ABC Event Cover

Quality Report

ABC Events
Unit C2, The rear of Anglesey Business Centre
Anglesey Road
Burton on Trent
Staffordshire
DE14 3NT
Tel: 01283 845008
Website: www.abc-trainingservices.co.uk

Date of inspection visit: 20 November 2019
Date of publication: 14/01/2020

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

Ratings

Overall rating for this location	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Not sufficient evidence to rate**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

ABC Event Cover is operated by ABC Training Services Ltd. The service provides emergency and urgent care.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 20 November 2019.

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 only core service provided by ABC Event Cover was urgent and emergency services.

Our rating of this service stayed the same. We rated it as **Requires improvement** overall.

- The service did not always manage medicines well. Storage of medicines and medical gases was not always in line with best practice. We were not assured all staff understood what constituted an incident and therefore was concerned incidents were not reported. We were not assured the processes in place to ensure all consumable equipment was in date was always effective.
- The service completed limited monitoring of the effectiveness of the service. The service was still working towards ensuring all staff had been appraised.
- The governance processes in place were not always effective to ensure all policies, procedures and guidance were referencing the most up-to-date information. The provider had made progress to ensuring staff personal files contained the required information however not all information was available and no identified timescale for this to be completed in. Systems to manage risk did not always identify valid risks. We identified risks to staff and the operational risks which the management had not considered, therefore had not mitigated against them. The service had minimal engagement with patients and the public.

However, we found areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- The service followed nationally recognised best practice guidance and gave patients pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- We had limited information about the care and treatment provided by staff, and therefore did not rate caring. However, the information we did receive demonstrated staff provided good care and treatment in line with best practice guidance and gave them pain relief when they needed it.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued.

Following this inspection, we told the provider that it must take some actions to comply with the regulations

Summary of findings

and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. 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	Summary of each main service
Emergency and urgent care	Requires improvement 	Urgent and emergency services was the only core service provided. The service mainly provided care and treatment to patients at events and discharged them at the scene which is not regulated activity. They had a small number of contracts which required them to convey patients to hospital if their physical condition required it, which is regulated activity. The events they mainly covered were sporting events and county fairs/ fetes. The ratings for this service stayed the same, we rated them as requires improvement. Although we saw some improvements in all areas, we rated safe and well-led as requires improvement and effective and responsive as good. We did not rate caring due to insufficient evidence, although the small amount of information we did receive demonstrated staff were caring.

Summary of findings

Contents

Requires improvement

ABC Event Cover

Services we looked at
Emergency and urgent care;

Summary of this inspection

Background to ABC Event Cover

ABC Event Cover is operated by ABC Training Services Ltd. The service opened in November 2014. It is an independent ambulance service in Burton on Trent, Staffordshire. The service provides first aid medical cover for events within Staffordshire and other counties.

The service has had the same registered manager in post since November 2014. The service has been inspected twice before. In January 2017 the service were found to be meeting the required standards, however we did not have the powers to rate them at the time. They were inspected again in January 2019 and were rated as requires improvement overall, but good for caring and responsive. The service was issued three requirement notices and a formal letter under Section 10 of the Health and Social Care Act (2008).

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist advisor with expertise in urgent and emergency services. The inspection team was overseen by Julie Fraser, Inspection Manager.

Information about ABC Event Cover

The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.

During the inspection, we visited ABC Event Cover in Burton on Trent. We spoke with three staff including; management, emergency care assistants and health and safety advisor. We gave other staff members the opportunity to speak with us, however no staff members took the opportunity to do this. We did not get the opportunity to speak with any patients or relatives. During our inspection, we reviewed one patient record form (PRF) of a patient who was conveyed to hospital.

The service has been inspected twice, and the most recent inspection took place in January 2019. We found the service were previously breeching regulation 5 (fit and proper persons: directors), regulation 13 (safeguarding service users from abuse and improper treatment) and regulation 19 (fit and proper persons: employed). Requirement notices were served to the provider for these breeches. We also identified during this inspection that the provider required an additional regulated activity (treatment of disease, disorder or injury) to be added to their registration. We formally wrote to the provider after the inspection, under Section 10 of the Health and Social Care Act (2008) to inform them of this requirement.

Activity (January 2019 to October 2019).

- In the reporting period January 2019 to October 2019 there were 21 events where the provider was contracted to convey (transport) patients if required.
- There were 93 patients treated at these events, with only one patient transported to hospital.

Eleven registered paramedics (three of which were emergency care practitioners), 10 emergency care assistants, one midwife and 16 first aiders worked at the service. The accountable officer for controlled drugs (CDs) was the pharmaceutical advisor. One doctor also provided support to the service in the role as medical director.

Track record on safety:

- Zero Never events.
- Zero clinical incidents.

Summary of this inspection

- Zero serious injuries.
- Zero complaints.

Services provided at the hospital under service level agreement:

- Clinical and non-clinical waste removal.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Emergency and urgent care

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

Are emergency and urgent care services safe?

Requires improvement

Our rating of safe stayed the same. We rated it as **requires improvement**.

Mandatory training

The service provided mandatory training in key skills including basic life support training to all staff and made sure everyone completed it.

Training was a mixture of electronic learning and face-to-face taught sessions. The service ran training sessions for all staff on Friday nights. Training included seasons specific illnesses (for example heat stroke in the summer months), manual handling, medical gas training and fracture management. These training sessions enhanced the mandatory training which staff completed.

Mandatory training included infection prevention and control, safeguarding and mental capacity training. The service currently had 100% compliance with infection prevention and control and safeguarding training, however mental capacity training had 95% compliance.

Staff who were in a role of emergency care assistant, first aider or midwife also completed additional basic training requirements. This included training in medical gases, automated external defibrillator (AED), bleeding management, fracture management and first aid at work. Compliance for all these elements of training was above 90% with all staff compliant with the first aid at work training requirement.

Safeguarding

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

After the previous inspection in January 2019, a requirement noticed was served as the safeguarding lead was only trained to level two in safeguarding children. There were also concerns around the required Disclosure and Barring Service (DBS) checks for all staff who worked at the service. The service had made progress since this inspection and this was evidenced during this inspection. During this inspection, we saw evidence of DBS checks for all staff employed by the service, at all levels.

The lead for safeguarding at the service had completed level four safeguarding children training. This had expanded the knowledge they previously had and enabled them to prepare to develop a training programme for all the staff at the service to develop their safeguarding knowledge to level three. The safeguarding lead also told us the course had enabled them to develop further links with the local authority.

At the time of our inspection, all staff were compliant with the current levels of safeguarding training that was required of them. We saw evidence of safeguarding level two training in personal files. In addition to the safeguarding level two training for children and safeguarding vulnerable adult training, additional safeguarding modules were completed including prevent, female genital mutilation and domestic violence. The registered manager had also organised for a local

external domestic violence charity to attend the service to provide bespoke safeguarding vulnerable adults training which feedback from staff showed it was a valuable training session.

The service had safeguarding vulnerable adults and safeguarding children policies in place which were last reviewed in 2019. The policies provided staff with information about what constitutes abuse and advice on what to do in the event of a concern. The safeguarding vulnerable adults' policy however referred to the now outdated document 'No Secrets' instead of The Care Act 2014 which sets out the statutory responsibility for staff regarding safeguarding. Despite this, staff were confident about how to raise a safeguarding concern.

Staff told us about a safeguarding incident which was escalated to police at the time. The training and knowledge from the local policies had been useful for dealing with this concern. Staff followed their correct procedures for escalation to an external body who took over the management of this. Staff had since reflected on this situation and discussed what learning could be gained from this.

Cleanliness, infection control and hygiene

The service adequately controlled infection risk. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

Staff had training in infection prevention and control processes. Evidence showed 100% compliance with this training requirement.

There was an infection prevention and control policy in place which had been last reviewed in June 2019. However, within the policy there were references made to outdated information (for example referring to 'Health Protection Agency' which was replaced by 'Public Health England' in April 2013) and information not relevant to the service (for example informing the infection control team). This could confuse staff when attempting to follow correct processes and escalating infection prevention and control concerns.

We found all equipment and vehicles were visibly clean on the day of our inspection. However, we did not see any evidence of completed cleaning schedules since January 2019. Managers told us a new member of staff was responsible for the cleanliness of the vehicles. They were responsible for both the daily clean and the monthly deep clean of the vehicles. The cleaning policy was embedded within the main infection control policy.

The service conducted monthly vehicle cleanliness audits. We reviewed the audit result for August, September and October 2019 which included information about deep cleans and found 100% compliance with the criteria set.

All staff completed hand hygiene training as part of their mandatory training. However, the managers told us they did not routinely audit hand hygiene due to the difficulty in doing this. Observation of staff practice was something they were aware of though when they were completing clinical shifts themselves. Managers ensured all staff had access to hand gel at point of care as well as personal issue of hand gel bottles which staff wore as part of their uniform.

There was adequate amounts of personal protective equipment (PPE) for staff to use when caring for patients. There were also decontamination wipes available for staff to use to ensure the cleanliness of equipment.

Linen used during the conveyance of a patient to hospital was disposed of by staff at the receiving hospital. New linen was then collected to replace that disposed of. This was in accordance with the providers policy.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had five vehicles in total (two ambulances and three cars). Only the two ambulances were used for regulated activity, so we only reviewed the records for these vehicles. Both ambulances appeared well maintained and had in date vehicle tax, services and MOT (Ministry of Transport) tests. Vehicle fault forms were in the vehicles for staff to complete if required. Managers told us they used a local company who were reliable and responsive to their needs. All vehicle keys were stored in the administration office.

The two ambulances were stored inside a garage area which was secure. The garage area was visibly clean, tidy

and relatively spacious. There was a small amount of kit and equipment towards the rear of the garage which supported the managers comments that the service had outgrown the current environment. This did not impact the storage of the ambulances or the safety of staff working at the location.

All equipment reviewed had evidence of an in-date service and electrical safety test. Staff told us equipment was tests regularly by staff, however we did not see any evidence of these checks taking place.

All vehicles had safety restraints fitted to ensure patient safety whilst conveying to hospital. The restraints were in working order in all vehicles we inspected. We also observed secure high back seats designed for the safe carriage of children in vehicles.

We reviewed a sample of consumable items including syringes, airway adjuncts, dressings and cannulas and found 17 adhesive dressings, one I-gel and one prefilled syringe of sodium chloride all out of date. The managers took immediate action to ensure the items were replaced with in-date items.

The managers had recently purchased new advanced life support (ALS) bags to support the safe care and treatment of patients. These bags had equipment laid out logically for staff to use and feedback from those who used them was extremely positive. This prevented staff from needing to carry numerous bags when treating a patient. We saw evidence of these bags being checked regularly by staff.

The managers had implemented a new system since the previous inspection. Within the office area, a white board containing details of the vehicle and designated equipment for use had been installed. This was for staff to know instantly what items they had been allocated for the event they were staffing. This also ensured staff took responsibility for the booking in process after the event which included replenishing any items used. Photographic evidence of the board was maintained for auditable purposes.

We found all products regulated by the Control of Substances Hazardous to Health (COSHH) were stored correctly and all had COSHH product sheets filed to enable staff to use the products safely.

Staff mostly disposed of clinical and domestic waste in a safe manner. We observed staff had segregated waste correctly and disposed of this safely when back at the ambulance station. Sharps bins were assembled correctly and below the fill line, however we saw a sharps bin on one vehicle had the lid held open with elastic. There was an external contractor who removed the waste from the location.

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

There was an up-to-date risk assessment in place for all events which the service covered which they were contracted to convey patients from if required. The health and safety officer at the service had oversight of all risk assessments and updated them as and when required. At each event the risk assessment was reviewed by the on-site team to ensure this was up-to-date and accurate and covered all risks relevant to the event. We reviewed eight event risk assessments for events where the service was contracted to convey patients if required and found them to be thorough.

At each event, staff were required to complete an environment audit to ensure the risk assessment was thorough enough and to ensure staff were working in a safe environment. We reviewed six audit results of event risk assessments where the service was contracted to convey patients if required and these showed there were no additional concerns identified which had not been identified on the risk assessment.

Staff told us, and we saw evidence of patients being assessed for signs of deterioration. Staff regularly performed physiological observations (blood pressure, pulse, oxygen saturation, respirations and temperature) and neurological observations on patients. Any concerns about a patient's condition was escalated to the highest level of staff member on the team (usually a paramedic) and decisions would be made for whether the patient required transportation.

Staff members who were not a trained paramedic were given pocket guides to support them when providing care and treatment to patients.

Emergency and urgent care

Managers told us they were currently in the process of introducing a modified early warning score system and a sepsis screening pathway. Paramedic staff were already familiar with these processes, and it was expected they would support this when rolled out to the other staff members. Early warning scores are systems for early identification of a deteriorating patient. Sepsis is a life-threatening reaction to an infection.

All staff received life support training. The level of life support training depended on the role and responsibility of the staff member, for example first aid staff were required to complete basic life support. Paramedics completed advanced life support training, usually with their primary employer but informed the managers and provided evidence once completed. All staff were required to complete paediatric first aid and basic paediatric life support training.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

There were 38 staff employed in total at this service, most of which were on zero hours contracts. There was a varied mix of staff skills and roles at this service. The service also had access to a GP who provided medical input as required.

The service used an electronic staffing tool for all events they provided a service to. All staff had access to the electronic tool, so they could roster themselves on to cover an event. The system had rules built into it so only staff who were qualified for the role could roster themselves on to this to prevent not having the correct skill mix for an event. An example of this was for the role of a driver, only the paramedics, registered manager and health and safety director had the right competencies and skills for this so were the only ones who could roster themselves into this position.

We saw evidence of actual staffing numbers met planned requirements.

Managers told us the demand for the service continued to increase, so they were always open to recruiting more staff members of various roles. At the time of the inspection, there were no staff members on long term sick and there had been no increase in staff leaving the service. Since the service registered in 2014, only one member of staff had left, and this was to progress in their career.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The service had three separate forms for recording information about a patient's care and treatment. Two of these forms were only for patients treated at events and therefore we did not review these forms.

Patients who were transferred to hospital by staff from the service had a patient report form (PRF) completed for them. As there had only been one patient transferred to hospital since the last inspection in January 2019, we only reviewed this form. We found this PRF had been completed thoroughly and included all aspects of the care and treatment records required. Timings for handover at the local accident and emergency were also included as well as allergies, previous medical history and continuous observations.

Systems were in place to ensure all patient records were stored securely in line with local policy and information governance requirements.

All patient report forms were subjected to regular audit. This was conducted by one of the paramedics and a report was produced for the managers. The most recent audit was conducted in November 2019 and found out of 161 records, 94% were completed to the required standard. The audits included all PRFs completed by the staff for all patients and also included patients who were not conveyed to hospital.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. However, the service did not hold a Home Office Drugs Licence at the time of the inspection and did not always store medicines and medical gases safely.

There was an in-date medicines management policy in place. This outlined the protocols to follow and responsibilities of staff with regards to the safe prescribing, administration, recording and storage of medicines.

We found staff followed the local policy and relevant best practice for ordering and disposal of medicines. However, we did find some issues with the storage of medicines. We found some out of date medicines being stored on top of the safe which were not clearly identified as out of date stock and therefore could have been unintentionally used whilst awaiting correct disposal. We also found bottles of liquid analgesia (pain killer) and anti-inflammatory open without a date of opening being recorded. Liquid medicines usually have an adapted expiry date once opened (for example some liquid medicines were only safe to use for up to 28 days after opening) it was therefore essential staff annotated the date of opening to ensure medicines were not used beyond their adapted expiry date.

The service had access to a clinical pharmacist as a source of up-to-date medicine information and advice. They reviewed the processes and policies in place at the service and conducted regular medicine audits. The most recent audit in November 2019 demonstrated 100% compliance against all areas reviewed (amount, in-date, correct storage).

The service had some patient group directions in place to enable staff to administer medicines to patients which were not on the schedule 17 list of medicines. A patient group direction (PGD) allows healthcare professionals to give specified medicines to a predefined group of patients without them having to see a doctor. An example of a PGD which the service used was for the administration of tranexamic acid, a medicine used to treat patients who were bleeding heavily.

The service had recently had to increase the number of medical gas bottles which they stored on site. However, the original storage method was not appropriate for the increase in medical gases and we found a medical gas bottle on the floor of the storage room. We highlighted this to the registered manager at the time of our inspection and this was immediately rectified. The room where they were medical gases were stored met the requirements for safe storage of compound gases.

The service stored controlled drugs (CDs) in a safe which met the requirements of the Misuse of Drugs Regulations (2001) both on site at the ambulance station and whilst the CDs were on the ambulances. They also used safe processes for staff signing the medicines out of the service at the start of their shift and signing any unused medicines back in afterwards.. However, we found the service did not have a Home Office Drugs Licence which they required. The managers told us this was something they were unsure if they needed and had previously looked into applying for one. Following our inspection, we received evidence of the managers applying for a licence. Controlled drugs are medicines including morphine which require strict storage and recording arrangements due to their potential for misuse.

Regular stock checks of were made on all medicines carried by the service. At the time of our inspection all medicines kept in the ambulance station or on the vehicles were accounted for.

Incidents

The service had the processes and policies in place to manage patient safety incidents. However, we were not assured that all staff understood what constituted an incident or a near miss.

An incident reporting policy was in place which had last been reviewed in June 2019. This policy covered personal injury, damage or incident and near misses. For each of the different type of incident identified, there was a form for staff to complete. However, since the previous inspection in January 2019, there had been no incidents or near misses reported. Managers told us they have never had an incident before which required an incident form to be completed.

During the inspection, staff told us about an improvement they had made to the way staff collected equipment in preparation for an event where conveyance would be delivered if a patient required this. Although this took place during unregulated activity, the learning and improvement activity was used for both regulated and unregulated activity. This improvement was made because of a staff member not having access to an allocated piece of equipment for an event, and therefore had to take a replacement. The managers told us they had not viewed this as an incident as no harm was caused to a patient and there was no requirement for

staff to use this piece of equipment during the event. We discussed with the managers whether this was a near miss incident and although not formally reported as an incident, all actions were taken and learning from this was identified, which was very positive.

The service had an in-date incident reporting policy which was next due for review in June 2020. Managers were confident all staff knew how to report incidents and would report incidents if they occurred.

The service had no never events since the inspection in January 2019. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

There were no serious incidents reported for the service since the inspection in January 2019. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.

The service had a 'being open policy' which covered the principles of the duty of candour. Senior staff members were able to explain the process they would undertake if they needed to implement they duty of candour following an incident which met the requirements. Information provided by the service showed there were no incidents since the previous inspection in January 2019 which required the duty of candour to be implemented in accordance with the regulation.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Good

Our rating of effective improved. We rated it as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

The service provided care and treatment which was based on national guidance. Policies, procedures and guidelines were based on the Joint Royal College Ambulance Liaison Committee (JRCALC) guidance. Paramedic staff who worked at the service had access to this document and would ensure care and treatment was in line with this.

The service was implementing sepsis management guidance for staff to follow. This was based on National Institute for Health and Care Excellence (NICE) guidance for the recognition, diagnosis and management of sepsis (NG51) and clinical pathways from the Sepsis Trust UK. There was additional evidence-based guidance which the service followed, including guidance from the Resuscitation Council UK.

Local policies, procedures and guidance were currently in hard copies located in the main office, with a selection of relevant documents on the ambulances. The managers told us they were currently looking into adopting a cloud-based approach to store documents (including polices) which all staff members could access remotely.

The pocket guides given to non-registered staff was based on evidence-based care and treatment and national guidance.

Pain relief

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

We saw evidence of staff regularly reviewing and documenting a patient's pain score during transportation to hospital. Staff had access to pictorial charts to review a patient's pain score if required. These were especially useful for use with paediatric patients.

We reviewed one patient report form where a patient had been offered a range of pain relief, regularly through their treatment pathway. The patient had refused all pain relief, which was well documented.

Emergency and urgent care

Response times

The service did not have any set response times which they had to meet, and therefore did not monitor these.

The service did not have any agreed response times for any transfers completed. Patients were transported in a timely and safe manner according to their clinical condition.

Whilst at the events, staff were strategically placed on the ground to enable them to respond quickly to any incident and also enable swift exit for the staff if the patient required conveying to hospital. This was part of the risk assessing process conducted prior to the event. Following the event, if there were any learning points which affected the response time on the ground, this would be fed back to the health and safety advisor and the registered manager to review the risk assessment for future events on that site.

Patient outcomes

There was limited monitoring of the effectiveness of care and treatment. However, what findings were identified, they were used to make improvements to the service to improve outcomes for patients.

The service did not participate in any national audits as there were no audits deemed appropriate for them to contribute to.

Local audits were conducted on the standards of patient report forms. The most recent audit conducted in November 2019 reviewed 161 patient report forms. Of these 94% were completed to the required standard. Of the 6% which were identified not to have met the standard, areas for improvement were included and this was fed back to the staff at the service. The audits included all patient record forms (PRFs) completed by the staff for all patients and therefore included those who were not conveyed to hospital.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.

After the previous inspection in January 2019, a requirement notice was served in relation to Regulation 19 (fit and proper persons employed) as staff had not received an appraisal. On this inspection we found the managers had started to complete appraisals and had a date set for when they would be completed by (end of December 2019). At the time of our inspection, 45% of the staff had been appraised and evidence of this was in their personal files. Information received after the inspection showed 89% of staff had now had their appraisal. The manager told us due to unavoidable circumstances and a period of maternity leave, the compliance rate would unlikely reach 100% by the end of December 2019.

Staff who had the responsibility to drive the ambulances (mainly paramedics) had completed the required training and provided evidence to the managers. In addition to the initial checks when staff joined the service, the managers checked staffs driving licences on an annual basis to ensure they were fit to drive.

The service had a robust induction process in place. Since the inspection in January 2019, there had been one member of staff start at the service. We saw evidence of their induction checklist being completed. New members of staff always worked alongside more experienced staff during their induction process.

The managers regularly reviewed relevant professional councils (Health and Care Professional Council and Nursing and Midwifery Council) to ensure those with a professional qualification were up-to-date and fit to practice. Evidence of registration was present in the relevant staff files we reviewed.

The service had a comprehensive policy in place to manage staff who were underperforming. Managers told us since the service opened, they had never had to use the grievance policy as they had never had a cause for concern about any of the staff.

The service did not have a formal process in place to ensure they would know of any staff members who were suspended from their permanent employment. However, through the systems already in place and the checks made frequently on staff they were confident they would identify any issues. Managers also told us staff were encouraged to be open and honest with them and so were confident their staff would inform them personally of any concerns.

Multidisciplinary working

Requires improvement

Emergency and urgent care

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Managers told us all staff worked well together as a team, regardless of what roles they had.

Staff worked well with external members of the multidisciplinary team to ensure patients received a good standard of care and treatment. Staff liaised with key members from the events they covered to ensure they provided a coordinated approach to care and treatment for patients who may require conveying to hospital.

When staff conveyed patients to hospital, they worked with staff from the local hospital trust and provided comprehensive handovers. The patient report form that we reviewed supported this and staff signed to accept the patient once an appropriate handover was given.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff provided patients with appropriate advice and information to support a healthier lifestyle. This applied more to patients who were treated and discharged at the event rather than patients who were conveyed to hospital. However, if staff saw an opportunity to provide advice, they did so.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The service had an in-date mental capacity and deprivation of liberty policy in place which was last reviewed in June 2019. The policy was clear and comprehensive and included a simple flow chart for staff to follow. Staff told us they had not had many patients where the capacity of a patient was questioned.

All staff regardless of roles and responsibilities now had training in the Mental Capacity Act (2005). Current records showed a 95% compliance rate with this training.

Consent for treatment and conveyance to hospital was provided in accordance with legal requirements. Where appropriate staff required written consent for treatment, however consent was usually provided verbally or implied consent through non-verbal actions (for example patient offering an arm for a blood pressure reading).

The service also provided staff with information around do not resuscitate wishes. The resuscitation policy provided staff with enough information around patients wishes in relation to resuscitation. The most recent update of the policy had included information about the Respect forms now in place.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We could not rate caring on this inspection due to insufficient evidence.

Compassionate care

We were unable to assess if staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We did not see staff treating patients during this inspection and we did not speak with any patients or their relatives during this inspection.

Staff told us they were mindful of patients' privacy and dignity whilst providing care and treatment. Staff prioritise getting patients into the ambulance if safe to do so, to prevent onlookers viewing what was going on.

We reviewed the patient feedback which the service had received since the previous inspection in January 2019. The service had received feedback from 14 patients. The feedback was overwhelmingly positive with all 14 patients (100%) stating they were satisfied with the treatment they received and that they were treated compassionately. The feedback collected by the service

did not differentiate between patients who were treated and discharged at the scene (not regulated activity) and those who were treated and conveyed to hospital (regulated activity).

Emotional support

We were unable to assess if staff provided emotional support to patients, families and carers to minimise their distress. Or, if they understood patients' personal, cultural and religious needs.

We did not observe any care and treatment during this inspection. However, staff provided examples of where they had provided emotional support to patients and their families in previous events where patients were conveyed to hospital.

One of the relatives who completed the feedback form for the service provided additional details about the emotional support the patient had received from staff. During the patients care and treatment, staff constantly reassured and comforted them. However, we were unable to identify if this feedback was related to a patient who was conveyed to hospital.

Understanding and involvement of patients and those close to them

We were unable to assess if staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

We did not observe any care and treatment during this inspection. However, the patient feedback received identified staff included patients when making decisions, if appropriate. One patient fed back they were not given alternative options when staff provided care and treatment because there were no other options suitable. However, we were unable to identify if this feedback related to a patient who was conveyed to hospital.

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

(for example, to feedback?)

Good

Our rating of responsive stayed the same. We rated it as **good.**

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

All events were well assessed and planned for in advance of the staff turning up to work. If required, the managers met with key personnel within the event organisation to ensure the assessments and plans met the needs of all involved, especially patients who may be conveyed to hospital if required. Assessments and plans were then kept on file and reviewed each time the staff provided a service to the event.

Staff were aware of all local hospital facilities and where specialist centres were located. Managers ensured plans were in place and staff knew about plans, to escalate care and treatment to other organisations (for example the local air ambulance) if the seriousness of the patient's condition warranted this.

At the time of the inspection, the service was not registered for treatment of disease, disorder or injury which is required when services convey patients to hospital from events. The service adapted the plans for the events they were due to cover which contracted them to convey patients to hospital, to ensure support from local organisations would be sought in the event it was required.

Meeting people's individual needs

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

The service ensured all staff had access to an electronic translation service during their shift. The ambulances

also had multilingual phrase books on there. Staff also told us there was a diverse group of staff who worked for the service that spoke various languages which also enabled them to manage any language barriers.

The service provided pictorial cards to enable staff to communicate with patients who had hearing difficulties. These cards were also used for communicating with paediatric patients who were treated by staff at the service.

Managers told us they rarely treated patients with complex needs such as learning disabilities or patients living with dementia. Staff had received dementia awareness training to help them meet the needs of a patient living with dementia. However, staff had not recently participated in any awareness training around learning disabilities. Despite this, staff told us how they had managed to meet the needs of a patient previously who had complex needs. It was also acknowledged staff who worked for ambulance trusts as part of their full-time employment had received training to enable them to meet the needs of patients living with a range of complex needs.

Managers told us mental health awareness training was an area which they were interested in strengthening. Staff had basic mental health awareness training, however after a recent event they covered, they had identified staff needed more in-depth training to enable them to respond to the needs of patients (paediatric and adult patients) with mental health needs.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

The service provided medical assistance to events only, therefore they were available immediately when required. Staff from the service liaised with the event organisers regularly to ensure staff were placed in the most appropriate positions to enable them to respond in a timely manner to patients who may require conveying to hospital.

In circumstances where additional support was required or location challenges (rurality for example) the service had set processes for requesting support. Staff gave an example of where they had done this for a patient they conveyed to hospital but required additional support from the local Air Ambulance.

The service did not operate set working times. Staff worked the duration of the event being covered. The service was able to offer cover to events on any day of the week, and any time of the day.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. There were processes in place to treat concerns and complaints seriously, investigate them and share lessons learned with all staff, including those in partner organisations.

The managers told us they had received no complaints since the previous inspection in January 2019. Incidentally, they told us they had never received a complaint since the service registered with the CQC in 2014.

The service had an in-date complaints' policy in place which all staff had access to and followed. The complaints policy was detailed and provided a complete breakdown of the complaints process which patients could expect. However, the policy did not contain details of what actions complainants could take if they were not satisfied with the outcome of the complaint investigation by the provider. Managers told us they would provide this information to the complainant personally if required.

The service had complaints' posters available to place inside the ambulances which advised patients or their relatives of the correct process to follow. However, on the day of inspection, we did not observe these posters in the ambulances. We were aware the ambulances were not required to be deployed that day and therefore had not undergone any pre-deployment checks by staff members.

Are emergency and urgent care services well-led?

Requires improvement

Our rating of well-led stayed the same. We rated it as **requires improvement.**

Requires improvement

Emergency and urgent care

Leadership

Leaders had the skills and abilities to run the service however we found leaders did not always have the capacity to lead. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear management structure in place at the service, with clear roles and responsibilities identified. The registered manager was the managing director of the service. They were supported by a medical director, pharmaceutical advisor, a health and safety advisor and three other directors who had specific responsibilities for clinical governance and resources, and a company secretary. Since the previous inspection in January 2019, all staff employed as a director had undergone checks to ensure they met the requirements of the fit and proper persons regulation.

The registered manager was visible, friendly, supportive and approachable to all staff. They told us of experiences where staff members had come to them for various issues which they put down to the openness and friendliness they displayed. The registered manager also worked alongside staff as an emergency care assistant which enabled them to ensure they were constantly visible to the workforce.

Managers constantly supported staff to develop their skills further. This was evidenced through the weekly training sessions they provided to all staff.

Managers were aware of the challenges they faced as a service, and mainly managed them well. Managers were still in the process of addressing the issues found on previous inspections. Following our inspection, the registered manager provided evidence to us to demonstrate they were already managing the main challenges which arose from our inspection.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to support it. The vision and strategy were focused on sustainability of services.

The aim of the service remained the same from the previous inspections. They aimed to provide high quality, 'not for profit' medical support for events.

The service had continued to grow and develop since the previous inspection in January 2019, with more on-going contracts gained as well as additional event cover requests on a one-off basis. The service had a company strategy in place which supported the direction the service was heading. Within this, there were immediate plans for the company to deliver of as well as a strategy for the service going forward. At the time of our inspection, the service was able to provide cover for a maximum of five events at one time (not all providing regulated activity at the same time). The managers wanted to see the company continuing to thrive, so more events where the service was contracted to provide regulated activity could be provided and the current strategy would hopefully support this.

Culture

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

Staff were respected, supported and valued at the service. We found there was a 'family feel' to the service as many staff had started at the service when it first registered with the CQC in 2014 and had watched it grow over the years. All staff shared the same focus which was to provide high quality care and treatment for patients.

Staff were able to raise concerns without fear of reprisal as there was a genuine no blame culture. There was a grievance policy in place which covered the process for addressing any poor performing staff, but this also contained the actions for staff to follow if they intended to raise concerns.

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their

care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.

The service had an open and honest culture. Any incidents or complaints raised would have an open and honest 'no blame' approach to the investigation, however in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors. Staff were aware of the duty of candour regulation; however, they had not had any incidents which met the criteria where formal duty of candour had been required to be implemented.

There was an in-date equality, diversity and inclusion policy in place at the service. The managers prided themselves on treating all employees equally and had a diverse staff group working for them.

Governance

There were governance processes in place at the service to continually assess, monitor and improve quality, however these were not always effective. Staff at senior levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

At the previous inspection in January 2019, the service was served a requirement notice for breaching Regulation 19; fit and proper persons employed, as managers did not compile evidence that staff were appropriately skilled, competent and fit for employment. Since this inspection, the managers had started to implement systems to ensure all staff were suitably skilled and competent to provide high quality care and treatment. The registered manager had completed a gap analysis of the documents required within each staff members personal file to evidence the skills and competence each member had. At the time of our inspection, there was no timeline for completion set, however we reviewed 14 staff files and saw evidence of where staff had forwarded the relevant information.

Since the previous inspection in January 2019, the managers had modified the recruitment policy to ensure all staff joining the service from that point on had all documents required to demonstrate safe and effective recruitment. We saw a new member of staff had also commenced their induction process.

The service regularly undertook audits within the service to ensure care and treatment was in line with best practice. An example of these audits was patient report forms (PRFs). These were regularly audited to ensure all staff followed best practice in documentation. Audit results was communicated with staff to ensure where necessary, learning could be identified and implemented.

The senior leadership team consisting of the managing director, medical director, three company directors, auditor, health and safety advisor and the pharmaceutical advisor all met monthly. We saw evidence of meeting minutes where key issues were discussed and where necessary actions taken forward to implement changes.

The service had a range of in-depth policies, procedure and guidance for staff to follow which had all been reviewed in June 2019. However, we found there was some out of date information within some of the policies. For example, the safeguarding policy referred to an out of date document 'no secrets' which was superseded by the Care Act 2014, And the Infection Prevention and Control policy referred to 'the Health Protection Agency' which were replaced by Public Health England in 2013. This showed the process for reviewing and updating the policies, procedures and guidance was not always effective.

The service did not hold formal team meetings; however, they did not see this as a problem as most of the staff had other employment and completed work for the service on a part-time/ ad-hoc basis and this would therefore make it difficult to arrange a time and date for most staff to attend. The service also provided staff with weekly training events which they could attend and any issues which could be addressed in a team meeting, could be addressed during these events.

Management of risks, issues and performance

The service had systems in place to identify risks and plan to eliminate them. However, we found risks which the provider had not considered and therefore had not mitigated against them.

The service had a risk register in place which was routinely reviewed on an annual basis, however this would be reviewed sooner if additional risks were identified and required entering on to the register.

Risk assessments were completed by the health and safety advisor for all events. For events which were on a rolling contract, these were regularly reviewed to ensure they were appropriate for use and no new risks had arisen which required assessing and mitigating. For new events, the risk assessment would be completed following a meeting with the event organiser.

During our inspection, we observed a risk which was not on the risk register. The provider did not hold any information about the vaccination status of any of their staff, in particular Hepatitis B vaccination status. The Department of Health Green Book and the Health and Social Care Act (2008) Code of Practice on the Prevention and Control of Infections and Related Guidance advised that employers should seek satisfactory evidence of protection, which includes either confirmation of vaccinations given or results of positive antibody tests. We identified this as a risk due to the nature of the service they provided and the potential for staff to receive an inoculation or splash injury. The provider was unable to offer any information about mitigation as they were unaware of which staff had opted to receive the vaccinations and which had opted out. Since our inspection, the registered manager had devised an occupational health questionnaire for staff to complete so the risk from this could be assessed and eventually managed.

After our previous inspection in January 2019, we identified that the provider was not registered to provide the regulated activity of treatment of disease, disorder or injury. This regulated activity is required for providers who convey patients to hospital. A Section 10 (1) offence of the Health and Social Care Act 2008 letter was sent to the provider, and we saw evidence that the provider had attempted to apply to add this regulated activity to their registration. However, at the time of our inspection, this request had not been processed and therefore was still outstanding to ensure they were acting within the law with regards to registration. We have received further evidence to show the provider has applied to add this regulated activity to their registration and this has been received by the CQC and is now is process.

The clinical governance director and pharmaceutical advisor reviewed any safety alerts released from national organisations, for example, the Medicines and Healthcare Products Regulatory Agency (MHRA) to ensure any relevant alerts were actioned within the service.

Information management

The service collected and used reliable information. Staff could find the information they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems used were secure.

The service used several information technology systems to ensure a safe and effective running. They had recently purchased a human resources system to enable them to streamline the processes they used for staff management. They also used a separate IT system to enable them to appropriately manage and staff the events which they held contracts for. All staff had access to this system to enable them to self-roster on to an event. However, safeguards had been built in to the system to ensure the staffing was safe.

At the time of our inspection, access to all policies, procedures and guidance was either reviewing them within the managers office on their computers or printing off the documents to hold within files on the ambulances. The managers were looking into purchasing a system to hold important documents on an IT system which all staff could access from their own devices. This would enable staff to have immediate access to the documents when they needed it.

All records relating to staff and patients were accessible and stored in line with national and local policy and legislation.

Public and staff engagement

Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services.

The service had a patient feedback system in place, however this system did not identify those patients who had been treated and discharged at the scene, from

those who had been conveyed to hospital. The patient feedback report shared with the CQC only contained positive feedback for the staff who had treated the patients.

The managers did not have a system in place to receive anonymous staff feedback, for example they did not provide staff with an annual satisfaction survey. The managers believed staff would tell them if they had concerns, either at the weekly training events or through the use of electronic mail. Similarly, if they wanted to feedback any compliments, they would follow the same process.

Staff engaged with external event organisers to ensure a two-way feedback process was in place and learn from any issues which were identified. If staff identified any areas for escalation, they would feed this back to the event through the managers. Managers provided an example of where the event organiser fed back some positive feedback to the service about a situation they managed. Although this situation had gone well, they still used this feedback to inform future risk assessments for that event.

Innovation, improvement and sustainability

The registered manager was committed to continually learning and improving services and was open to suggestions for improvement and innovation from staff.

The registered manager always looked for opportunities to learn from staff and events to improve the delivery of the service. The manager had dealt with a situation recently at an event which had been handled successfully and positive feedback delivered by the event organisers. Although this had occurred during an event where they were not contracted to provide regulated activity, the registered manager had identified there were some learning opportunities within this. The scenario was therefore used, along with other scenarios during the weekly training sessions to develop the skills and competencies of other staff members, ultimately improving the service delivery.

The managers promoted a culture of learning, improvement and innovation. Weekly training sessions were held on Friday nights which were usually well attended. Managers directed some sessions for staff to complete, however there were additional sessions which staff could choose what learning they completed.

Following a situation which appeared to be a near miss incident, the service had taken steps to ensure measures were implemented to prevent this from happening again.

The pocket guide which was devised for all non-registered staff to support them when treating patients was still in place as this had been identified as a positive improvement previously. These are continually reviewed to ensure all information was up-to-date and evidence-based.

Following the previous inspection in January 2019 and this inspection, we saw evidence that the registered manager was committed to improving the service. The manager responded quickly to areas we identified on our provider feedback meeting to demonstrate a keenness to learn and improve the services provided.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must take prompt action to address the risk around staff vaccination history and mitigate the risk appropriately. **Regulation 17 HSCA (RA) Regulations 2014 Good governance.**

Action the provider SHOULD take to improve

- The provider should ensure the application for the registration of the additional regulated activity of treatment of disease, disorder or injury is processed and completed to ensure they operate within the legal requirements. **Section 10 of the Health and Social Care Act (2008).**
- The provider should ensure all medicines and medical gases are stored safely and in line with national and local policy and best practice. **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.**
- The provider should ensure all policies, procedures and guidelines only the most up-to-date information is referenced within them. **Regulation 17 HSCA (RA) Regulations 2014 Good governance.**
- The provider should continue to apply for a Home Office Drug Licence to ensure controlled drugs are managed in line with legal requirements.
- The provider should continue to review all staff files in a set timeframe and update them with relevant documentation.
- The provider should continue with the appraisal process to ensure the service deadline of completion is met.
- The provider should continue to develop their training requirements for areas where additional knowledge and skills are required.
- The provider should consider how they assure themselves all levels of incidents are being captured through the incident reporting process.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance