and de-escalation techniques for patients who might be unsure of what was happening to them. The service did not transport anyone detained under the Mental Health Act, 1983.
- There was no formal on-call rota at the time of our inspection as the manager attended every event.

Staffing

- The service utilised four members of staff, who were self-employed, on an ad-hoc basis depending on demand. The manager attended every event.
- Staffing levels and skill mix were planned and reviewed appropriately according to the risk assessment for each event to ensure patients received safe care and treatment at all times.
- The skill set and level of resource provided by MR Emergency Services Ltd at each event was dictated at the customer's request, having conducted their own risk assessment following HSE guidelines.
- The level of requested resource cover could be challenged by MR Emergency Services Ltd if necessary, but overall responsibility was with the event provider, as referenced in the Health and Safety Executive (HSE) guidance for medical event provision.
- If the registered manager was unable to staff appropriately for the event they would decline to provide services for it.
- The ambulance was staffed with a crew of two. All staff attending an event were based in a gazebo that was used as a first aid station.
- All staff could drive the vehicle but only one member of staff had the correct qualification to drive on blue lights and worked in a substantive role for a local NHS ambulance trust.

Records

- Patients' individual care records or patient report forms (PRF's) were well managed and stored appropriately in a secure facility. However, the manager was unsure of how long adult and children PRF's should be stored for.
- According to the company's insurance requirements, PRF records were kept for 8 years. The organisation's policy named 'Procedure for the Management of Health Records' did not state how long health records were to be retained for. Following our inspection the registered manager informed us the policy was being updated to reflect that adult records were kept for eight years and children's records until their 25th birthday. If the patient was 17, until their 26th birthday. This reflected the guidance in the Records Management Code of Practice for Health and Social Care (2016).
- During our inspection we reviewed the three records of patients who had been transported to hospital in the last twelve months. They were seen to be accurate, complete, legible and up to date.
- Staff completed a PRF for each patient they attended. The records we looked at included full patient details, staff details, times of arrival at scene, observations undertaken, hospital transported to and who the receiving member of staff from the emergency department (ED) was.
- A carbonated copy of the PRF was taken to the hospital with the patient when transporting them to an ED.
- The registered manager had not audited the PRF's at the time of our inspection but stated they planned a series of audits in the future. This would commence in October 2018.
- The provider had in place a Do Not Attempt Cardiopulmonary Resuscitation policy (DNACPR forms). A DNACPR form is a document issued and signed by a doctor, which tells a medical team not to attempt cardiopulmonary resuscitation (CPR) should an emergency arise. When we discussed this during our inspection the manager stated that unless a relative of the patient could produce the original document, they and their staff would continue to resuscitate the patient if they collapsed which followed the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance on such matters. The registered manager informed us following the inspection they had changed their policy to reflect this.

Medicines

- The service had a medicines management policy in place. The policy made references to medicine legislation but did not make clear how those actually applied to the service in how they safely managed medicines, how the service conducted their lawful acquisition of medicines and medical gases and the care of them.. The registered manager acknowledged

this and following our inspection we were informed the policy was being reviewed to ensure it contained all the items listed. The registered manager will send a copy of the updated policy upon completion.

- Any medicines carried on board the ambulance were stored in a locked cupboard when the ambulance was in use at an event. They were stored in the correct containers. The manager was the only member of staff with access to a key. Medicines were removed from the vehicle when not in use.
- The service did not operate an audit system for the acquiring of medicines, the number obtained and the use of them. However, it is acknowledged any medicines administered to patients were documented on the patient report form. The registered manager proposed to establish an audit system as part of their auditing processes in October 2018.
- We observed five different medicines on board the ambulance, Paracetamol, Ibuprofen, Chlorphenamine, Glyceryl Trinitrate spray and Aspirin. Two of these were out of their expiry date, namely Aspirin and Chlorphenamine. The registered manager removed them and replaced them with new medicines the day after our inspection.
- The Glyceryl Trinitrate 400mcg spray (GTN had been left in the ambulance by a patient. Chlorphenamine 4mg tablets had been purchased by the registered manager from a pharmacy. Both are listed as a Pharmacy medicine.
- A pharmacy medicine means a medicinal product that is not a Prescription Only Medicine (POM) and may be available for self-selection by members of the public. They do not need to be sold under the supervision of a pharmacist.
- Paracetamol 500mg, Ibuprofen 200mg & Aspirin 300mg are sold under the General Sales List (GSL) and can be bought at numerous retail outlets.
- Medicines given to patients were recorded on the patient report form, which detailed the medicine, the dose, route and time of administration.
- Medical gases were stored appropriately.
- Pain relieving gas is a pharmacy medicine. The gas cylinder had passed its expiry date of 7 July 2018. This was removed from the ambulance.
- During the inspection of the ambulance, one of the large oxygen cylinders was empty. When the registered manager was asked how cylinders were replaced, they stated there was no current arrangement in place. They further added the company previously had a contract with a reputable medical gas supplier, but that was no longer the case and they were actively seeking a new supplier for both pain relieving gas and oxygen replacement cylinders. Following the inspection the registered manager provided us with the name of the company the service was going to use. The contract for both oxygen and pain relieving gas would be in place by 31 August 2018.
- Staff recorded they had administered oxygen on the patient report form (PRF). However there was not a policy in relation to oxygen administration. The manager stated they would include this in their medicine policy when reviewed.
- Staff recorded they had administered pain relieving gas or oxygen or given pain relieving medication on a Patient Report Form.

Incidents

- An incident reporting policy and procedure was in place and an investigation and learning from incidents policy, both dated March 2016; these would be reviewed by October 2018 with next review dates placed at the front of the policy. The policies outlined the importance of reporting all incidents and learning lessons from them. The registered manager was responsible for investigating any incident and ensuring that they were dealt with effectively and appropriately.
- An incident report form was available to all staff to record in detail such events and included incidents involving patients, staff, equipment, drugs and 'near-misses' . A near miss is an event that might have resulted in harm but the problem did not reach the patient because of timely intervention by healthcare providers.
- No incidents had been reported since the service had been registered.
- The member of staff we spoke with knew how to report an incident but told us they had not needed to report any.
- The provider had a duty of candour policy in place. The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers of

health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The manager had a good understanding of the duty of candour regulation and what to do if something went wrong in the service. The member of staff we spoke with told us they would report anything that went wrong to the manager immediately.

Are emergency and urgent care services effective?

Not sufficient evidence to rate

This is the first time we had inspected this service. Due to insufficient evidence we were unable to rate effective.

- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- Staff used the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance to inform clinical decisions and safe administration of pre-hospital medicines for pain relief.
- The provider's risk assessment identified which was the closest hospital with an emergency department when undertaking an event.
- The registered manager, a registered nurse with experience in emergency care attended all events and was able to provide guidance when required to staff on the most effective care for patients.
- The service had systems in place to manage effective staff recruitment.
- Staff received a comprehensive induction.

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

- There was no system in place to identify which staff had read the policies relating to the care and treatment of patients and only one staff file had proof of identity including a recent photograph in place.
- A Statutory, Mandatory & Essential Training Policy was in place which included infection control, equality and diversity and information governance. However, this required updating to reflect that staff worked to the provider's training needs analysis indicating which modules were required on a rolling basis.

Evidence-based care and treatment

- Policies had been developed to reflect current practice although there was no date in place to review and update policies as a matter of course or when practice changed. The policies only had a date when first produced. Following our inspection the registered manager informed us all policies were being reviewed, and would contain further review dates. This would be completed by October 2018.
- We were informed staff had been emailed copies of all policies. The registered manager informed us they did not have a register to confirm this but would be commencing one when polices were reviewed and sent out to all staff.
- The manager informed us that he and their staff used the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance, in order to inform clinical decisions regarding their patients. This was last published in 2016 with supplementary guidelines produced annually. We saw evidence that the registered manager had a copy of the JRCALC clinical guidance for 2016.
- JRCALC guidelines are used by all NHS trust ambulance paramedics, although the principles are applicable to the work of all pre-hospital clinicians.
- The nearest hospital with an emergency department and the distance away was always identified in the risk assessment undertaken by the provider prior to attending an event.
- As a clinician, the manager was aware of the need to ensure patients with possible heart attacks or strokes must receive the appropriate care with an hour of presenting symptoms in order to affect good outcomes.
- The service did not transport any patients detained under the Mental Health Act, 1983.
- At the time of our inspection the registered manager attended all events and was available to give advice and guidance to his staff.
- Because of the need to only transport three patients to hospital in the previous year, audits had not yet been undertaken. However the registered manager had plans to instigate audit programmes in the future commencing in November 2018.

Pain relief

- Because members of staff were not registered paramedics at the time of our inspection, drugs for

reducing pain were limited to Paracetamol, Ibuprofen and pain relieving gas and were utilised in accordance with the indications listed within the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance. MR Emergency Services Ltd also referred to the JRCALC medicine guidance for the safe administration of pre-hospital medicines.
- The service did not have any analgesia available for the treatment of severe pain. Any patient experiencing such pain would be referred immediately to the local NHS ambulance service via a 999 call.

Response times/ Patient outcomes

- From September 2017 to July 2018, the service had undertaken three patient transfers from an event to an emergency department.
- The registered manager stored all Patient Record Forms of people treated at events including those who had been transferred.
- The registered manager did not monitor have any targets about other information regarding the patient journey.
- MR Emergency Services Ltd did not participate in national audits or accreditation processes.
- There were no formal service level agreements in place at the time of the inspection other than the contract with the event organiser.
- Due to MR Emergency Services Ltd not having any formal arrangements with other organisations they were therefore not required to collect or analyse patient outcome data. As the provider did not collect this data it was difficult to demonstrate their effectiveness.

Competent staff

- From the records we reviewed staff had the skills, knowledge, and experience to deliver effective care and treatment. The service had systems in place to manage effective staff recruitment process.
- We reviewed all four current staff files. All showed an application form with clearly defined work history, evidence of an enhanced disclosure and barring system (DBS) check having taken place, qualifications, two references and interview checklist for four staff members. Only one staff file had photo identification in place; this meant the provider could not be assured of the identity of the other members of staff. Following our inspection the registered manager acknowledged that he was required to have photo identification in place for all staff members and had commenced the process of obtaining them.
- A Statutory, Mandatory & Essential Training Policy was in place. This required updating to reflect that staff worked to the organisation's training needs analysis indicating which modules were required on a rolling basis. This included infection control, equality and diversity and information governance.
- The pre-hospital skills matrix was in place for the organisation with level of competency for each level of staff. For example the registered manager could respond to all emergencies and was trained in using a 12 lead electrocardiograph, automatic and manual electronic defibrillator, using the National Early Warning Score (NEWS) and undertaking blood sugar monitoring. Other staff's skills varied according to their substantive role and experience.
- The member of staff we spoke with told us the registered manager used quiet times during events to ensure staff were always updated and ready to respond to emergency situations. For example at the last event they attended staff were trained in using the updated and second version of the National Early Warning Score (NEWS2). They told us they felt competent to undertake whatever was required of them by the registered manager.
- We saw evidence the registered manager had the experience, knowledge and training to provide care to sick children.
- We saw that all staff had received a comprehensive induction. Staff were required to complete the induction before commencing work as a member of the crew at an event. This included company values, consent, fire safety, uniform policy and sickness absence.
- Staff had not received any appraisals since commencing working for the service; the majority of staff not commencing employment until May 2018. The registered manager informed us appraisals would commence at the end of the year after the events for the year had been completed.

Multi-disciplinary working

Emergency and urgent care services

- The registered manager worked with the event management team at each event in order to ensure they had easy access to and from the site for the ambulance and access to an electric point for the charging of electric equipment.
- Staff transporting a patient were not able to pre-alert the receiving hospital in an emergency as the registered manager had no access to the direct numbers of hospitals but instead were able to ring 999 to tell the emergency services they were en-route and the condition of the patient.
- We were not able to review the handover process of a patient to an emergency department (ED) as we did not attend an event as part of the inspection process.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Information and training concerning consent to treatment, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was included in a staff member's induction process. The member of staff we spoke with was able to evidence they understood the policy and how it related to their work for MR Emergency Services Ltd.
- The service did not use any form of restraint in the year preceding our inspection.
- The registered manager had not got a restraint policy in place but stated they would develop one as part of the review of all their policies by 31 October 2018.
- The registered manager was aware the government would legislate to change the DoLS when parliamentary time permitted. He informed us he would ensure he and his staff were kept up to date.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

This is the first time we had inspected this service. We did not observe any care given to patients during our inspection. We did however speak to one patient via a telephone conversation who had received care within the previous three months from MR Emergency services Ltd. Because of the limited evidence for caring we have not rated it.

Compassionate care

- The patient stated all the staff involved in their care had treated them with kindness, respect and dignity during their transfer to hospital.
- Staff had maintained the patients' privacy and dignity, by using clean linen to cover them.

Emotional support

- The patient stated the staff had shown an awareness of their needs. One member of staff had telephoned a relative who was also at the event to tell them of the incident so they could be with the patient. This had offered the patient additional emotional support at a time of worry.

Understanding and involvement of patients and those close to them

- The patient and their relative were kept fully informed of what was happening to them, the tests and investigations the team were undertaking and the reason why they wanted them to be conveyed to the local emergency department. The patient told us, "They were all just wonderful."
- A system for providing feedback from patients about the service was in place although the registered manager had not received any at the time of our inspection.

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

Good

This is the first time we had inspected this service. We rated responsive as good because:-

- Delivery of the service was tailored to each patient's individual needs and risk assessment.
- A complaint's policy was in place with timeframes for responding. No complaints had been received.
- Patient feedback forms were available although none had been returned by the time of our inspection.

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

- Staff had not received dementia awareness training.

Service delivery to meet the needs of local people

- The service offered a UK wide service to accommodate the needs of those patients who required transfers from an event for example a steam rally, to a local emergency department for patients requiring urgent assistance. To date the provider had worked in the Midlands and northern part of England.
- The service operated on an ad-hoc basis with the registered manager arranging care delivery for event organisers dependent upon need and risk assessment.

Meeting people's individual needs

- Delivery of the service was tailored to each patient's individual needs and risk levels when transporting patients to hospital from an event.
- Patients were able to carry personal belongings with them; these were secured during the journey.
- There were no language/phrase/picture communication books to meet patient communication needs on site. Neither did they have a contract with a telephone interpreting service for people whose first language was not English. Following our inspection the registered manager informed us they had purchased a multi-lingual communication book for staff to use.
- Staff had not received dementia awareness training but the registered manager informed us this had been scheduled for November 2018.
- A patient was able to be accompanied by a relative or friend when this was appropriate.
- The vehicle was able to convey patients who needed to travel on a stretcher.

Learning from complaints and concerns

- The provider had received no complaints since its registration with the Care Quality Commission. We were therefore not able to explore how previous complaints had been managed or assess patient complaint themes.
- A complaints policy was in place. This outlined the time frame for complaints to be acknowledged, investigated and responded to. The registered manager aimed to respond to complaints in full within 25 working days. With more complex cases the response time was 35 or 60 days.
- The service had patient feedback forms, the service did not have any that had been completed.

Are emergency and urgent care services well-led?

Requires improvement

This is the first time we had inspected this service. We rated well-led as requires improvement because:-

- Policies did not always reflect processes within the organisation nor were they easy to read for staff. They did not have a review date.
- There was no evidence a register was in place to confirm staff had read the policies.
- No minutes were available of staff meetings.
- The risk register did not reflect the risks we observed during the inspection and was therefore not up to date.

However, we found the following areas of good practice

- The organisation was led by a person with the skills, knowledge and experience to meet people's needs and deliver good quality care.
- The registered manager was approachable and available.
- The service had a clear vision underpinned by patient-centred values.
- A whistle-blowing policy was in place to support staff to raise concerns without retribution.

Leadership of service

- The service was led by the registered manager/ nominated individual who was also the only director of the organisation. They had significant experience of working in an accident and emergency department and had previously run a similar independent ambulance service which had been registered with the Care Quality Commission. The registered manager had been in post since 2017.
- The registered manager had the skills, knowledge, experience, and integrity they needed to strive to ensure the service met patient needs and deliver good quality care.
- The registered manager held the lead roles for the organisation for human resource, safeguarding, operations, corporate assurance, health and safety and clinical issues.
- The staff member we spoke with told us the registered manager was approachable and knowledgeable. They

felt able to raise concerns and told us the registered manager held debriefs at the end of each event day and after any complex case. In addition, they were clear about their role and the registered manager was always present and visible at all events. This meant staff felt supported.
- De-briefs were held following each event, although these were not documented. This meant staff could raise concerns or questions and issues could be discussed. However these were not documented.

Vision and strategy for this service

- The service had a clear vision underpinned by strong patient-centred values and behaviours. The company's vision was, 'Building a high quality independent ambulance service for the patients and families we serve. The values and behaviours were :
- Caring – providing high quality emergency medical services to patients.
- Team – working together as united service
- Competence – working to develop and build the competence of the team.
- The purpose of the company's existence was to:-
- Provide high quality emergency medical services to patients.
- Be a high class employer, valuing and developing the skills of our staff.
- Provide the best value service for our clients who pay for what we do.
- Partner with the wider Health Service to optimise emergency care provision.
- The provider described how they would like to increase the amount of work available to them, their fleet of vehicles and the number and expertise of staff.

Culture within the service

- The registered manager stated they supported and valued staff. The member of staff we spoke with confirmed this.
- The registered manager also stated they were always available for staff queries and concerns.
- There was a clear whistleblowing policy to support staff in raising concerns without fear of retribution.

Governance

- We did not see minutes from meetings with the staff to reflect an open and inclusive attitude to governance processes.
- The registered manager informed us they met with staff before an event to discuss any issues about the event and the way it had been organised which may have an effect on patient care during the day. Any issues were dealt with by the manager as they arose. This was reflected by the member of staff we spoke with.
- There was a range of policies and standard operating procedures covering key issues such as complaints, consent, safeguarding and whistleblowing and infection prevention and control. Policies and procedures did not stipulate a review date. In addition, although policies always outlined the underpinning legislation they related to, they were not easy for staff to understand and did not always reflect processes within the organisation. The registered manager was updating all policies which would be concluded by October 2018.
- We were informed all staff had been emailed a copy of the company's policies and the staff member we spoke with confirmed this. However we did not see a register to evidence this had taken place, or confirmation for receipt or reading of the policies by the employees. The registered manager stated this would be put in place after all the polices had been updated and distributed to staff.

Management of risk, issues and performance

- The service provided us with their risk register. The five risks contained in the register had not been dated. It contained two medium risks and three low risks. All were stated as having been mitigated by particular actions. For example the risk of not being able to communicate via hand held radios; mobile phones were now in use.
- During our inspection we observed additional risks such as items of equipment which had passed their expiry dates and had not been identified: use of medical gases without a contract, lack of clinical waste and sharps contract, no review dates on policies and a lack of auditing processes concerning medicines management. None of these had been entered on the risk register. The registered manager told us they would update the risk register to include all outstanding risks and forward us a copy.
- The service had in place a business continuity plan dated September 2017. The plan stated that MR

Emergency Services Ltd must provide continuation of priority functions. The risks identified were the prevention or reduction of the ability of the provider to maintain priority functions in covering emergencies at events. However, no risks had been identified in the policy for example blockages of exit of the ambulance, vehicle breakdown, staff sickness. The policy stated these would be identified on the risk register. The only risk we identified with mitigating actions that had been placed on the register relating to contingency planning was the use of mobile phones in the case of radio failure.

Information Management

- The provider had an information governance policy in place dated March 2016. It applied to all staff and stated the manager had overall responsibility for information management.
- The service did not use any electronic data systems. The service used paper records which were stored securely.
- Patient information was managed in line with data security standards. The member of staff we spoke with was aware of how to handle patient identifiable information.

Public and staff engagement

- The service had transported three patients to an emergency department in the last twelve months. The manager had developed a feedback form for patients to use following the use of its services but had not received any completed ones. They stated that it was difficult to engage with patients sufficiently to assess the quality of its services given the circumstances of service delivery.
- The member of staff we spoke with said they felt listened to and their manager was very approachable.
- The service had its own website accessible to the public which described the service and its background and contact details. However, the website did not reflect the current service provision although the manager acknowledged this and stated it required updating.
- We did not see evidence the service had general staff meetings. Staff got updates in person from the registered manager when they were at an event.

Innovation, improvement and sustainability

- The registered manager demonstrated a desire to provide a good quality service to all the patients it came in contact with. Whilst inspecting the service they demonstrated a willingness to improve the areas that we had highlighted during the site visit.
- The registered manager informed us they wanted to increase the number of events they attended, the staff they used, particularly those with an increased skill set and the number of vehicles it used.
- The service had not been involved in any research projects or recognised accreditation schemes at the time of our inspection.
- The service had not had any internal or external reviews in the year preceding our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

The provider must take prompt action to:-

- Ensure contracts are in place for the safe disposal of clinical waste and sharps.
- Ensure a contract is in place with a reputable medical gas provider
- Ensure annual checks and servicing is undertaken for all medical equipment.
- Ensure systems for the acquisition, management and auditing of medicines is robust.
- Ensure the risk register is always up to date and reflects all the risks identified within the organisation.
- Ensure policies reflect the processes within the organisation have a review date and are able to be read easily by all staff.

Action the hospital SHOULD take to improve

- The provider should ensure its safeguarding policy includes specific elements such as female genital mutilation (FGM), modern slavery, and the risk of being drawn into terrorist activity.
- The provider should ensure equipment checks are robust.
- The provider should ensure staff receives dementia awareness training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (2) (a)** **The registered person must continually assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activities to include;** • Regular auditing of operational issues. • Regular reviewing of policies to ensure they reflect current guidance and processes in place within the organisation. • Maintaining an up to date risk register. • Contracts are in place for the safe disposal of clinical waste and sharps and a reputable medical gas provider • Annual checks and servicing is undertaken for all medical equipment. • Systems are in place for the acquisition, management and auditing of medicines. • Staff meetings are minuted. • Staff receive training in dementia awareness.