Buxton

Quality Report

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Not sufficient evidence to rate
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Letter from the Chief Inspector of Hospitals

Buxton is operated by Peak Medicare Limited. The service provides emergency and urgent care mainly at event services. However, CQC does not have the power to regulate events. On occasions, the service treats and conveys patients to local NHS hospitals from events such as motorcycle speedway – this falls under the scope of registration.

The service was last inspected on 8 October 2019 and 5 November 2019. Regulatory non-compliance was found in respect of regulations 5, 12, 13, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We served warning notices in respect of regulations 17 and 19 and requirement notices in respect of regulations 5, 12, 13 and 18. The service was rated inadequate overall and placed into special measures.

We carried out a remote assessment on 14 June 2020, which resulted in a Notice of Proposal to cancel the service's registration, in respect of the following regulated activities:

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

We also served a Notice of Proposal to cancel the service's registered manager in respect of those regulated activities.

We decided to serve this notice of proposal, rather than take urgent action at that time as the service informed us they were not carrying on any regulated activities. This was due to government restrictions stopping all events as a result of the ongoing COVID-19 pandemic.

The service submitted written representations against the notices of proposal to cancel their registration and the manager's registration. However, these were not upheld and therefore two Notice of Decisions to cancel the registrations, were issued on 22 September 2020 and 8 October 2020 respectively.

We carried out a short notice announced focused inspection on 6 October 2020, in response to concerns that Buxton had recommenced providing medical cover for events, and potential provision of regulatory activity taking place.

Our focused inspection concentrated on the aspects of the key questions of safe, effective and well-led. We spoke with the registered manager, company director and an external consultant (commissioned by the service to assist with compliance). As a result of this inspection we took further urgent enforcement on 9 October 2020, to suspend the provider's registration to prevent regulated activities from being carried out.

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

We inspected this service using our focused inspection methodology. We did not update previous ratings of this service.

Our main findings were:

- The service did not provide mandatory training in key skills, including the highest level of life support training, to all staff. They did not make sure everyone completed it.
- Staff had limited support to understand how to protect patients from abuse. Not all staff had training on how to recognise and report abuse.
- The service did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection. Equipment was visibly dirty.
- The maintenance and use of facilities, premises, vehicles and equipment did not always keep people safe. Staff did not manage clinical waste well.
- We were unable to gain assurances that staff received adequate training to enable effective identification and timely escalation of patients at risk of deterioration.

Summary of findings

- The service had enough staff, but we could not find evidence they had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and provide the right care and treatment.
- The service did not have effective systems and processes in place to safely prescribe and administer medicines.
- The service did not always provide care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.
- The service did not make sure staff were competent for their roles. There were no appraisal systems in place to review staff's work performance and supervision meetings with them to provide support and development had not taken place.
- Leaders did not have the skills and abilities to run the service. They lacked understanding of effective management techniques to address the priorities and issues the service faced. There was a lack of support for staff to encourage development in skills.
- Leaders did not operate effective governance processes. Staff at senior levels were not clear about their roles, responsibilities and accountabilities. There was limited evidence to demonstrate that regular opportunities to meet, discuss and learn from the performance of the service had taken place.
- Leaders did not effectively use systems to manage risks effectively. Risks lacked identified timescales to reduce their potential or actual impact.

Following this inspection, the service informed us they would voluntarily cease to provide regulated activities. Due to our inspection findings on 6 October 2020, we served an urgent notice to suspend the registration as a service provider in respect of regulated activities.

On 22 October 2020, the previous enforcement action (notices of proposal to cancel their registration and the manager's registration) representations period elapsed and the provider's registration with us has now been cancelled. The provider is no longer registered to transport patients.

We did not rate this service during the inspection on 6 October 2020 due to the focused nature of our enquiries. The previous inspection rating was inadequate overall in October 2019.

Heidi Smoult
Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	**Inadequate** 	Buxton is an independent ambulance service operated by Peak Medicare Ltd. The main service was provision of urgent and emergency care to critically ill, unwell or injured patients at events. The service occasionally transported patients from the scene of an event to a local NHS hospital. Care was delivered by varying grades of clinicians which focused on pre-hospital care and treatment. We found a number of significant concerns during our inspection relating to infection prevention and control, mandatory training provision, safety of equipment, governance processes and oversight of risk. As a result of this inspection, we took urgent enforcement to suspend the provider's registration and prevent further regulated activities from being carried out.

Summary of findings

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Summary of this inspection

Background to Buxton

Buxton is operated by Peak Medicare Limited. The service opened in October 2011. It is an independent ambulance service in Buxton, Derbyshire.

The service has had a registered manager in post since December 2011.

Peak Medicare Ltd operates an independent ambulance service in North Derbyshire providing first aid and emergency responses at motorsport events in the north west of England. Additionally, it provides a first aid and emergency response service at community and national events held in the north Derbyshire area and wider afield.

Our inspection team

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

Information about Buxton

The service is registered to provide the following regulated activities:

- Treatment of disease disorder or injury.
- Patient transport services, triage and medical advice remotely.

During the inspection, we visited the service's base in Buxton, Derbyshire. We spoke with two staff; the service's registered manager, a company director and an external consultant who had been commissioned by the service, to provide support around governance and other operational areas. We also observed a governance meeting on the day of our inspection.

Activity (October 2019 to September 2020)

- After our inspection we requested data to show the number of patient journeys within this time frame. The service did not provide this information.

The service did not directly employ ambulance clinicians. The service had access to six registered paramedics and eight technicians on an adhoc basis. The service did not have an accountable officer for controlled drugs (CDs) as no controlled drugs were held or stocked by the service.

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	Inadequate	Inadequate	Not rated	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Not rated	Requires improvement	Inadequate	Inadequate

Inadequate

Emergency and urgent care

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

Are emergency and urgent care services safe?

Inadequate

As this was a focused inspection, we did not rate safe.

Mandatory training

The service did not provide mandatory training in key skills, including the highest level of life support training, to all staff. They did not make sure everyone completed it.

We identified concerns around the provision of mandatory training at previous inspections (October 2017 and October 2019).

As part of the service's written representations against the notices of proposal to cancel their registration and the manager's registration, the service included the planned introduction of health core skills framework. While a review of mandatory training requirements had taken place, we saw little evidence of improvements with regards to mandatory training provision and oversight at this inspection.

The listed mandatory training subjects included; moving and handling, infection prevention and control (level 2), safeguarding adults and children (level three) and personal protective equipment fit testing.

The service did not have systems and processes in place to provide mandatory training for staff. Leaders relied on training provided by staff's primary employment roles within NHS trust ambulance services and other healthcare related employment.

A new staff training database had been complied to monitor compliance with mandatory training and other subjects that had been identified as required for the ambulance clinician's role (paramedic and technician). While this was an improvement to our previous inspection in October 2019, the database was in its infancy, with multiple gaps. Therefore, we could not be assured that all staff had completed required training at recommended intervals.

We reviewed the database and saw not all staff had records demonstrating mandatory training completion at regular and recommended intervals. Out of 14 staff, two had no records of any training completion in any subject. There was no record of personal protective equipment training for 10 out of 14 operational staff who worked at the service. Staff records for adult resuscitation training (level three), showed that training had either expired or that no records were present for 11 out of 14 staff.

The service was planning to implement in-house safeguarding training and various other courses including but not limited to; sepsis, personal protective equipment fit testing and moving and handling. We saw no evidence of proposed dates or schedules for training on the day of our inspection.

The service did not offer in-house blue light driver training (driving under emergency conditions). The service relied heavily on training from other employers where staff were working, or had previously worked. At the time of inspection, discussion was taking place around the service providing this training. However, no formal plans or dates of implementation had been set.

Senior staff told us staff driving licences were checked on an annual basis. We saw evidence of checks in both service leaders files. This was a requirement of vehicle insurers and those with more than six points on their licence were not permitted to drive for the service.

There were eight technicians who worked at the service. Training records demonstrated that two had received blue light training in 2014 and 2016. For the remaining six technicians, no training data was held. The service told us paramedics did not drive under emergency conditions due to being the lead clinician and responsible person for patient care and treatment.

We could not gain assurances that effective systems and processes were in place to ensure staff had received all relevant training to safely carry out their role.

Safeguarding

Staff had limited support to understand how to protect patients from abuse. Not all staff had training on how to recognise and report abuse.

Our inspection in October 2019 found concerns around a number of areas relating to safeguarding. These included but were not limited to; a lack of specification around required levels of safeguarding training and policies that failed to contain various types of abuse such as female genital mutilation and modern day slavery.

The service had a new policy named 'Safeguarding children, Young People and Adults', which was issued in August 2020. The policy had been reviewed by the registered manager on 19 September 2020, but was awaiting circulation to other board members. The policy had not been shared with staff at the time of our inspection.

The new policy outlined various types of abuse including female genital mutilation and modern day slavery. While this was an improvement from our previous inspection in October 2019, concerns remained that staff were not familiar with the policy, as it had not been disseminated.

The new safeguarding policy outlined levels of training for frontline clinical staff. It stated all frontline staff (paramedics and technicians) required level three safeguarding children and adults training. This was in contrast with the service's staff handbook which stated: 'all staff are required to undertake safeguarding training to a minimum of level two for both children and adults'.

A review of training records demonstrated two out of 14 members of staff had received and were up-to-date with safeguarding adults and children level three training. We could not gain assurances that staff had received appropriate training in order to enable effective recognition and escalation of potential safeguarding concerns.

The service had recently appointed an external safeguarding advisor. Their role was to provide in-house level two safeguarding children and adult training for staff, level four training for the registered manager and to be the named point of contact for advice. Their involvement with the service was in its infancy at the time of our inspection. The registered manager (designated person) had not completed level three or four safeguarding training at the time of our inspection.

At our previous inspection in October 2019, not all staff had an appropriate disclosure and barring service (DBS) check in place. As of 6 October 2020, we saw 13 out of 14 operational staff had a DBS in place (requested by Peak Medicare Ltd or via the DBS update service), with the remaining one in progress. This was an improvement in comparison to our previous inspection.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection. Equipment was visibly dirty.

During our inspection, we found multiple concerns around infection prevention and control.

Items of equipment located on two of the ambulances were visibly dirty. We found a large splint used for limb immobilisation that appeared to be stained with bodily fluid. A single use neck brace was visibly dirty, damaged and stored with other clean, single use equipment. A small splint had securing straps that appeared to be contaminated with a green/white substance, possibly mould.

A carry chair and vacuum splint were visibly dirty. The carry chair handle was damaged, with a green substance present on grip handles. We could not gain assurances this piece of equipment had been regularly cleaned to effectively prevent and control the spread of infection.

A seatbelt on one ambulance stretcher was visibility damaged, exposing inner material within the strap. This meant it could not be effectively cleaned to control and prevent the spread of inspection.

On two vehicles, we found tears on the protective covers of stretcher mattresses. This posed an infection prevention and control risk. We raised our concerns with the registered manager who advised this equipment had passed inspection in June 2020 (by an external provider). We reviewed maintenance records and found that stretcher mattresses were not covered as part of this report. Therefore, we were not assured that systems and processes effectively prevented and controlled the risk of infection.

There was no hot running water in the vehicle garage or toilet facility onsite. Staff told us hot water for cleaning purposes was accessed from a building adjacent to the garage. This was not in line with the Health and Safety Executive guidance named 'Welfare at work' which states toilet and washing facilities must have access to hot and cold running water.

There was a lack of audit carried out in relation to infection prevention and control. The service had identified the need to audit various areas such as personal protective equipment and infection control processes. However, during the inspection there was no evidence that audits had been carried out.

There was no evidence of records detailing daily vehicle cleaning checks or processes. We could not gain assurances that vehicles and equipment were cleaned and checked on a regular basis to effectively prevent and control the spread of infection.

The service had a number of infection prevention and control policies that had been newly implemented in August 2020. These policies had not been shared with board members or operational staff at the time of our inspection. Therefore, we could not gain assurances that staff had access to embedded policies and guidelines to prevent and control the spread of infection.

We inspected three operational ambulance vehicles and found sharps boxes (to store used needles) lacked dates of assembly. We could not gain assurances that used sharps were disposed of in a timely manner or that containers were labelled in line with manufacturers recommendations. The policy named infection prevention and control (sharps and needlesticks) advised staff to follow manufacturer's instructions for assembly. However no other instructions or guidance was provided.

The service used FFP3 masks, these are a type of personal protective equipment (PPE) required when carrying out aerosol generated procedures (AGPs) due to the ongoing COVID-19 pandemic. An aerosol generating procedure is a medical procedure that can cause the release of airborne particles allowing transmission. Examples of AGPs are cardiopulmonary resuscitation and intubation, both of which are required emergency procedures for ambulance paramedics.

Ambulance vehicles did not contain adequate stocks of single use disposable FFP3 masks. Records demonstrated 10 out of 14 members of staff did not have a recorded date for PPE fit testing.

Fit testing is required to ensure specific models/ sizes of face mask seal adequately to protect the wearer. This provides effective protection against certain respiratory borne pathogens. The Health and Safety Executive states: 'The law requires employers to prevent or control the exposure of employees and others (e.g. subcontractors) to hazardous substances at work'.

We could not gain assurances that staff and patients were adequately protected from the risk of cross infection. While the service told us that all paramedics had signed a health declaration, this did not include other staff such as ambulance technicians.

The resuscitation guidelines did not reflect the impact and risks of the ongoing COVID-19 pandemic. They lacked reference to the Resuscitation Council guidelines and need for the use of various levels of PPE when carrying out AGPs such as chest compressions and intubation (an advanced technique used to manage and protect a patient's airway).

The service relied on the fact staff had received a COVID-19 risk assessment in their primary employment. There were no internal processes or procedures to assess each staff member on an individual basis, nor was there a process in place to identify those at higher risk of COVID-19 including black, Asian and minority ethnic people.

After our inspection, we requested data to show compliance with PPE donning (putting on) and doffing (taking off) training. The service did not provide this information.

Each ambulance had access to gloves and aprons for staff use. Vehicles also contained antibacterial wipes.

Environment and equipment

The maintenance and use of facilities, premises, vehicles and equipment did not always keep people safe. Staff did not manage clinical waste well.

The service had access to four operational ambulance vehicles. At the time of our visit, three vehicles were available for inspection, the remaining ambulance was undergoing repairs.

Ambulance vehicles and other consumable equipment were stored securely within a garage. Keys were stored in a locked cabinet and accessible to staff only.

All vehicles had valid tax and Ministry of Transport certificates in place. We requested to see evidence of vehicle servicing. However, these were not available for review on the day of our inspection. The registered manager advised that invoices relating to servicing were held by the accountant. After our inspection we requested evidence of vehicle servicing. This information was not provided by the service.

Records demonstrated vehicles were insured for the purposes for which they were used.

We inspected three ambulances over the course of our inspection. Externally, all lights and equipment were in working order. Equipment contained with the ambulance such as defibrillators, carry chairs, ramps and stretchers had been serviced at regular intervals by an external provider.

Ambulances contained paediatric harnesses to allow the safe transportation of patients of varying sizes.

We reviewed a selection of consumable equipment held on vehicles and found them to be within expiry dates. Stock was well organised, neat and accessible.

However, stretcher mattresses were not intact (please see cleanliness, infection control and hygiene for more information) and therefore we could not gain assurances that robust systems were in place to maintain some equipment and in turn, keep patients safe.

We found no documented training records to indicate staff had been trained on various pieces of equipment, such as defibrillators or suction units. Equipment can vary amongst ambulance providers, therefore we could not gain assurances that staff had received relevant training to safely and effectively use the equipment in place.

There were no formal systems, processes or documentation in place for staff to check vehicles prior to use, or to ascertain if stock levels were appropriate for the service being delivered. A service leader advised a 'visual check' was carried out prior to vehicle use. Therefore, we could not gain assurances this process was robust.

Assessing and responding to patient risk

We were unable to gain assurances that staff received adequate training to enable identification and timely escalation of patients at risk of deterioration.

The training database listed various subjects related to the identification of a clinically deteriorating patient. This included sepsis and early warning score training. Early warning score training enables clinicians to identify acutely unwell patients in a timely manner and therefore ensure appropriate and timely escalation.

Out of 14 staff, only one had records showing training completion in these subjects. Therefore, we could not gain assurances that staff had received training in various subjects to identify and effectively escalate patients who were at risk of deterioration.

Senior staff had compiled examples of sepsis screening tools for various groups, including paediatric and adult patients. These had been newly introduced and were awaiting board sign off.

Screening tools had not formally been shared with frontline operational staff. Therefore, we could not gain assurances that there were effective systems and processes in place to ensure staff were able to identify and escalate deteriorating patients in a timely manner. Training records demonstrated that one out of 14

members of staff had received sepsis and early warning score training. Records did not contain training dates of other information regarding the remaining 13 members of staff.

Previously, the service submitted a treatment of burns clinical guideline to the Care Quality Commission. On review, this policy appeared to be from an external NHS ambulance trust and did not contain guidance specific to Peak Medicare Ltd, nor the geographical areas where medical care was provided (north west of England). The policy referred to a hospital in Birmingham for the conveyance of patients with burns. This would have meant considerable travel time from the scene of an event .

At our inspection on 6 October 2020, the service shared a new clinical guideline named 'burns management'. This guideline was an improvement and guided staff to local receiving burns units. However, it had not been shared with staff at the time of this inspection.

Some guidelines, standard operating procedures and clinical policies had been recently written to provide staff information around the following; management of stroke, clinical guidelines for chest injury and pelvic injuries/ splintage. As of 6 October 2020, documentation had not been shared with staff. Therefore, we could not gain assurances that staff had access to information to enable them to safely and effectively carry out their roles.

Staff records for adult resuscitation training (level three) showed that training had either expired or no records were present for 11 out of 14 staff. We could not gain assurances staff were competent or suitably trained to respond to patients who may deteriorate or experience cardiac arrest.

A leader within the service described in the event of conveying a critically unwell or injured patients, staff contacted the local emergency department to inform them of their impending arrival.

Staffing

Staff were not substantively employed by Peak Medicare Ltd. At the time of this inspection, the service had access to 14 individuals who were either ambulance paramedics or technicians. Staff were self-employed and the majority worked for the service in addition to holding roles in other ambulance services and NHS Trusts.

At our October 2019 inspection, we found concerns around the effectiveness of recruitment procedures and the quality of staff files. At this time, we could not gain assurances that persons employed were suitable and competent for the role and of good character due to a lack of documentary evidence.

During this inspection, we reviewed current recruitment processes in place. A policy named 'recruitment and selection' had been written but not yet shared with the board or other staff members.

We reviewed three staff files for evidence of job applications, employment history, interview assessments and references. Staff files were of poor quality. We found issues including but not limited to; a lack of employment history, some references were not signed, dated or on headed paper which could lead to concerns around the authenticity of documentation. In two out of three cases, interview assessments had been retrospectively completed in September 2020.

In summary, new recruitment practices were in their infancy without demonstrable evidence of effectiveness.

Medicines

The service did not have effective systems and processes to safely prescribe and administer medicines. They service had effective systems in place to record and store medicines.

During the course of our inspection, we reviewed all medicines held by the service. Medicines were stored in one bag and were secure when not in use.

The medicines bag was well organised with documented stock levels. It had been checked at regular intervals.

Oxygen and Entonox cylinders were stored securely on vehicles. All cylinders were within their expiry dates.

Patient group directives (PGDs) provide a legal framework that allow the supply and/or administration of specific medicines. This enables a pre-defined group of healthcare professionals to administer specific medicines without the need for a prescription.

Medicines such as methoxyflurane (inhaled pain relief), diazepam 5mg/2.5ml solution (used for various medical emergencies including seizures), salbutamol (used in respiratory conditions such as asthma and chronic obstructive pulmonary disease) and tranexamic acid

(used for severe bleeding) require a PGD to be in place as they are not listed in the exemption medicines in line with The Human Medicines Regulations 2012 (schedule 17, part 3) exemptions for administration. The service listed these medicines as part of their routine medicine stocks.

We reviewed the tranexamic PGD and found concerns around its development. The National Institute for Health and Care Excellence guidance around PGDs (medicines practice guideline [MPG2]) states the PGD must have a named lead author responsible development of the PGD and be 'supported by a locally determined multidisciplinary PGD working group'. Guidance states this should include a doctor (or dentist), pharmacist and representative of any other professional group(s) using the PGD (a paramedic in this case). The tranexamic acid PGD was not signed/dated and had no named pharmacist or doctor.

In addition, tranexamic acid PGD required staff to sign and agree they had read, understood and were competent to administer this medicine. We could not gain assurances effective processes were in place to oversee delivery of this PGD as it was awaiting sign off by a chief medical officer whose post, at the time of inspection, was vacant. In three staff files we reviewed, we could not see evidence of staff signing this document.

The service had no PGD in place for methoxyflurane, salbutamol and diazepam 5mg/2.5mls solution.

During our checks, we noted there was no access to diazemuls 10mg/2ml or diazepam 5mg/2.5ml solution as stocks of this medicine were subject to supply issues UK wide.

The service did not have a controlled drugs accountable officer in post, as no controlled drugs were ordered or stored on the premises.

The service relied heavily on paramedics holding a personal licence to administer these medicines during the treatment of disease, disorder or injury. During our inspection, the service told us only one out of six paramedics had access to controlled drugs for use and that intravenous paracetamol was more widely used by staff. Therefore, we could not gain assurances that a full range of medicines would be available at all times to provide optimum patient care.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Inadequate

As this was a focused inspection, we did not rate effective.

Evidence-based care and treatment

The service did not always provide care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.

We reviewed a number of policies throughout the course of our inspection.

The service's resuscitation guidelines did not reflect the impact and risks of the ongoing COVID-19 pandemic. They lacked reference to the Resuscitation Council guidelines and need to use various levels of personal protective equipment when carrying out aerosol generated procedures such as chest compressions and intubation (an advanced technique used to manage and protect a patient's airway.

Multiple policies had been newly written for the service. At the time of our inspection, 87 policies, guidance documents and procedures were due to be shared with the board prior to dissemination to staff.

Leaders told us they were considering implementation of an electronic system to share policies with staff. No formal plans or date for implementation were in place at the time of our inspection.

We were not assured that staff had access to relevant policies nor that they had received adequate time to digest information prior to planned events taking place.

Competent staff

The service did not make sure staff were competent for their roles. There were no appraisal systems in place to review staff's work performance and supervision meetings with them to provide support and development had not taken place.

For more information around training, please see the mandatory training section of this report.

Inadequate

Emergency and urgent care

Our previous inspection in October 2019 identified concerns around a lack of systems and processes in place to ensure staff were competent in their role. In addition, there were no staff appraisal processes in place.

Our inspection on 6 October 2020 showed that the appraisal policy and staff handbook (September 2020 Version 1) was awaiting rollout and sharing with board members/operational staff. Staff had not received any appraisals at this time. We could not gain assurances that staff had opportunities to discuss their work, development opportunities or identify and raise training needs if required.

We reviewed three staff files and found some evidence of staff training from other organisations. However, files lacked consistency and it was unclear what level of training was required for each specific clinician's role.

The service had started using a new staff training matrix, with the aim of improving oversight of competencies. Our review showed there were multiple gaps for staff training dates. We were unable to gain assurances staff had received the correct training and within recommended timeframes to safely and effectively carry out their role.

However, out of three files we reviewed, all files demonstrated that professional registration had been checked (Health and Care Professions Council) where applicable.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We did not inspect caring as this was a focused inspection.

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

(for example, to feedback?)

Requires improvement

We did not inspect responsive as this was a focused inspection.

Are emergency and urgent care services well-led?

Inadequate

We did not rate well-led as this was a focused inspection.

Leadership

Leaders did not have the skills and abilities to run the service. They lacked understanding and effective management techniques to address the priorities and issues the service faced. There was a lack of support for staff to encourage development in skills.

The service was led by two company directors, one of which was also the CQC registered manager. They were responsible for the oversight and management of all staff and operations relating to the service.

We previously inspected this service on 8 October and 5 November 2019. At this time, a number of significant concerns were noted round the ability of senior staff to safely and effectivity lead the service. We found a lack of evidence to demonstrate understanding of governance and quality improvement systems, which were required to operate the service and drive required improvements.

The registered manager appeared to lack understanding of the Care Quality Commission registration requirements detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, throughout the course of this and previous inspections, we found repeated breaches in relation to safe care and treatment (Regulation 12) and good governance (Regulation 17).

Service leaders identified the need for support and had sought external help with governance procedures approximately four to five weeks prior to our inspection on 6 October 2020. While some improvements were noted, there was still a great deal of work to complete an embed in relation to service oversight and improvements. For more information please see the governance section of his report.

Governance

Inadequate

Emergency and urgent care

Leaders did not operate effective governance processes. Staff at senior levels were not clear about their roles and accountabilities. There was limited evidence to demonstrate that regular opportunities to meet, discuss and learn from the performance of the service had taken place.

The service had previously been inspected on a number of occasions (October 2017, October 2019 and November 2019). At all inspections, we issued requirement notices around Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations. During our inspection on 6 October 2020, ongoing concerns remained in relation to a number of regulations, including good governance.

The service had sought external assistance for support with governance procedures approximately four to five weeks prior to our inspection on 6 October 2020. We saw some evidence of potential improvements, such as newly established governance meetings, a risk register and mandatory training oversight. However, all processes were yet to be embedded and many new processes, policies and procedures had not been shared with staff.

The external service had supported the registered manager in writing approximately 87 new policies, procedures and guidance documents for staff. However, at the time of our inspection these had not been shared with the company's board or operational staff. Processes were in their infancy with a lack of demonstrable evidence of effectiveness.

A new governance structure had been introduced shortly before this inspection. The governance board consisted of both company directors (and CQC registered manager), two senior paramedics, a proposed health and safety officer (appointed September 2020) and a chief medical officer (vacant at the time of inspection on 6 October 2020).

We observed a board meeting on 6 October 2020 during the inspection. Meetings were scheduled to take place on a monthly basis, and due being newly implemented this was the second meeting. The meeting followed a standard agenda with items including but not limited to; risk register discussion, training updates and policy review processes. Throughout this meeting we noted there was very little challenge or discussion from board members around matters discussed and the meeting lasting 28 minutes in total.

While some improvements had been made in relation to staff files, records still demonstrated a lack of consistent approach with regards to pre-employment references and training information. For example, not all employee references were signed/dated and not all staff files contained thorough pre-employment history.

After our inspection we requested the service's policies around director expectations in relation to fit and proper persons (FPP) and recruitment. The service did not return any information in response to this request.

We could not gain assurances that governance processes were effective.

Management of risks and issues

Leaders did not effectively use systems to manage risks effectively. Risks lacked identified timescales to reduce their potential or actual impact.

A newly implemented risk register was in place. Risks were RAG rated (red, amber, green) to indicate current risk levels and subsequent levels with mitigating actions in place. The risk register was in development at the time of our inspection, awaiting further suggestion/update from other board members and operational staff.

We reviewed the risk register and saw there was no date showing when risks were added. In addition, there was no date indicated for completion of mitigating actions. Therefore, we could not gain assurances that risks would be addressed in a timely manner.

'Infection prevention and control system breakdown' was an identified risk on the register, with mitigating actions in place to ensure where possible, equipment was single use only and that ambulance cleaning procedures were followed. However, we could not gain assurances that this was effective due to our findings of dirty and damaged single use equipment. Please see the cleanliness, infection control and hygiene section of this report for our detailed findings.

Another identified risk was around the use of personal protective equipment in relation to the ongoing COVID-19 pandemic. Mitigating actions included; 'if staff fail fit

testing and FFP3 masks are deemed ineffective, the company will provide powered respiratory protective hoods on an individual basis'. At the time of our inspection, access to this provision was not in place.

Mandatory training completion had been identified as a risk to the service, stating staff would not be able to undertake operational activities when role specific training had lapsed. We found incomplete training files for a member of staff scheduled to work at an event on 10 October 2020 (four days after our inspection). This concern had not been identified by the registered manager.

The leadership team had not ensured cleaning products were managed in line with the Control of Substances Hazardous to Health (COSHH) Regulations. While safety data sheets were in place, there were no COSHH risk assessments. Guidance from the Health and Safety Executive states 'data sheets do not substitute for carrying out and recording a COSHH risk assessment'. Leaders told us risk assessments were in the process of completion by an external health and safety officer at the time of our inspection.

There were no audits or other checking processes in place to ensure compliance with internal processes such as vehicle equipment checking and infection prevention and control measures. We found a lack of evidence that there was a systemic and embedded programme of clinical or internal audit to monitor quality and risk to both staff and patients.

There was a lack of oversight relating to systems and processes in place to ensure staff had the appropriate training to assess and respond to patient as risk of deterioration. Please see the assessing and responding to risk section of this report for more information.

New policies, screening tools and various other guidelines had not formally been shared with frontline operational staff. Therefore, we could not gain assurances that there were effective systems and processes in place to ensure staff were able to identify and escalate deteriorating patients in a timely manner.

We could not gain assurances that all risks had been effectively identified and managed as oversight processes and governance meetings were in their infancy. There was no demonstrable evidence that new risk management systems had resulted in improved oversight or safety within the service at this time.