

East Anglia Medical Care Ltd

East Anglia Medical Care Ltd (Brockford Garage)

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

Emergency and urgent care services

Summary of findings

Letter from the Chief Inspector of Hospitals

East Anglia Medical Care Ltd (Brockford Garage) is operated by East Anglia Medical Care Ltd. East Anglia Medical Care Ltd (Brockford Garage) is the location of rented office space and is the registered location of East Anglia Medical Care Ltd (EAMC). The service assesses and provides emergency medical treatment to visitors, staff and event participants at sporting events. The service has two emergency ambulances for the transfer of patients to hospital, one rapid response vehicle to transport patients from where they were injured at events to the medical tent, and one patient transport service vehicle which is used to transport volunteer staff to events.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of the inspection on 25th October 2018, along with a telephone interview with the registered manager on 2nd November 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 what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided was emergency and urgent care through the provision of first aid medical cover for weekend only sporting events. The service also transports patients from events to hospital in the event of a medical emergency. This falls under the scope of regulation.

Services we rate

Due to the limited regulated activity performed by this provider, we felt it to be disproportionate to rate the service.

We found the following areas of good practice:

- Vehicles were well equipped and stock was all in date.
- All staff and volunteers were up to date with all training.
- Policies and procedures such as incident reporting, safeguarding adult and children and duty of candour, were comprehensive, in date, and ready to support the service in anticipation of service expansion.
- Regular staff meetings were well documented with agendas and minutes and included shared learning and information.

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

- There were no risk assessments for the volunteer staff who did not yet have a DBS check completed.
- The service did not have a set process to seek and receive feedback from service users.
- There was no process in place to check the dates of compressed gas, leading to some out of date oxygen and Nitrous oxide cannisters being available for use.
- There were infection prevention and control concerns including dusty equipment and surfaces in vehicles and ripped mattresses.
- There was no history of servicing of tail lifts for both emergency vehicles.
- Patient record forms were not always completed appropriately.
- There was a lack of awareness of Gillick competence for the treatment of young people.

Summary of findings

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

Amanda Stanford

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

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

East Anglia Medical Care Ltd (Brockford Garage) provide sporting event medical cover, which is outside our scope of regulation, and urgent and emergency ambulance transport from these events to hospital when required. This part of the service falls under our scope of regulation as a regulated activity.

Since the service registered with us in July 2017 they have undertaken minimal regulated activity, with two urgent and emergency transfers to hospital from events within the reporting period August 2017 to September 2018. Due to this fact, we are unable to rate the service.

The service had policies and procedures established to ensure it provided safe care, including incident reporting and safeguarding. Staff were all up to date with mandatory training. Vehicles were well equipped. Management of medicines was supported with a comprehensive policy and audit programme, and medicines were stored securely. Records were securely stored.

The service had processes in place to check and ensure staff had the correct competencies to carry out their roles. This included policies and training on consent and mental capacity.

The service had an established leadership and supportive culture, including regular and recorded team meetings where aspects of the service were discussed and shared.

However,

There was insufficient oversight of infection control issues including torn mattresses and dusty equipment, the servicing of tail lifts on the emergency vehicles, the expiry dates of compressed gases and patient record forms not always being completed appropriately. The service did not have DBS checks in place for all of its volunteers. The service did not have a working knowledge of Gillick competence for treating young service users.

East Anglia Medical Care Ltd (Brockford Garage)

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Detailed findings from this inspection

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Background to East Anglia Medical Care Ltd (Brockford Garage)

East Anglia Medical Care Ltd (Brockford Garage) (EAMC) is operated by East Anglia Medical Care Ltd. The service opened in July 2017. It is an independent ambulance service in Stowmarket, Suffolk.

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

The service provides the regulated activity of transport services, triage and medical advice provided remotely.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the

services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

EAMC provides services to patients taking part in or attending a sport or cultural event. These types of arrangements are exempt by law from CQC regulation. Therefore, at EAMC, the services provided to patients taking part in or attending a sport or cultural event were not inspected.

Our inspection team

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

How we carried out this inspection

The service had not been inspected since its registration in July 2017. We carried out a comprehensive short notice inspection on 25 October 2018, and a telephone based interview on 2 November 2018.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited East Anglia Medical Care Ltd (Brockford Garage). We spoke with one member of staff, the nominated individual who was a first aider. We also spoke with one volunteer who was also a first aider. We were unable to speak with any other volunteers as they all held full time substantive posts elsewhere. We were unable to speak with any patients as the service only covers sporting events on some weekends. We spoke with the registered manager, a paramedic, on a separate date as they were unavailable on the first day of our inspection. During our inspection, we were unable to review any sets of patient records as there had been no regulated activity completed in the period from registration in July 2017 up to our inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time in the period from registration in July 2017 up to our inspection. This was the service's first inspection since registration with CQC.

Activity (August 2017 to September 2018)

- In the reporting period August 2017 to September 2018 there were two emergency and urgent care patient journeys undertaken.
- There were zero patient transport journeys undertaken.
- Due to the fact that the service had conducted minimal regulated activity in the reporting period, to add context

we have included the time since the service registered with the Care Quality Commission in July 2017 when looking at regulated activity undertaken. This extends the reporting period by one month.

- Since the service registered with the Care Quality Commission in July 2017, up to September 2018, two patients were transported to hospital.

One registered paramedic, six first aiders and two student first aiders worked at the service. The accountable officer for controlled drugs (CDs) was the clinical lead, who was the registered manager of the service.

Track record on safety

- Zero Never events
- Clinical incidents zero no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- Zero serious injuries

Zero complaints

Emergency and urgent care services

Summary of findings

- The service had policies and procedures established to ensure it provided safe care, including incident reporting and safeguarding.
- Staff were all up to date with mandatory training.
- Vehicles were well equipped.
- Management of medicines was supported with a comprehensive policy and audit programme, and medicines were stored securely.
- Records were securely stored.
- The service had processes in place to check and ensure staff had the correct competencies to carry out their roles. This included policies and training on consent and mental capacity.
- The service had an established leadership and supportive culture, including regular and recorded team meetings where aspects of the service were discussed and shared.

However, we also found:

- There was insufficient oversight of infection control issues including torn mattresses and dusty equipment, the servicing of tail lifts on the emergency vehicles, the expiry dates of compressed gases and patient record forms not always being completed appropriately.
- The service did not have DBS checks in place for all of its volunteers.
- The service did not have a working knowledge of Gillick competence for treating young service users.

Are emergency and urgent care services safe?

Due to the limited regulated activity performed by this service, we felt it to be disproportionate to rate this domain.

Incidents

- The service managed potential patient safety incidents well. Staff recognised what incidents were and knew how to report them appropriately. There was a paper-based process in place for managers to investigate incidents and share lessons learned with the whole team and the wider service. However, we were unable to see this process in use as there had been no reported incidents in the time between the service's registration with the Care Quality Commission up to our inspection.
- The service had an up to date incidents reporting policy in place. The policy gave clear instruction to the reader how to appropriately report and escalate incidents.
- There had been no reported incidents, near misses, serious incidents nor never events in the period September 2017 to August 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic barriers are available at a national level, and should have been implemented by all healthcare providers.
- When things went wrong, staff understood their duty of candour and knew to apologise and give patients honest information and suitable support. 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.
- There was a comprehensive duty of candour policy in place for staff. Staff all signed a policy acknowledgement form to confirm they had read and understood the policy. We were unable to speak to volunteer staff on our inspection to gain assurance that they understood the policy.

Mandatory training

Emergency and urgent care services

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Systems were in place to monitor staff compliance with mandatory training.
- The training that staff and volunteers had received was in date with no staff being overdue for their training. This included modules in health and safety, information governance, first aid, safeguarding, cardiopulmonary resuscitation, consent and mental capacity training.
- The registered manager had received blue light emergency driver training. We reviewed records of regular driving licence checks for the registered manager and the nominated individual. These two staff members were the only ones who would drive patients in the event of a transfer from an event to hospital. The driving licence checks included whether there were any endorsements and what categories of vehicles the licence holders could drive.
- All staff and volunteers over the age of 18 had disclosure and barring service checks in place. The two student volunteers under 18 years of age did not have these checks in place. The minimum age at which someone can be asked to apply for a criminal record check is 16 years of age. Whilst these volunteers were not caring for patients without supervision, the service had not formally risk assessed this. This issue was raised with the nominated individual on inspection who stated they would look into getting the checks performed and risk assessing the situation.

Safeguarding

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- There were 'safeguarding adults while in our care' and 'safeguarding children' policies in place. These included a referral form for staff to complete where they had safeguarding concerns. The clinical lead, who is the registered manager of the service, was the named safeguarding lead.
- Both members of staff and all volunteers had completed safeguarding adults and safeguarding children training, levels one, two and three. All training was within date.
- There had been no safeguarding referrals made by the service in the reporting period August 2017 to September 2018.

Cleanliness, infection control and hygiene

- The service had some measures to control infection risk. Staff kept themselves, most of equipment and the premises clean. They used control measures to prevent the spread of infection.
- However, we did find ripped mattresses on the stretchers of both emergency vehicles. We also found dusty equipment on both vehicles such as leg splints and banana boards. This was raised to the nominated individual on site, who assessed the mattresses and advised that new ones would be ordered.
- Mandatory training included infection prevention and control levels one and two training for all staff.
- Vehicles had full alcohol gel dispensers.
- Both vehicles had spill kits ready for use alongside personal protective equipment such as disposable aprons and gloves.
- Clinical waste was stored in dedicated locked bins which were stored in a locked cupboard.
- Vehicles had cleaning schedules and logs. The schedules determined what needed to be cleaned on the vehicle. Logs included when cleaning was undertaken and by whom.
- We saw decontamination logs. These logs showed that vehicles were deep cleaned every eight weeks.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- However, we did find that the tail lifts on both emergency vehicles had not been serviced since the service registered with the Care Quality Commission. This was escalated on our inspection. At the time of writing this report, the nominated individual had emailed service certificates for both tail lifts that had been undertaken since our inspection visit.
- The service had clear records of all vehicles, including MOT, road tax and service due dates. All vehicles had received a service every two months.

Emergency and urgent care services

- We saw completed vehicle inspection sheets. The vehicles were inspected by staff every eight weeks and the checks included engine oil, lights, tyres, fire extinguishers and brakes.
- We inspected the service's two emergency ambulances. We found both vehicles were stocked with personal protective equipment such as disposable aprons and gloves and consumables such as bandages and masks, all which were within date. We saw itineraries on vehicles for staff to check equipment and stock against.
- The service had well stocked first aid bags, grab bags and burn kits ready for each event. Items in these bags were all within date.
- We checked four defibrillators, eight suction pumps, five vital signs monitors, two stretchers and four fire extinguishers. All items were within date for servicing.
- We found expired oxygen cylinders on the vehicles and Nitrous oxide cylinders stored in the office. This was escalated to the nominated individual who removed them from further use.

Assessing and responding to patient risk

- The nominated individual stated that if patients required transfer to hospital, the service only undertook those patients if they had a low acuity. Patients with high acuity would have an NHS ambulance service called for them. The registered manager of the service is a registered paramedic and used their professional judgement to determine patient acuity.
- For low acuity patients requiring transfer to hospital, should a patient deteriorate unexpectedly on the journey, the process to follow would be to stop the journey, stabilise the patient and call the NHS ambulance service to come and treat and transport the patient.

Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service ensured that staffing was sufficient to meet the demands of the service by completing a point scored matrix ahead of each event. These matrices were accessible online tools that provided a risk assessment

and helped to determine staff numbers. We viewed these matrices and saw they calculate a score based on several factors including but not limited to audience profile, hazards and type of event.

- The service employed one registered paramedic who was also the registered manager for the service, and one first aider who was also the nominated individual of the service.
- The service was supported by seven volunteers, including five first aiders and two student first aiders.
- The RM stated that the service had used one additional paramedic as a volunteer to provide additional cover for larger sporting events. This volunteer was employed by the NHS ambulance service. The service had gained a disclosure and barring check for this individual.

Records

- Staff kept records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, we did find that records were not all completed.
- We viewed the patient report forms (PRF's) for the two transported patients. Treatment, medication given, clinical history and observation sections were all completed. However, consent and transport sections were not completed. The additional notes sections specified for both patients that they were advised to seek hospital treatment but did not specify that the service was transporting them to hospital.
- Mandatory training included documentation and record keeping training.
- Completed PRF's were stored securely in a locked cupboard in the office. Only the registered manager held a key to access this cupboard.
- The service conducted a rolling audit of PRF's. We reviewed audits from September 2017 and September 2018, both audits scored the service at 100% for compliance to their own records policy. However, when we reviewed patient notes we found consent boxes not checked and the transport section not completed. These two specific issues were identified as completed appropriately in the audit.

Medicines

- The service followed best practice when prescribing, giving, recording and storing medicines.

Emergency and urgent care services

- The accountable officer for controlled drugs (CDs) was the clinical lead, who was the registered manager of the service. Controlled drugs were not kept at the location. The RM stated that they kept morphine in a locked cupboard in their home. This was in line with the national guidance from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).
- The service stored medicines securely in a locked cupboard. These medicines were in accordance with JRCALC guidelines. The RM was the only staff member with a key to the cupboard and they were unavailable during our inspection, so we were not able to determine that the medicines were in date.
- The paramedic took medicines to events in a dedicated yellow bag that included a drug sheet to be completed after each event. This meant that the service had oversight of how many medicines were stocked and how much was administered. The paramedic was the only staff member to administer medicines.
- Medicines were obtained by the completion of a requisition form by the paramedic, who then took the form and registration details to a local pharmacy who would carry out checks and then provide the medicines. The local pharmacy also disposed of medicines on behalf of the service.
- The service had a medicines management policy in place.
- There was a medicines management audit completed in May 2017 which scored 100% compliance. The audit was repeated in May 2018 and scored 100% compliance.
- Both emergency vehicles had lockable drug safes on board.
- Vehicles had sodium chloride and glucose solution infusion bags stored ready for events. We found six bags in total and all were within date and stored securely.

Are emergency and urgent care services effective?

Due to the limited regulated activity performed by this service, we felt it to be disproportionate to rate this domain.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- The service had a range of policies in place underpinning aspects of care, including a duty of candour policy, safeguarding policies, and incident reporting policies. Team meeting minutes demonstrated that staff read and signed an acknowledgement form to confirm they understood these policies.

Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service used the Wong-Baker chart to score pain in children, which is a tool that allows children to point to a facial expression that matches how they feel, and a sliding number scale for adults.
- The service provided Nitrous oxide, morphine and intravenous paracetamol for pain relief.

Response times

- The service had not completed any regulated activity in the period from registration in July 2017 up to our inspection so we were not able to accurately assess response times.
- Staff used headphones and portable radios at events to effectively communicate, this meant that in the event of a transfer, event noise would not hinder a speedy departure to hospital.

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 monitor the effectiveness of the service.
- EAMC had an induction policy in place that states all staff ought to complete a two day induction within three months of joining the service. This included an online package of mandatory training.

Emergency and urgent care services

- All staff and volunteers had completed comprehensive first aid training, which included modules in cardiopulmonary resuscitation, wound care, ambulance equipment, trauma, health and safety and safeguarding training.
- Staff received annual appraisals. The nominated individual told us that all staff had received their appraisals. We requested data to support this, however the response from the service was that appraisals did not have fixed dates for completion. We did not receive data showing completed appraisals.
- The registered manager (RM) of the service was the only paramedic employed. The RM had a full time post working as an emergency care practitioner in primary care, and also worked regular bank shifts as an advanced paramedic for the NHS ambulance service.
- The RM stated that the Health and Care Professions Council (HCPC) requests proof of their competences in order to maintain their professional registration. The requested proof includes, but is not exclusive to, a training plan and certificates of training. The RM's current registration became valid in September 2017 and is due for renewal in September 2019.
- Staff received group supervision as part of their staff meetings after each event although this was not formally recorded in the meeting minutes.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service had a mental capacity assessment guidance and checklist document for staff to access.
- Mandatory training included mental health, dementia and learning disability awareness, as well as training on the Mental Capacity Act 2005 for all staff.
- Mandatory training included consent training. The nominated individual stated that parental consent would be obtained to treat children under 16 years of age, and verbally implied consent was gained for adults. There was no stated understanding of Gillick competence nor how to assess for it.

Are emergency and urgent care services caring?

Due to the limited regulated activity performed by this service, we felt it to be disproportionate to rate this domain.

Compassionate care

- Mandatory training included dignity and privacy training.
- Staff told us that ambulance doors would be closed to maintain patient's privacy when receiving care and treatment at an event and prior to hospital transfer.
- Due to the low level of regulated activity provided by this service and none occurring at the time of our inspection we were unable to observe any direct patient care.

Understanding and involvement of patients and those close to them

- Vehicles had patient feedback forms stored ready for use. The forms asked for feedback on a numbered scale on treatment provided, advice given, professionalism, courtesy and respect, and care and support offered. However, the nominated individual stated that the service had not found an effective way to obtain feedback using these forms.

Multi-disciplinary working

- The nominated individual stated that when patients have been transported to hospital from events, East Anglia Medical Care Ltd staff would book the patient in at the hospital emergency department desk and perform a verbal hand over with the clinical staff as well as giving them a copy of the patient report form (PRF).

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.

Emergency and urgent care services

- The service received acknowledgement in a newspaper article from an injured rider at a sporting event they had covered.

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

Due to the limited regulated activity performed by this service, we felt it to be disproportionate to rate this domain.

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- This service's scope was providing medical cover at sporting events, with the capacity to transfer low acuity people to hospital if required. The service determined the staff and vehicle requirement for each event by using a matrix with a point scoring tool. This meant they risk assessed the sporting event's needs to ensure they could provide safe cover for the people attending the events.

Meeting people's individual needs

- The service used an online translation service to communicate with any patients who struggle to communicate in English. The nominated individual stated that there was an aim to find other ways to communicate with patients who struggled with communication.
- Staff had received training in dementia and learning disabilities so were able to communicate with and provide care to people in a way that met their needs.

Access and flow

- We did not have sufficient evidence to inspect access and flow through the service, due to the limited regulated activity undertaken.

Learning from complaints and concerns

- The service had the processes in place to treat concerns and complaints seriously, to investigate them and learn lessons from the results, and share these with all staff.

- The service had not received any complaints in the period from its registration with the Care Quality Commission up to our inspection. However, the understanding and processes were in place to manage complaints.
- The service had an up to date complaints policy and procedure that stated how staff should deal with complaints and that the clinical lead held investigative responsibility for complaints.
- Mandatory training included complaint handling training.

Are emergency and urgent care services well-led?

Due to the limited regulated activity performed by this service, we felt it to be disproportionate to rate this domain.

Leadership of service

- Managers in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service was led by the two members of staff, namely the registered manager and the nominated individual. All eight regular volunteer staff were family members of either the RM or NI.

Vision and strategy for this service

- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- The service had plans to expand into providing patient transport services as well as increasing staff competences such as additional mental health training. This was seen recorded in team meeting minutes.
- The service's overall aim according to their statement of purpose was to maintain staff and service user's safety as well as adhering to all companies' policies and procedures. The service's objectives were to offer service users a safe, clinical transport service of high standard and to move the company forward in all aspects.

Culture within the service

Emergency and urgent care services

- Managers of the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had an up to date whistleblowing policy for staff which included alternate escalation for investigation depending upon the nature of the potential concerns.
- Mandatory training included equality and diversity training for all staff.

Governance

- The service was systematically improving service quality and attempting to safeguard high standards of care by creating an environment for excellent clinical care to flourish.
- However, the service did not have processes in place to note the rips in the mattresses of the vehicles, the expired compressed gases nor the dusty splints and suction machines.
- Staff meetings were held after each event. The meetings had set agendas and were minuted. We reviewed

meeting minutes and found them to be open and transparent. Issues such as feedback from events management and business expansion ideas were discussed.

Management of risk, issues and performance

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

Information Management

- The service collected, analysed, managed and used information well to support all its activities.
- Mandatory training included handling information and information governance training for all staff.
- We found patient report forms to be securely stored in a locked cupboard, this ensured that confidentiality was maintained.

Innovation, improvement and sustainability

- The service was committed to improving services by learning from when things went well or wrong, promoting training, and innovation.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should improve and strengthen infection prevention and control measures and ensure that torn mattresses are replaced, and that all equipment and surfaces in the emergency vehicles are free of dust.
- The provider should ensure there is a process in place to check the dates of, and replace, compressed gases.
- The provider should ensure that the tail lifts on both emergency vehicles are serviced regularly.
- The provider should ensure that patient record forms are completed appropriately.
- The provider should ensure that should service users require transporting to hospital from an event, all staff accompanying the service user have disclosure and barring service (DBS) checks in place, or have a risk assessment in place where these checks have not yet taken place.
- The service should ensure that staff understand Gillick competence when treating children under 18 years of age.
- The service should ensure there are processes in place to seek and obtain service user feedback.
- The provider should ensure they strengthen their governance systems so that there is a greater oversight of medicinal, equipment and infection prevention and control matters.