Southern Medical Services (2008) Limited

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Quality Report

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Date of inspection visit: 04 October 2017
Date of publication: 02/01/2018

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Southern Medical Services (2008) Limited is an independent ambulance service operated by Linda Rooke. Linda is a qualified nurse with a background in accident and emergency nursing. The service is based in Burgess Hill, West Sussex. They provide event cover for domestic and international cricket matches and transport any patients who need more comprehensive medical treatment to hospital. They have two ambulances.

The service also provides event cover for the following:

- Premier Football Team
- Equestrian events: International Horse Trials, Pony Clubs, Point to Points
- Festivals, Fetes, Parades, Music Events

The service has a bank of trained nurses, paramedics and emergency medical technicians to cover their events. Four named paramedics are responsible for the transfer of patients to hospital. Southern Medical Services (2008) Limited, also has a doctor with a background in accident and emergency medicine.

In England, the law makes event organisers responsible for ensuring safety at events is maintained, which means event medical cover comes under the remit of the Health and Safety Executive. During the inspection, we reviewed evidence and made our judgements on the eight patient journeys to hospital in the twelve months prior to the inspection only.

We inspected the emergency and urgent care service, which is regulated by CQC.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 4 October 2017.

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

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

Services we do not rate

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

We found the following areas of good practice:

- Equipment was available and appropriately serviced and maintained. The ambulances had received appropriate checks.
- Vehicles were well maintained and checked at before the start of the shift.
- Staff had a good understanding of safeguarding and what constituted abuse.
- Policies and procedures were in place for cleaning and deep cleaning ambulances. The ambulance we viewed was visibly clean and the manager told us staff followed infection control procedures, to be bare below the elbow and use personal protective equipment.
- Patient records were held securely and included appropriate information.
- Staffing levels were sufficient to meet patient needs.
- Staff had been trained in the Mental Capacity Act, 2005 and demonstrated a good understanding of consent.

Summary of findings

- Staff told us they respected the needs of patients, promoted their well-being and respected their individual needs.
- Staff we spoke with were passionate about their roles and providing excellent care.
- We saw information about how to make a complaint was available in the vehicle we inspected.
- The culture amongst the staff we spoke with was good, and they liked working for the service. The approach of staff was to provide person-centred care.
- Staff told us they felt supported by the managers who they felt were approachable and accessible should they require any advice.

However, we also found the following issues that the service provider should do:

- Although the registered manager dealt with incidents and complaints as they occurred, the provider should consider having an overview via a register of incidents and complaints.
- The provider should regularly monitor and report on quality issues within the service.

Name of signatory

Mary Cridge, Head of Hospital Inspection, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services		Southern Medical Services (2008) Limited was an independent ambulance service that mainly provided event cover for domestic and international cricket matches. On eight occasions, in the 12 months prior to inspection, they transferred patients who could not be treated on site via ambulance to an accident and emergency department. The service had two ambulances. The service also provides event cover for the following: • Premier Football Team • Equestrian events: International Horse Trials, Pony Clubs, Point to Points • Festivals, Fetes, Parades, Music Events In England, the law makes event organisers responsible for ensuring safety at events is maintained, which means event medical cover comes under the remit of the Health and Safety Executive. During the inspection, we reviewed evidence and made our judgements on the eight patient journeys to hospital in the twelve months prior to the inspection only. During our inspection, we found areas of good practice. This included regularly serviced and maintained equipment and vehicles, staff awareness of infection control practices, incident reporting and safeguarding issues. Patients experienced compassionate care and staff aspired to consistently high standards of clinical practice. However, we also found the following issues that the service provider should do: • Although the registered manager dealt with incidents and complaints as they occurred, the provider should consider having an overview via a register of incidents and complaints. • The provider should regularly monitor and report on quality issues within the service.

Southern Medical Services (2008) Limited

Detailed findings

Services we looked at
Emergency and urgent care

Detailed findings

Contents

Background to Southern Medical Services (2008) Limited

Southern Medical Services (2008) Limited is operated by Linda Rooke. The service opened in 2002. It is an independent ambulance service providing event cover and the transfer of patients to hospital when needed.

The service has had a registered manager in post since 08/05/2011.

Our inspection team

The team that inspected the service comprised a CQC inspection manager, a CQC inspector and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Elizabeth Kershaw, Inspection Manager.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 4 October 2017.

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

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

Facts and data about Southern Medical Services (2008) Limited

During the inspection, we visited the medical treatment room at the venue. We spoke with two staff; the registered manager and a paramedic with responsibility for emergency patient transfer. During our inspection, we reviewed eight sets of patient records. This was every patient record of those transferred to hospital in the 12 months prior to inspection.

Detailed findings

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected once before, and the most recent inspection took place in March 2013, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (September 2016 – October 2017)

- There were eight emergency patient transport journeys undertaken.

Track record on safety

- The service reported no never events during the reporting period October 2016 to October 2017
- The service reported no clinical incidents, during the reporting period October 2016 to October 2017
- The service reported no serious injuries during the reporting period October 2016 to October 2017
- The service reported no complaints during the reporting period October 2016 to October 2017

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

During our inspection, we found areas of good practice. This included regularly serviced and maintained equipment and vehicles, staff awareness of infection control practices, incident reporting and safeguarding issues. Patients experienced compassionate care and staff aspired to consistently high standards of clinical practice.

However, we also found the following issues that the service provider should do:

- Although the registered manager dealt with incidents and complaints as they occurred, the provider should consider having an overview via a register of incidents and complaints.
- The provider should regularly monitor and report on quality issues within the service.

Emergency and urgent care services

Are emergency and urgent care services safe?

Incidents

- This service had a clear policy on reporting never events, which was dated January 2017 and was reviewed annually. Although no never events had occurred in the last twelve months staff could tell us how to report a never event. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- This service had a clear policy on reporting incidents, which was dated January 2017 and reviewed annually. Although no incidents had occurred in the last twelve months staff could tell us how to report an incident. We spoke with the manager, who was assured staff knew what constituted an incident and how to report it.
- There was a policy for the duty of candour contained within the never events policy. The policy was dated January 2017 and reviewed annually. 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.
- Staff told us they were actively encouraged by the managers to report incidents. Although they had not had any incidents in the 12 months prior to inspection the staff could clearly describe the process and the incidents they would report.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The service did not have a formal method of monitoring safety within the service. The meant there was a risk the service was not aware of any safety related issues.

Cleanliness, infection control and hygiene

- The service had an infection control policy, which had been updated in January 2017 and was reviewed annually. Ambulances contained disposable personal protective equipment (PPE), which included latex gloves, aprons, facemasks & eye goggles. We saw these were all were in date. Ambulances and paramedic bags also had bottles of antibacterial hand gel. We did not see any staff during the inspection as none were available, so we were unable to see in person if they carried personal hand gel dispensers.
- The manager told us ambulances were deep cleaned every six weeks. During an event or after contamination the equipment was cleaned with antibacterial wipes after each patient use. Staff recorded each time they cleaned the ambulances and equipment in a cleaning schedule. The cleaning schedule was recorded in a book and we saw it was completed regularly. Contaminated ambulances would be stripped out and steam cleaned. Both ambulances had human waste spill kits on them. We saw one in the ambulance we inspected. The equipment list for both ambulances had a human waste spill kit listed and the registered manager confirmed the second ambulance had this on board.
- The ambulance we saw was visibly clean inside and out.
- There was a small amount of clinical waste on site, which was collected in clinical waste bags and disposed of in the venue's main clinical waste bins.
- The collection of the main clinical bins was arranged by the venue facilities. This was an arrangement with the venue and not within the control of the ambulance service.
- If there was clinical waste following the transportation of a patient, staff would dispose of it at the receiving hospital.
- The manager told us staff wore a company uniform and had a photographic ID card on a lanyard. We saw photographic evidence of this. The manager told us that the staff would not be allowed to work if their uniform was not clean. The saw spare clean uniforms in the medical room storage area to use if the uniform became dirty during the shift.

Environment and equipment

- The manager monitored the vehicle MOT's and services in a diary. They also had a white board with the due date of the servicing and MOT was displayed, which we saw.

- We saw ambulances were serviced annually at the same time as the MOTs.
- We saw one ambulance had an equipment check list and staff told us the paramedic would replenish any used equipment as soon as is possible after use and always by the end of the shift. The manager told us the other ambulance had an identical equipment check list.
- There was a store of equipment at the location we visited. It was well stocked with equipment for staff, which was ready to use. All disposable equipment we saw was in date.
- The service had a contract with a medical service equipment company to deal with equipment failure and servicing at the end of the cricket season, when the service had a quiet period. All equipment we saw had a sticker on it, which indicated it had been serviced.

Medicines

- The service used oxygen and entonox and obtained these from an internationally recognised and registered medical gas provider.
- Medical gases were stored correctly and safely, in line with best practise guidance. The cylinders were locked in a cage, which was fixed to a wall in a well ventilated room.
- The service did not use controlled drugs. It used non-prescription pain relief medication and Entonox gas if required.
- All medicines were kept in a locked cupboard within the locked medical room. The keys to the medical room were kept at the security reception of venue. Only named service personnel could access the keys from security.

Records

- We reviewed the notes of all patients transported to hospital in the last year. Each record was legible and completed in line with best practise guidance.
- A full assessment of the patient was documented, which included their past medical history, current medication, allergies, physical observations, any treatment or advice given. A copy of this record was kept by the service and a copy was given to the receiving hospital as a handover sheet.
- This form also contained the patient's signed consent for treatment. Any patients refusing treatment were asked to sign a refusal of treatment form.
- The records were kept in a locked cabinet at the registered managers business address.

Safeguarding

- We saw a comprehensive safeguarding policy, which was in date and reviewed on an annual basis.
- All staff employed by the service were also employed within the NHS as paramedics, doctors, registered nurses or emergency medical technicians and underwent mandatory training with their NHS employment.
- The manager checked all safeguarding training records at the start of each season to ensure they were up to date.
- Any staff unable to provide their competency certificates would not be employed by the service.
- Nurses, doctors and paramedics had level three safeguarding training for children and adults.
- Emergency medical technicians had level two safeguarding training for children and adults.
- The manager gave us an example of a lost child left in the medical room by the police while their responsible adult was located. The staff on duty discussed whether a safeguarding referral was needed. It was decided the referral was not necessary. This example demonstrated the staff were aware of the need to consider safeguarding referrals.
- The local contact details for reporting safeguarding concerns were displayed within the medical room. There had not been any safeguarding referrals made in the 12 months prior to inspection.

Mandatory training

- All staff employed by Southern Medical Services (2008) Limited, were employed within the NHS as paramedics, doctors or registered nurses and had mandatory training delivered by their NHS employer. The manager checked their mandatory training records at the start of each season and ensured they were up to date. We saw records which indicated these checks had been complete.

Emergency and urgent care services

- Any staff unable to provide evidence of completion of training would not be employed by the service.
- The manager attended mandatory training annually and was qualified to deliver basic life support training. The mandatory training certificate was dated within the previous 12 months. The mandatory training covered the following topics:
  - Health and safety
  - Information governance
  - Fire safety
  - Equality and diversity
  - Infection control
  - Food hygiene
  - Basic life support
  - Moving and handling
  - Safeguarding vulnerable children (level 1 and 2)
  - Safeguarding vulnerable adults (level 1 and 2)
  - Complaints handling and conflict management
  - Lone worker

Assessing and responding to patient risk

- The service employed a doctor who was based at the medical treatment room. He was available to support the nurses and paramedics with a deteriorating patient by offering clinical advice and assist with treatment.
- If a patient deteriorated during transportation, the ambulance would divert to the nearest accident and emergency department.
- Staff attended basic life support training as part of their mandatory training and needed to have completed this in order to work for the service.
- When on duty, the service used radio communication with the bigger venue team and had access to security personnel if they needed support dealing with a patient. The security staff were employed by the venue and not part of the inspection.

Staffing

- The service had 34 staff who they could contact to book for work.
- Four trained paramedics were identified as responsible for the emergency transport of patients to hospital.
- The service needs were calculated based on their experience of providing the service.
- The manger routinely overbooked the staff requirement so in the event of sickness the establishment was met.

Response to major incidents

- The manager participated in major incident training as part of the venue team.
- This involved a table top review with the International Cricket Council. The learning was shared as a policy document with all staff working for Southern Medical Services (2008) Limited, which we saw.
- The manager attended terrorist response training following a terror attack in Lahore, Pakistan. This training was multidisciplinary and attendees included: Venue staff, Police, Fire Brigade and an NHS Ambulance Service. The learning was shared as a policy document with all staff working for Southern Medical Services (2008) Limited.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Evidence-based care and treatment

- We looked at patient records and saw they indicated all treatment followed National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- We viewed the following policies that were reviewed annually.

Infection control policy (reviewed January 2017)

Never event and duty of candour policy (reviewed January 2017)

Incident reporting procedure (reviewed January 2017)

Complaints procedure (reviewed 2016)

Patient confidentiality and data protection policy (reviewed January 2017)

Emergency and urgent care services

Assessment and planning of care

- Staff treated patients at events and dependent on their condition assessed whether or not they needed to be taken to hospital for further management.
- Prior to transporting a patient to hospital a full assessment of the patient was made using the patient transfer form. This included any mental health issues or advanced care planning.
- The patient transfer form doubled as the patient assessment form and was used to document the patient assessment.

Response times and patient outcomes

- A patient transfer form was used to monitor transfer times from the venue to the hospital.
- The service had a key performance indicator of delivering patients to hospital within 20 minutes of leaving the venue. This was achieved in 100% of patient journeys in the last 12 months
- There were no similar services for this service to bench mark themselves against.

Competent staff

- New staff were recruited via introduction to manager from current staff. The manager interviewed all potential staff, checked Health and Care Professions Council (HCPC) registration, GMC registration and NMC registration and mandatory training certificates. If successful, a disclosure and barring service (DBS) application was made by the service. We saw records which indicated these checks had occurred.
- The manager checked all training and registration was updated on an annual basis at the start of each cricket season. We saw the details of staff training dates were recorded on cards kept by the manager.
- We spoke to a paramedic employed by the service who described a thorough interview and recruitment process.
- New employees shadowed the manager for a shift prior to being allowed to work as part of the team.
- During the inspection, we asked to see a completed competency document for a member of staff but this was not recorded by the service. This form should be developed going forward to provide reassurance all staff had the competencies needed to complete their role.
- The staff records of the staff used for patient transfers were viewed at a later date. These contained a copy of the job application form, notes from the interview, references, recent disclosure and barring service checks. We saw information which indicated staff were registered with relevant professional bodies and had clean current driving licenses. We saw the staff records showed the mandatory training was up to date.

Coordination with other providers and multi-disciplinary working

- This service had strong links to the local NHS acute hospitals. The doctor employed at the service was also a doctor working in the emergency department at these two hospitals
- The manager had links with the local emergency services as part of the major incident training and terrorism exercises.
- The service worked with the team at the venue with regard to planning for events.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had received Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards training as part of their mandatory training with their NHS employer.
- We reviewed all eight records of patients transported to hospital and saw consent for treatment had been sought and documented in each case.

Are emergency and urgent care services caring?

Compassionate care

- The inspection team did not see any direct patient care nor have the chance to speak with patients or carers as we inspected out of cricket season and the medical treatment room was not in use.

Emergency and urgent care services

- The paramedic we spoke to told us all staff aspired to treat all patients and relatives with compassion, care and maintained their privacy and dignity at all times
- The paramedic we spoke to told us when a patient needed transfer to hospital the ambulance was positioned near the medical room and screens were erected during the transfer from the medical room to the ambulance to maintain privacy
- All users of the service were able to give feedback on their experience via email or in writing.
- We viewed a folder of compliments cards and thank you emails, the majority related to patients treated at the venue but some were from emergency transfer patients.

Understanding and involvement of patients and those close to them

- Relatives were encouraged to accompany the patient to the hospital but could remain at the venue if they chose.

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

Service planning and delivery to meet the needs of local people

- The manger planned the service needs in conjunction with the venue when the cricket match schedule for the following season was announced. This was to ensure the appropriate number of qualified staff were available.

Meeting people's individual needs

- Patients for whom English was not a first language or had difficulty with the written word had access to a visual translation aid communication and to help staff assess symptoms. Relatives translated when consenting patients for medical intervention, which is not in line with best practice.
- Although they had not had a patient with learning disabilities in the last year staff told us they would consult with carers or relatives to identify any additional needs.
- Some of the staff employed by the service were able to speak languages other than English and interpreted if they needed to.
- Staff told us there had been occasions where a web based translation service had been used to communicate with non-English speaking patients.

Learning from complaints and concerns

- The service had not received any formal complaints in the last 12 months.
- There was a formal complaints policy, which was reviewed annually and was last updated in January 2017.
- There was no forum to discuss complaints so there was a risk, if a complaint was received, it would not be possible to share learning with the wider team. It was possible to use the pre and post shift debrief to share some learning. If a staff member was not on duty they would not be informed of learning.
- Staff told us that if a patient wished to complain they were given a business card with the contact details of the manager. Staff would establish the nature of the complaint and then brief the manager either in person or via email. There was no web based feedback option.

Are emergency and urgent care services well-led?

Leadership / culture of service related to this core service

- The manager led the service. She was present at every cricket match played at the venue during the cricket season.
- Staff told us the manager was available and hands on at all times.
- The manager insisted staff did not use social media or personal mobile telephones in public. This showed that the staff were expected to be professional at all times.
- Staff told us the manager encouraged peer challenge and an open culture for discussion.
- Staff described the service as being like 'close family'.

Emergency and urgent care services

Vision and strategy for this this core service

- The vision of this service was described as 'care for the person when they need us' 'give the best possible care by maintaining and updating our skills' 'set high standards of care' 'work as one team'.
- The mission statement was 'to deliver a high quality service at all times' 'be reliable and honest in the way we deliver our services' 'work to the highest standards' 'treat all patients and carers with dignity and respect' 'maintain confidentiality of patients and carers'.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The service did not have a formal method of monitoring risk within the service. The meant the service was potentially not aware of any risks to patients or staff. There was no assurance risk was being identified and reduced. The registered manager should act upon this as a matter of urgency.
- There were no regular governance meetings. The meant the service was potentially not aware of any governance issues. The registered manager should act upon this as a matter of urgency.
- Although the manager dealt with any issues as they arose the was no overview of quality within the service.

Public and staff engagement (local and service level if this is the main core service)

- The manager briefed all staff an hour before the start of the shift. The briefing included core times such as the times of the match and players break time, role allocation or the attendance of high profile visitors.
- All users of the service were able to give feedback on their experience either in writing or via email.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- There were no plans at the time of inspection to increase ambulance, staff numbers or the range of services provided.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- Although the registered manager dealt with incidents and complaints as they occurred, the provider should consider having an overview via a register of incidents and complaints.
- The provider should regularly monitor and report on quality issues within the service.