

RTC Medical Solutions

Quality Report

RTC Medical Solutions Ltd
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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Not sufficient evidence to rate	
Are services responsive?	Good	
Are services well-led?	Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

RTC Medical Solutions is operated by RTC Medical Solutions LTD. The service provides event medical cover and first aid training.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced visit to the provider on 24 July 2019.

RTC Medical solutions provides event medical cover services to events of all types and sizes, which includes emergency and urgent care, and the conveyance of patients to acute hospital settings. The CQC does not have powers to regulate medical and paramedical care and treatment provided at events. This report details our findings about the care and treatment provided to patients when conveyed from event sites to acute hospital settings.

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.

We found the following areas of good practice:

- All operational staff were up to date with their mandatory training.
- 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.
- Staff had a good understanding of, and followed safety processes such as safeguarding procedures, infection prevention and control practices and incident reporting processes.
- The condition of vehicles and equipment were monitored, serviced and maintained to ensure safety.
- There was always sufficient equipment to deliver the service.
- There were enough staff with the relevant skills to deliver the service.
- The ordering, receipt, storage, administration and disposal of medicines was managed safely. Staff took responsibility to ensure their professional skills were up to date to provide a safe and effective service.
- The service had policies and procedures in line with national guidelines,
- The service engaged and coordinated their work with other organisations, including event organisers and local health care providers to ensure delivery of a safe and effective service that met their contractual agreements.
- Staff met the urgent health care needs of people attending events and where appropriate conveyed them to acute health care facilities.
- Leadership of the service promoted a positive culture that supported and valued staff.
- The service had systems to identify risks and plan to eliminate or reduce those risks

Heidi Smoult

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

Overall summary

Summary of findings

We found the following 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. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and 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. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- 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 well 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. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Rating

Good



Summary of each main service

RTC Medical Solutions is operated by RTC Medical Solutions Ltd . The service opened in 2015. It is an independent ambulance service in Newcastle -under-Lyme. The service primarily serves communities across the United Kingdom. The service provides urgent and emergency care as a single speciality service.

Summary of findings

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Good 

RTC Medical Solutions

Services we looked at

Urgent and emergency services;

Summary of this inspection

Background to RTC Medical Solutions

RTC Medical Solutions is operated by RTC Medical Solutions Ltd . The service opened in 2015. It is an independent ambulance service in Newcastle -under-Lyme. The service primarily serves the communities across the United Kingdom.

The service has had a registered manager in post since February 2018.

Our inspection team

The team that inspected the service comprised a CQC inspector, and a specialist advisor who was a paramedic with experience and knowledge of emergency ambulance provision.

The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about RTC Medical Solutions

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the provider's headquarters at Newcastle -under -Lyme. We spoke with the director, the registered manager, the safeguarding lead, administration staff Following the inspection, we had telephone conversations with four employees

During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (May 2018 to May 2019)

- In the reporting period there were 21 patients transported to the emergency departments under emergency conditions.

As of May 2019, the service employed six permanent staff. These were the director, the governance lead, head of ambulance services, head of administration and accounts, health and safety officer and the scheduling officer. There were 84 temporary staff. This included registered paramedics, paramedic students, nurses, doctors and first aiders.

Track record on safety:

- No Never events
- One Clinical incident (no harm)
- No serious injuries
- No complaints

We inspected four of the vehicles and the headquarters, reviewing infection control practices, medical gas storage and medicine storage. We reviewed a sample of patient records, vehicle cleaning records and policies and procedures relating to the running of the service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	N/A	Good	Good	Good
Overall	Good	Good	Not rated	Good	Good	Good

Notes

Urgent and emergency services

Safe	Good 
Effective	Good 
Caring	
Responsive	Good 
Well-led	Good 

Information about the service

RTC Medical Solutions is operated by RTC Medical Solutions Ltd. The director founded the service in 2015. They have been registered with the CQC since January 2018. The service is an independent ambulance service in Newcastle-under-Lyme, Staffordshire. It provides medical and paramedical services to events of all types and sizes, including emergency and urgent care and conveyancing of patients to acute hospital settings across the United Kingdom.

The service provides medical and paramedic care to both adults and children. They source work by tendering for contracts for individual events or a group of events which may include transporting patients to acute hospital settings. The service has had a registered manager in post since February 2018.

Summary of findings

We found the following 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. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and 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. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- 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.

Urgent and emergency services

- Leaders ran services well 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. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Are urgent and emergency services safe?

Good 

Our rating of safe was **good**.

Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**
- Managers ensured staff understood their responsibilities to raise and record concerns, safety incidents and near misses. The provider ensured staff understood how to report them internally and externally where appropriate. All permanent and temporary employees of the provider received training and education on the incident reporting procedure as part of their induction.
- There were effective arrangements to report, review and investigate safety incidents. Staff reported incidents through an electronic system.
- There were no never events since the provider registered with the Care Quality Commission. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systematic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Lessons were learned, and action taken as a result when things went wrong. Although there were no incidents that related to the regulated activity there was an incident which related to event cover which was used for shared learning.
- Staff we spoke with said leaders listened to their concerns and took them seriously. For example, one

Urgent and emergency services

paramedic called to share their concern about the brakes on a vehicle. They were advised to return to base to swap the vehicle and the vehicle they returned was taken to the garage that same day.

- Effective arrangements were in place to respond to relevant external safety alerts. The clinical lead received external safety alerts through a dedicated clinical mailbox. For example, they recently received an alert concerning the use of an airway device. They introduced a temporary blanket ban on non-health care professional employees administering these until they learnt the outcome of the investigation.
- RTC Medical Solutions aimed to promote a culture that encouraged openness, honesty and candour at all levels within the organisation. The provider was committed to ensure that all of their staff, contractors, and others who provided services on behalf of the company were aware of their individual responsibilities in relation to their duty of candour. A mandatory training module included the topic of risk management which encompassed the duty of candour regulation. No incidents had been reported in the previous 12 months and therefore no duty of candour had been applied.
- Managers told us that prior to each event or contracted work each team member working at the event was provided with a briefing pack. The briefing pack included changes made to the provision of the service based on learning from the previous event or contracted work.

Mandatory training

- **The service provided mandatory training in key skills to all staff and ensured all staff completed it.**
- RTC Medical Solutions had adopted the Mandatory and Statutory training which was outlined within the Skills for Health: Core Skills Framework (Version 1.3, March 2016) for the standards relating to Mandatory and Statutory Training. This covered a range of topics including; conflict resolution, equality diversity and human rights, introduction to fire safety, health safety and welfare, information governance, infection prevention and control, mental capacity act 2005

(including Deprivation of Liberty Safeguards), moving and handling - basic awareness, risk management, prevent - basic awareness, safeguarding adults and safeguarding children.

- Most of the mandatory and statutory training (including Level 1 topics) were delivered through the completion of an annual work book which staff read, completed and signed a declaration confirming understanding. The 2018 mandatory training workbook which covered all the above topics was launched to staff in early November 2018. Prior to our inspection data sent to us by the provider showed this had successfully been completed by 52 members of staff which provided an overall compliance rate of 81%. At the time of our inspection 85 out of 89 employees had completed the training. One of these staff members was new.
- Topics such as manual handling were assessed practically and were delivered to the level appropriate to the level of staff. For example, all staff were required to complete level one in manual handling, however paramedics were required to demonstrate practical competence in tail lift drills and using stretchers.
- Systems were in place to continually monitor and assess staff understanding of the mandatory training. All staff were required to complete the First Response Emergency Care Course (FREC) course. The (FREC) levels three and four provided learners with the confidence and knowledge to deal with a vast range of pre-hospital emergencies. This included traumatic injuries, airway management and catastrophic bleeding. This replaced the 'First Aid at Work course. The mandatory training modules were incorporated into the FREC course. All but nine operational staff had completed the FREC course. The remaining nine were due to complete this in September 2019 when their current 'First Aid at Work' qualification expired. This assured managers that staff understood the mandatory training content.
- Managers responsible for overseeing and delivering mandatory training modules randomly selected one member of staff a week to ask them questions to assess their understanding of the modules. For example, the safeguarding lead might ask a staff member who they would contact for safeguarding advice and who the safeguarding lead was?

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- Managers regularly worked at events alongside staff. This gave them the opportunity to observe staff practice and give them feedback. They also carried out unannounced spot checks.
- All employees who had not completed the mandatory training were made non-operational and were not deployed until they had successfully completed all their mandatory training.
- The clinical lead monitored the training matrix and audited this at the same time every year to ensure all staff were compliant.

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. However, the providers policy did not reflect the updated 2018 intercollegiate document.**
- The provider had adopted the “National Standards for Safeguarding Training” which was outlined within the intercollegiate document; ‘Safeguarding children and young people: roles and competences for health care staff’ (2014) for the standard of training which was undertaken by all RTC Medical Solutions staff. The provider’s policy reflected the updated 2018 intercollegiate document which included self-neglect, domestic abuse, female genital mutilation, modern slavery and child sexual exploitation.
- For non-healthcare professionals (up to and including ambulance crews) the minimum standard of training required for their role was level two in safeguarding children and safeguarding adults.
- For healthcare professionals who provided services on behalf of the provider the minimum standard of training required was level 3 in safeguarding children and young people. All staff completed adult safeguarding training.
- Staff were expected to update this at a minimum of each year to ensure that they were up to date with changes to local and national safeguarding arrangements.
- RTC Medical Solutions Limited recognised that many of their staff would have received training in both safeguarding children and adults at risk of harm from their main employer or from other providers. In these cases, the provider recognised this through the ‘Accreditation of Prior Learning’ (APL) where this was possible and could be evidenced. Qualifications were checked through APL and if appropriate enquiries undertaken to ensure validity to ensure that it met the current national standards and best practice guidelines. Copies of certificates were retained within the individual’s personnel records and it was the responsibility of the individual to provide a copy of this training for inclusion on their personnel file.
- All members of staff received training in preventing radicalisation. This was training around the risks of radicalisation and the roles involved in supporting those at risk.
- Data sent to us prior to our inspection showed the compliance rate for completion of safeguarding (adults and children) training was 52 out of 64 members of staff giving an overall compliance rate of 81%. However, all operational staff who were undertaking active duties on behalf of RTC Medical Solutions had completed this training. The remaining 12 members of staff who had not completed this training were made non-operational and would not be deployed until they had successfully completed this training. At the time of our inspection manager told us 85 out of 89 employees had completed the training and one of these staff members was new.
- The nominated safeguarding champion was trained to level 4 and was the single point of contact for anyone who wanted to report any form of abuse or suspected abuse, or who had concerns and needed advice.
- The provider had appointed a person to take lead responsibility for safeguarding concerns. They had a designated safeguarding lead. The provider had also nominated a deputy to cover the role of the designated safeguarding lead when they were unavailable. At the time of the inspection, the designated safeguarding lead was the managing director (as registered manager) and the deputy safeguarding lead was the clinical lead who was

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trained to level three. Following the inspection, the role of safeguarding lead was transferred to the staff member who had been fulfilling the safeguarding champion role.

- The clinical lead was due to attend level 4 training in December 2019 (when spaces next became available for independent sector organisations) as part of the transition to take on the regulated manager's role.
- When undertaking the booking of any deployment for RTC Medical Solutions, safeguarding concerns were obtained as part of the booking process to ensure that staff were providing an individual and suitable service for the service user.
- Staff had made no safeguarding referrals in the previous 12 months.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.**
- **The environment and all equipment were visibly clean.**
- Staff sealed all clinical waste in secure bags and returned it to the headquarters where it was placed in a designated secure bin. The provider had a contract with an appropriate contractor to remove clinical waste on a regular basis.
- The service followed processes for ensuring standards of cleanliness on their vehicles. This included monthly deep cleaning, and the cleaning staff carried out following each shift. Cleaning schedules were available electronically for staff. The provider carried out recorded unannounced spot checks at events to ensure staff were following infection prevention control procedures.
- Staff confirmed they were provided personal protective equipment (PPE) such as disposable gloves, aprons, facemasks and safety eyewear. The provider carried out and recorded spot checks at events to ensure staff were using PPE appropriately.

- All employees, staff, contractors and others who were involved with providing care on behalf of RTC Medical Solutions were expected to launder their uniform or work attire daily, to control the spread of infection and to ensure decontamination following contact with contaminated products. The provider's policy stated that uniforms should be washed at a temperature of 60 degree Celsius or above, separately from the normal everyday washing cycle. Staff were expected to wear a clean uniform daily.
- Each type of vehicle required their own infection prevention and control procedures. Each vehicle had a laminated poster with procedures to be followed.
- Managers carried out observational to support practices in assessing the quality of techniques performed by staff and in working with staff to improve their hand hygiene. Where managers identified staff were not complying with hand hygiene techniques they would address this directly with the relevant staff member.
- Senior staff monitored staff compliance with infection prevention procedures by carrying out unannounced spot checks at events. This included checking staff were following good hand hygiene and bare below elbow procedures and were complying with the provider's uniform policy.
- All staff were required to have completed their mandatory training in infection prevention control. If they were not compliant they were made non-operational.

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 suitable premises and equipment and looked after them well.
- The headquarters had enough storage space for equipment. There were suitable administration facilities, including IT facilities and secure storage for records and training equipment.
- The provider supplied emergency equipment in line with the local NHS ambulance service.

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- All medical equipment on vehicles was serviced by clinical engineering every 12 months. The ambulance tail lifts were serviced and inspected every six months. Vehicles were taken off the road until any necessary repairs were completed.
- There were facilities to assess patient's in a clinical area at events which were fully equipped with heating, lighting and running water.
- The service held a large stock of equipment. All paramedic, first aid, major trauma bags were set out in the same format and with the same equipment, this supported staff to access equipment promptly. One of the directors held responsibility for ensuring equipment was available and in working order. We reviewed the record the director kept, this showed there was a log of all equipment available and all equipment was frequently checked. This included opening and checking the equipment within kit bags.
- Managers followed an effective process to monitor the expiry dates of all equipment. All equipment we looked at was in date and in good condition.
- Managers effectively managed the maintenance of their vehicles. They had adopted the use of a technology based application for the management of all vehicle data. This included managing the dates of servicing and annual road safety checks as well as including any occasions which the vehicles had attended the garage for any repairs.
- Managers carried out checks to vehicles remained in good repair. Managers carried out unannounced monthly spot checks at events. Where they identified issues, they addressed these immediately. For example, at one event they found the rear door on a vehicle out of alignment which made it difficult for staff to close. The vehicle was booked in for repair or replacement.
- The provider used a local garage for priority work and a private mechanic for oil changes on site. All the vehicles had trackers. This protected them from crime.
- Staff were restricted to driving to a 60 miles per hour speed limit unless driving under emergency conditions.
- Staff followed providers policy and procedures for attending to obese patients. Staff would call 999 if an obese patient needed conveying to a hospital as they did not have suitably equipped ambulances.
- The provider ensured they conveyed children safely in their vehicles. Specialist seats for children were available in all vehicles.
- The service had access to four-wheel drive vehicles and cycles which could be used to access patients in remote locations.
- The provider focused on avoiding repairs and asset failure through preventive and predictive methods. Managers carried out proactive maintenance of its medical devices.
- The provider's treatment centres were fully equipped with heating, lighting and running water and were self-contained and able to deal with emergencies undercover and in private.
- Senior managers carried out unannounced spot checks at events every month. This included checking equipment was well maintained and clean. Records from spot checks in every month from January to June 2019 showed equipment was found visibly clean.

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.**
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The provider had appropriate equipment to manage an emergency, for example, staff had access to a defibrillator for use in the event of a cardiac arrest.
- The provider was aware of the national guidelines for cardiac arrest and stroke and took steps to ensure that the local centres for specialist services were identified prior to completing an event. This meant patients were transported to the most relevant acute health care provider in a timely manner.

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- All staff could contact a duty officer 24 hours a day, seven days week if they needed to escalate a risk or seek advice or help. A duty officer was a position that was assigned to a manager on a regularly rotational basis. While on duty, the duty officer attended to administrative tasks and incidents that required attention regardless of the time of day.
- The provider ensured that assessments were completed prior to transferring a patient to ED, which ensured that there were no unnecessary transfers. Patients being discharged from the service were given advice on the next steps, for example, visiting their GP if problems persisted.
- Staff were clear escalation processes for managing a deteriorating patient. The procedure for escalation depended on the level of the problem but varied from seeking advice from managers or facilitating immediate admission to the acute department at the trust.
- Staff monitored patients for signs of deterioration. To assist with the identification of a deteriorating patient, RTC Medical Solutions had adopted the National Early Warning Score (NEWS2) for adults and the Paediatric Early Warning Score (PEWS) for children. As part of the provider's commitment to providing effective clinical care to deteriorating patients, all staff received training on the use of NEWS2 and PEWS as part of their role. This was delivered either through e-learning or face to face training sessions. In line with the mandatory training policy, all staff were required to complete an annual update on the minimum level of basic life support and paediatric basic life support. Where a staff member was a registered healthcare professional and could demonstrate competence, they were required to submit appropriate evidence for inclusion within their personnel file. If a staff member required it, training in immediate life support (ILS) and paediatric immediate life support (PILS) was provided.
- Staff said they would liaise with police and local mental health services when caring for disturbed or violent patients.
- The provider was able to respond to emergencies which happened in remote locations at events. The cycle response unit could respond to incidents anywhere a four wheeled vehicle found it difficult to

reach and could pass though pedestrians safely to reach patients quickly. The four wheeled vehicles were smaller than ambulances and therefore able to reach casualties who were in areas which were either remote or inaccessible to ambulance vehicles. Staff used a free mobile application that helped the emergency services and their event medical teams find patients no matter where in the world they were.

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 and gave bank and agency staff a full induction.**
- The service had enough staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- The service employed six permanent staff. The managing director was supported by a range of staff including, a regulatory compliance and governance officer (clinical lead), a health and safety officer, safeguarding lead, scheduling officer, operations manager and administration officer, clinical, event team, cycle response team leaders as well as a registered medical officer, head of ambulance services and head of nursing services.
- The service had 84 contract staff of which there were 10 paramedics, five nurses, one ambulance technician, 26 patient transport service staff, 24 first aiders, emergency carers and two administrative staff.
- A scheduling officer worked closely with the human resources lead to ensure that they were fully and safely staffed for each event.
- Since March 2018, RTC Medical Solutions had 84 contractors / members of staff who provided services on their behalf. Twelve members of staff were non-operational due to non-compliance with the minimum mandatory and statutory training requirements and fourteen staff had since left the service.

Urgent and emergency services

- The registered manager used an assessment tool to determine staffing levels (numbers and skill mix) for each event, dependant on the type and size of the event and whether the contract included conveying patients from the event to acute hospital settings. The event dates and staffing requirements were detailed on the electronic system.
- Staff accessed the staffing system and allocated themselves into relevant roles and dates, dependant on their availability and relevant skill base. Managers had oversight of this and ensured all events were staffed at the right level by the appropriate level and number of staff.
- No episodes of reported sickness were recorded within the last twelve months.

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.**
 - Staff completed patient report forms when providing treatment to patients. There were two forms, one for first aid and one which provided space for advanced interventions and treatments. This meant healthcare professionals were able to complete accurate records of the care and treatment they provided, while allowing first aid to be recorded on a simpler form. These forms were shared with the acute hospitals and used to handover care and treatment.
 - Staff locked patient report forms in the glove box or in the safe on the vehicle if they were providing services overnight at events. The staff member in charge of the event held the key.
 - Documents containing confidential or personal data such as staff files and patient records were stored in lockable units and were not left on desks overnight or in view of visitors.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medicine at the right dose at the right time.
 - Using legal exemptions and patient group directions (PGDs), paramedics could administer a vast range of medications for conditions from a mild head ache to a cardiac arrest. PGDs are prescriptions for a predefined group of patients that can be administered without a doctor being present.
 - The provider did not hold a controlled drug licence and did not hold stocks of controlled drugs. However, they supported paramedics with the legal process and approval system to order and hold their own controlled drugs in accordance with home office regulations. Controlled drugs are prescribed medicines used to treat severe pain, induce anaesthesia or treat drug dependence. However, some people abuse them by taking them when there is no clinical reason to do so or divert them for other purposes. For these reasons, there are legislative controls around their use.
 - Staff who were not registered healthcare professionals, such as first aiders, only administered medicines which did not require a prescription, or those which are listed in schedule 19 of the Human Medicines Regulations 2012 as medicines that may be administered by anyone for saving life in an emergency.
 - Paramedics administered controlled drugs following clinical assessments to sick or injured persons who needed immediate treatment. This was in line with National Institute for Health and Care Excellence (NICE) guidelines and legislation such as "The Human Medicines Regulations 2012" and controlled drugs regulations.
 - Medicines seen were in date and stored appropriately to ensure they were effective and therefore safe to use. Good and best practice was observed for ensuring expiry dates for medicines were accurate. For example, new expiry dates were recorded for medicines that required a shortened shelf life once removed from the refrigerator.
 - All oxygen cylinders and piping were serviced and in date and stored appropriately on vehicles.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**

Urgent and emergency services

- The clinical lead and lead doctor had developed patient group directions (PGD's). The clinical lead said their healthcare professionals would need to complete provider specific PGD training prior to using them. This was in line with best practice guidance from NICE which highlights PGD training should be organisational specific. We reviewed a sample of these and found they were in line with best practice and legislation. For example, they included sections such as change history, clinical condition or situation to which the PGD applies, details of the medication and patient information.
- The director conducted a monthly audit of medications within RTC Medical Solutions. This consisted of checking the expiry dates, restocking and undertaking a stock count of all medications. These had been completed and showed full compliance from 5 February 2018 to 5 November 2018.
- Drugs were stored in tamper evident bags. All drug bags were security tagged. There were various medicines available, including adrenalin.
- Medical gases were only stored on vehicles where staff had received the medical gas training. Intra venous medications were only stored on emergency ambulances manned by paramedics.
- Staff disposed of medicines safely and appropriately to ensure that harm did not come to members of the public or the environment. Medicines, irrespective of whether they were in their original packaging, were disposed of in a safe manner following the organisations policies and procedures. All medications requiring disposal were recorded onto the medication management database for auditing and tracing and then returned to a pharmacy for disposal.
Systems were in place to alert staff and managers of when equipment and drugs had been used and needed to be checked or replaced. An electronic lighting system turned from green to red when staff opened the cupboards on two of the vehicles. The provider said they were going to upgrade all if their vehicles with the system in the near future.

Are urgent and emergency services effective?
(for example, treatment is effective)

Our rating of effectiveness was **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. Staff protected the rights of patients' subject to the Mental Health Act 1983.**
- The provider considered evidence-based practice, regulatory requirements and up to date guidelines published by professional bodies such as the National Institute for Care and Excellence (NICE) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). These were embedded in the company's policies and procedures.
- Staff always had access to clinical guidelines for pre-hospital care. Staff downloaded the Joint Royal Colleges Ambulance Liaison Committee smart phone application.
- The provider had guidance in place to minimise risk to patients, employees and the organisation itself which ensure that statutory requirements, standards and regulations were understood and provided a framework to monitor compliance. We reviewed a range of the providers policies. They were effective, up to date and easy to follow policies and written control documents.
- All policy documentation were consistent in format, compilation and dissemination. There was an effective process for managing and reviewing policies and any associated written control documents on a regular basis. This ensured that documentation remained legally compliant and actions were undertaken in a safe and efficient manner. We reviewed a sample of the policies and found they referred to national guidance. For example, the management of medicines policy referenced documents such as Approved Drug Formulary (Version 1.3) British National Formulary and JRCALC (2016) and Supplementary Guidelines (2017).

Pain relief

Urgent and emergency services

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

- A range of staff were employed who had differing skills and competencies in the management of pain from administering over the counter medicines to controlled drugs.

Response times

- **The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

- Due to the small numbers of patients conveyed to acute hospitals, the provider did not participate in any national audits. However, staff conveyed patients to an acute hospital immediately and in a timely manner according to the patient's clinical condition.
- The managers said they had received no complaints from clients about response time.

Patient outcomes

- **The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

- The provider had an audit schedule which supported the delivery of safe and effective care by RTC Medical Solutions. Where appropriate action was taken to ensure that safety and efficiency was continued where deficits were identified. Each audit was supported by an audit tool and it was the responsibility of the lead manager to ensure that these were completed within the appropriate timeframe and that all necessary actions were undertaken.
- Weekly audits consisted of medicine management, patients report forms, cleanliness, equipment and feedback audits. Personnel file compliance, compliance with mandatory training and health and safety audits were completed on a quarterly basis. Healthcare professional registration checks were completed every six months and safeguarding and

health declarations, vehicle servicing, road transport safety checks and annual equipment, service and inspections completed annually. Appraisal audits were carried out yearly.

- Managers used audit results to improve practice. For example, patient report form audits showed staff were not always completing the consent section of the forms. Managers revisited the forms and found this section was not fit for purpose. They redesigned the form and found compliance increased from 33% to full compliance. Audits completed monthly from January 2109 to June 2019 showed full compliance apart from in June 2019 where managers found no staff name documented on one form, no consent documented on another and one which did not contain treatment information)
- Where service users transferred between services (this included from RTC Medical Services care to another private ambulance service or into the care of a National Health Service (provider) a formal handover was provided. This was recorded within the patient report form with details (including the name, role and registration number) of the professional or person receiving the handover as well as recording who provided the handover. To ensure full handover of care the new provider was provided with a copy of the patient report form with all details of care which had been provided by RTC Medical Solutions.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**
- At all times, staff only worked within the scope of their qualifications, competence, skills and experience, ensuring that this was within the policies and procedures of RTC Medical Solutions.
- First aiders were competent in recognising major illnesses, traumatic injuries and the need for spinal immobilisation.
- First responders were competent in basic patient assessment skills, initial treatment of traumatic injuries and most first responders were able to administer lifesaving medications.

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- Ambulance technicians were competent in intermediate assessment skills, treatment of traumatic injuries, treatment of major illnesses and administration of medication.
- Staff were registered with the relevant professional body.
- Paramedics, nurses and advanced clinical practitioners could provide advanced care which could include wound gluing and suturing. Paramedics were competent in enhanced patient assessments, cannulation, and drug therapy, advanced life support, pre-hospital trauma life support, some surgical techniques and were able to administer advanced medication on their own initiative.
- The provider had followed systems and processes to ensure all staff were safely recruited. The provider had adopted NHS Recruitment Standards. The checks help organisations practise safe recruitment when employing new staff. We reviewed five staff files. All were complete and up to date.
- The company ensured that all its staff were best able to perform the basic tasks of their posts safely and competently and provided them with information on the structures and processes of their working environment. All staff received an induction to RTC Medical Solutions in line with the induction policy. In addition to the topics contained within this policy, where a job role which had specific professional/job requirements it was the responsibility of line managers to identify these requirements and to ensure each employee received the appropriate induction and training.
- RTC Medical Solutions had three induction programmes which covered the range of roles available within the organisation and each included a general induction. These were induction for administration and non-clinical staff, induction for clinical staff (non-healthcare professional) and induction for clinical staff (healthcare professional).
- The checking that staff were appropriately licensed to drive vehicles by holding the appropriate category was checked as part of the recruitment policy. Ongoing checks for driving licences was completed via an annual declaration (completed in January each year) for staff wishing to continue driving duties.
- The clinical lead worked as an advanced clinical practitioner at an NHS trust. They said they could easily seek out specialist advice and opinions from colleagues in the trust. They could also contact professional bodies such as the GMC and College of Paramedics.
- The provider was committed to offering its employees continuing professional development opportunities. The provider was an approved centre with 'The Office of Qualifications and Examinations Regulation (OFQUAL). OFQUAL is a non-ministerial government department that regulates qualifications, exams and tests in England and, until May 2016, vocational qualifications in Northern Ireland. The provider was therefore able to deliver a range of new courses which include first response emergency care (FREC) level three and four amongst several others. The clinical lead had taken on the "Head of Centre" role with the awarding organisation and was progressing through his internal quality assurance qualification.
- Examples of courses offered to employees included wound closure and suturing. The director and clinical lead also offered continued professional development courses free of charge to staff. Examples included training on assessments of paediatric patients and how to assess injury to limbs. Staff said the training was of a very high standard and delivered professionally.
- Managers carried out checks to ensure staff were competent in their roles. Managers carried out unannounced monthly spot checks at events. Where they identified issues, they addressed these immediately. For example, in June 2019 they identified poor positioning of the first aid tent and ambulance, so they immediately moved them to a more appropriate location.
- The providers electronic system for documenting staff recruitment provided full assurance that staff working at events had the necessary skills and experience to carry out the required duties.
- Managers met with staff to discuss their performance and development. Managers completed yearly appraisals to record recent achievements and decide on future objectives. This helped maximise the potential of their roles. The provider told us that all

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their staff had received an informal appraisal within the previous year which was a one to one discussion. They said that this year they had changed their process to make this a more formal process and each year this is due for completion by the end of November for the previous year.

Multi-disciplinary working

- **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**
- Where appropriate, staff advised patients to contact their GPs if conveyance to hospital was not required.
- Staff worked in collaboration with other services. This included working with local police services and mental health services when appropriate to provide the best treatment and support for patients.

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- The provider promoted health advice through a social media platform. For example, in July 2019 they communicated “To all those whom suffer with asthma, keep yourself safe & make sure your inhaler is working correctly and make sure there enough spray inside. Have a spare inhaler with you cause these heatwaves can put you at risk of increased asthma attack”. They also shared educational posts on areas such as sepsis, diabetes and high blood pressure.

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. They used agreed personalised measures that limit patients’ liberty.**
- Prior to our inspection, data provided by the provider showed the compliance rate for completion of mental capacity and deprivation of liberty training was 81%,

however, all operational staff who were undertaking active duties on behalf of RTC Medical Solutions had completed this training. At the time of our inspection 85 out of 89 employees had completed the training. One of these staff members was new.

- Any decisions which were made in relation to the transferring a patient who lacked capacity to make decisions for themselves was made in accordance with the Mental Capacity Act 2005 and in line with RTC Medical Solutions consent and capacity policy. The patient would therefore be transferred following consultation to the most appropriate and nearest place of safety.
- Staff would consider any “do not attempt cardio pulmonary resuscitation” (DNACPR) orders or advanced directives that patients had, if patients made them aware of them. However, due to the nature of their work there was no formal process that staff followed to identify patients who had these in place.

Are urgent and emergency services caring?

Due to the nature of the service we did not see staff with patients. For that reason, we did not have enough evidence to rate caring.

Compassionate care

Due to the nature of the service we did not see staff with patients. For that reason, we did not have enough evidence to report on compassionate care.

Emotional support

Due to the nature of the service we did not see staff with patients. For that reason, we did not have enough evidence to report on emotional support.

Understanding and involvement of patients and those close to them

- Staff said they routinely involved people who accessed their services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment. Staff said they would identify people’s carers, advocates and representatives including family members and

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friends, and welcome and treat them as important partners in the delivery of their care. For example, staff would allow them to stay with the patient being treated.

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

Good 

Our rating of responsive was **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**
- The registered manager planned staff numbers and skill mix in response to the type and size of contracted events.
- The service did not have access to local patient records and any alerts for patients who may require additional resources or may present a risk to the safety of staff. To mitigate the risk of this lack of information, the provider contacted the local health care providers and authorities prior to events to seek information about the local population and any risks they needed to be aware of. Any information they received was provided to all staff working at the event. This made them aware of any risks or special situations they might come across when treating and conveying patients to acute health care providers.
- The provider had secured contracts with three organisations such as local nearby councils.

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.**
- Staff had aids to help them speak with patients who did not speak English as a first language. Where

possible employees used a member of the patient's family to provide translation although this is not best practice. Where this was not possible there were resources available including the use of pictures to gain translation in situations where communication was a barrier.

- Staff could access online translation services and the service had adopted the emergency multilingual phrasebook. This was produced and updated by an established national registered charity . It was translated into 36 languages. It covered the most common medical questions and terms to help first contact staff communicate with patients who do not speak English and make an initial assessment while an interpreter is contacted.
- Managers ensured their vehicles always had paper and pen on them for staff to use with patients who struggled with communication for any reason.
- Staff would call the NHS ambulance service if they needed to transfer patients with bariatric or wheelchair needs. This ensured these patients were transferred safely using specialised equipment.
- When staff identified serious mental health concerns such as suicidal thoughts, staff said they would call the local NHS ambulance service or if possible and depending on the contract with the event organisers convey the patients themselves to a place of safety. This would be the local NHS emergency department.
- The provider provided foil blankets which staff could use to protect the patient's privacy and dignity and keep them warm and comfortable.

Access and flow

- **People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**
- The provider did not report on turnaround times at emergency departments. However, staff and directors did not share any concerns in this area.
- In the reporting period there were 21 patients transported to the emergency departments under emergency conditions.

Learning from complaints and concerns

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- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**

- RTC Medical Solutions has a complaints, compliments and feedback process. Complaints were managed through the complaints policy and any feedback or compliments were forwarded to a shared mailbox and were reviewed by a senior manager within the organisation. Where this was feedback or a compliment these were shared with the members of the team concerned.
- During the period of operation which RTC Medical Solutions had been providing regulated activities, to date they had not received any complaints.
- The clinical lead was responsible for managing the complaints process. Complaints were investigated by a member of the RTC Solutions management team who had the appropriate level of knowledge and skill to investigate the complaint. This was usually the relevant director (or equivalent), for example; where the complaint related to patient care then this would be investigated by the clinical lead or where the complaint related to service delivery then this would be investigated by the operations director.
- All complaints were treated equally in line with the complaints policy, however, if a complaint related to a safeguarding allegation against a member of staff this would be managed through the safeguarding process.
- All complaints could be made either in writing or verbally and could be made to any member of RTC Medical Solutions staff. Complaints could also be made through the dedicated email address for complaints and feedback. Information on how to make a complaint was readily available and accessible (including in a variety of formats and languages) to anyone who used the services provided by RTC Medical Solutions. All staff were expected to obtain details of any complaint which was made verbally. This was recorded and passed to the clinical lead for it to be dealt with through the complaint process as per the complaint investigation flowchart.
- The timeline for managing complaints was set out in the complaints policy. Where it was considered an

investigation was required this would be completed within 21 working days and where complaints were not investigated these were completed within six working days. This decision depended on the severity of the complaint.

- Although to date, the provider had not received any complaints, the director said that following the investigation of a complaint if organisational learning was identified, this would be shared through a memorandum to all staff.
- It was recognised that at times, the complainant may not be satisfied by the outcome of the investigation into their complaint. To support the complainant, information was made available after the complaint about how to take any action if they were not satisfied with the outcome. This included escalating their complaint externally. This information included the internal procedures for appeals in relation to complaints as well as when complaints should be escalated to other appropriate bodies or authorities. Where complaints were escalated externally, RTC Medical Solutions agreed to cooperate fully with any independent review or process and would actively support this through the provision of the initial investigation records where appropriate.
- All vehicles had patient complaint and compliment packs stored in them.
- RTC Medical Solutions had not received any complaints and therefore no changes as a result of any complaints had been identified.

Are urgent and emergency services well-led?

Good 

Our rating of well-led was **good**:

Leadership of service

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed**

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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.

- The director was supported by a range of staff including, a regulatory compliance and governance officer, and a health and safety officer, safeguarding lead, scheduling officer, operations manager and administration officer, clinical, event team, cycle response team leaders and registered medical officer, head of ambulance services and head of nursing officer. Several of these functions were carried out by staff who held more than one role.
- The leadership of the service promoted a positive culture that supported and valued staff.
- Staff said the managers and leads were accessible and approachable. Staff said they could always contact a manager for support and advice.

Vision and strategy for this service

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The vision of the provider was “To provide a high standard and efficient service consisting of unscheduled and emergency care. Event medical cover and first aid training across the United Kingdom and Ireland which is accessible twenty-four hours a day, seven days a week”.
- Discussion with staff indicated showed they supported this aim. They told us they believed the service provided very high standards of care and treatment and reduced the impact large scale events had on local NHS resources.
- The director said he hoped to provide free health check-ups soon to people living in the local community.
- Managers ensured staff understood and displayed the providers values and behaviours. For example,

managers asked staff during their appraisals how well they thought they had demonstrated the RTC Medical Solutions values and behaviours over the past 12 months and which of the values they thought was a particular strength?

- Managers regularly worked alongside staff at events and carried out unannounced spot checks. This gave them the opportunity to ensure staff were displaying the providers values in practice.

Culture within the service

- **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 provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- **The provider promoted a culture of openness and honesty.** Staff received mandatory training in the Duty of Candour legislation and emphasised the need to be open and honest with patients if mistakes were made.
- Staff felt supported, respected and valued.
- The culture centred on the needs and experience of people who used their services. Staff provided tailored medical support depending on the type of event and client base. Managers said they would not provide a service to clients who were not willing to finance the medical cover needed to provide safe care.
- There was a strong emphasis on the safety and well-being of staff. Staff could access support from managers any time. There was always a manger on duty. A manager provided us with examples of how they supported staff members.
- Staff spoke very highly about the culture of the service, staff we spoke with said they had worked in a variety of different places and that RTC Medical Solutions Ltd was by the far the best. One staff member said they would work there on a permanent basis if the opportunity came up.
- The provider acknowledged the need to provide emotional support to staff. The provider employed a

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paramedic who was also a chaplain. The skills of this member of staff were used to support members of staff who experienced stressful or distressing experiences during their work.

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- The provider had embedded processes to assure themselves that all staff had the appropriate competencies and skills to provide safe care and treatment. They had systems in place to ensure all staff had completed their required mandatory training and to ensure they were registered with their relevant professional body.
- Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. The provider had systems to ensure staff worked within their competence. For example, they carried out thorough risk assessments of the events before allocating staff. Being a small organisation, staff understood they were accountable to the managing director who was approachable and visible.
- Managers conducted monthly management meetings to support monitoring and safeguarding of the quality of the service provided. We reviewed records from three of the monthly management meetings. This showed safety issues, current and future business contracts, human resources, risks to the business, fleet issues, training, succession planning and planning for sustainability of the service were kept under review. This meant the registered manager had a good oversight of all activity and there was an audit trail of all activity happening.
- Relevant information was shared with staff through mobile messenger services and social media.

Management of risk, issues and performance

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified**

actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

- Management meetings took place every month. This included the director, clinical lead and other managers such as the healthcare practitioner (HCP) link, head of ambulance services, the event team leader, head of nursing, the safeguard lead.
- RTC Medical Solutions Ltd had not received any liability claims since registering with CQC for any services which had been provided.
- There were three risks on the risk register. Senior managers told us these were all ongoing. They were staff information, medicine management and safeguarding. Lead manager, rating action summary and completion date were included. For example, the action summary for safeguarding was “ensure that all staff receive an appropriate level of safeguarding training for their role”. Awareness of the procedures and protocol applicable to their role and the lead manager was the designated safeguarding lead. The completion date was identified as ‘ongoing’. All risks had mitigating actions in place to address them and the risks were reviewed on a regular basis.

Information Management

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- The provider demonstrated a holistic view and understanding of performance. We found the managing director had oversight of all areas of the business and ensured they were fully compliant with regulations, guidelines and the law.
- Quality and sustainability received sufficient coverage in the meetings minutes we reviewed.
- There were clear and robust service performance measures such as monitoring training compliance which the managing director and clinical lead

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monitored and reviewed. Between them, they ensured the information used to monitor, manage and report in quality and performance was accurate, valid, reliable, timely and relevant. All the information we reviewed supported this.

- Information technology systems were used effectively to improve upon patient care. For example, staff used an electronic incident reporting system to report incidents and mandatory training was monitored through an electronic system.

Public and staff engagement

- **Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- The clinical lead wrote to staff members to inform them when they received positive feedback from members of the public of clients, thanking them for their contribution to the service.
- The provider was due to launch a staff survey. This was currently under development. Staff opinions were currently gathered informally and through the appraisal system.

- The director had introduced a team member of the month scheme. A staff member was selected every month for their positive contribution received a £20 voucher.
- The company were active with the public on social media. Managers said they often showed children around their ambulances at events and they had taken an ambulance to the scout's club. They were planning to offer free healthcare checks to people in the community as a way of directly engaging with the public.
- The clinical lead wrote thank you letters to staff when they received positive feedback and thanked them for upholding the company's aims and values.
- Staff reported the provider communicated with them through a variety of communication channels including emails, and a range of social media forums. All staff we spoke with commented the registered manager and all directors were approachable and open to suggestions about how the service could be improved.

Innovation, improvement and sustainability

- The director could remotely log into the vehicles satellite navigation systems and programme in destinations for staff in advance.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure their safeguarding policy is in line with the 2018 intercollegiate safeguarding guidance.