Felixstowe Dock & Railway Company

Port of Felixstowe

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was the first time we had rated this service. We rated it as good because:

- 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.
- Staff provided good care and treatment and gave patients 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, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions.
- The service planned care to meet the needs of the Port, took account of patients' individual needs. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. The service was committed to improving services continually.

However:

- The service did not monitor the temperature of the room where medicines were stored. This meant we were not assured medicines were being stored within their temperature range.
- Staff did not record consent or allergy status of patients treated for minor injuries on the minor injuries report form.
- The service did not actively gather patient feedback.
- There was no evidence of staff engagement.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	This was the first time we had rated this service. We rated it as good because: • 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. • Staff provided good care and treatment and gave patients 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, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. • The service planned care to meet the needs of the Port, took account of patients' individual needs. People could access the service when they needed it. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. The service was committed to improving services continually. However: • The service did not monitor room temperature of the room where medicines were stored. This meant we could not be assured medicines were being stored within their temperature range. • Staff did not record consent or allergy status of patients treated for minor injuries on the minor injuries report form. • The service did not actively gather patient feedback. • There was no evidence of staff engagement.

Summary of findings

Contents

Summary of this inspection

Background to Port of Felixstowe

Port of Felixstowe is operated by Felixstowe Dock and Railway Company. The service opened in 1958. It is an independent ambulance service based on the Port of Felixstowe, Suffolk.

At the time of our inspection, the service provided emergency medical care and first aid to the people who worked at, or visited, the Port.

The interim registered manager (RM) was part way through the process of formalising their role as registered manager with CQC.

The service operates from one registered location, Port of Felixstowe, and we carried out a short notice announced inspection of this location on 12 July 2022.

We carried out a short notice announced inspection to ensure we could pass through Port security to gain access to the service. This was the second time we have inspected the service. We initially inspected in January 2017 but we did not have power to rate the service at that time.

The main service provided is urgent and emergency services. During the period 1 July 2021 to 30 June 2022 the service treated 275 patients. Illness accounted for 37% (102 patients) and accidents was 63% (173 patients). During the same period, the service transported 68 patients (25%) off site to the local NHS trust.

How we carried out this inspection

During our short notice announced inspection we spoke with five staff including: Managers, clinical lead, paramedics and ambulance technicians.

We telephoned four patients who had received treatment from the service to obtain the patient voice.

We reviewed six staff records and 12 patient treatment reports. We reviewed a variety of meeting minutes and other documents.

After the inspection we held a virtual meeting with the service manager, the acting registered manager, the administration lead and the clinical lead.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service SHOULD take to improve:

- The service should ensure that they monitor the room temperature of the medicines storage room to ensure medicines are stored in line with manufacturer guidance. Reg 12(1)(2)(f)(g)
- The service should ensure staff record consent and allergy status of patients treated for minor injuries on the minor injuries report form. Reg 17(2)(c)
- The service should continue to reintroduce actively engaging with patients and staff so that their views are reflected in the planning and delivery of services. Reg 17(1)(2)(e)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Emergency and urgent care safe?

Good

This is the first time we have rated this service. We rated it as good.

Mandatory training

The service provided mandatory training in key topics to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. At the time of our inspection, the mandatory training matrix demonstrated 100% compliance with mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The training was aligned to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. Topics covered included, but were not limited to, health, safety and welfare, equality and diversity, infection prevention and control (IPC), moving and handling, consent and immediate life support (ILS).

All staff had completed blue light driver training.

Staff completed training on recognising and responding to patients with mental health needs and responding to patients with mental ill health.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers reviewed staff training compliance as part of quarterly staff one to one meeting. The clinical lead displayed the mandatory training matrix on the staff notice board so staff could always see their training status.

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.

Staff received training specific for their role on how to recognise and report abuse. At the time of our inspection, the mandatory training matrix evidenced 100% of staff had completed safeguarding adults and safeguarding children level 2 training. This was in line with the intercollegiate guidance.

The clinical lead was also the designated safeguarding lead and had completed safeguarding adults and children level 3 training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Three members of staff confirmed they knew how to identify those people at risk of harm and how to raise a safeguarding concern.

Another member of staff described how they had raised a safeguarding concern to the local authority.

The service had a safeguarding adults and a safeguarding children policy. Both policies were in date for review, version controlled and referenced national guidance.

Staff followed safe procedures for children visiting the Port. Children were not permitted on the Port, however, staff had access to a 24 hour telephone advice service staffed by medical consultants trained to children's safeguarding level three. This ensured staff had additional support in the event of a child safeguarding concern.

The service carried out disclosure and barring service (DBS) checks on employment and three yearly in line with the service policy. We checked 13 DBS records and found all confirmed these staff had undergone enhanced disclosures within the last three years.

Staff in the service were not involved with human trafficking cases. In these situations, an external organisation provided care.

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 the premises visibly clean.

The service had two named infection prevention and control (IPC) leads who were responsible for maintaining IPC throughout the service.

The service had an IPC policy, which was in date for review and version controlled.

All areas were clean and had suitable furnishings which were clean and well-maintained. The service operated two ambulances. Both vehicles were visibly clean and in good condition inside and out.

Staff cleaned equipment after patient contact. Staff had access to appropriate equipment to undertake cleaning, such as, separate colour coded mops and buckets for clinical and non-clinical use.

Staff stored cleaning solutions in line with the Control of Substance Hazardous to Health Regulation 2002 (COSHH). All chemicals were stored in designated cupboards and only accessible by ambulance and cleaning staff. However, there was no signage to alert staff to the potential risks of each chemical. We escalated this at the time of our inspection and the service took immediate action to introduced appropriate signage.

Staff followed infection control principles including the use of personal protective equipment (PPE). Personal protective equipment (PPE) was available on each vehicle, including gloves, aprons and eye protection.

Staff were aware of when and how to use and dispose of PPE appropriately and there was good waste segregation.

Four patients we spoke with told us the ambulance and the clinic room were clean and staff used PPE throughout their treatment.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Signed and dated vehicle cleaning records for January 2022 to March 2022 evidenced that staff had cleaned vehicles, daily, weekly and monthly in line with the provider policy.

Staff adhered to infection control principles including handwashing. Staff had bare arms below the elbows and the service completed monthly hand hygiene audits. Records for June 2022 confirmed compliance was 100%.

Environment and equipment

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

The ambulance service was based in the emergency services building on the Port and had two ambulances and a rapid response vehicle (RRV).

The emergency services building consisted of a control room, a minor injuries treatment room, staff room and kitchenette, various offices and a training room.

The two emergency vehicles were parked in a secure undercover emergency appliance bay. The service had a storeroom for gases and cleaning equipment and a storeroom for medication and stock which were accessed through the appliance bay.

Vehicle keys were stored within the control room. Only ambulance, and other emergency service staff had access to the appliance bay and control room. This ensured continuous safety and security of vehicle keys to prevent theft or damage occurring.

Staff carried out daily safety checks of specialist equipment. Records from June 2022 and July 2022 confirmed staff completed daily checks of specialist equipment on the ambulances.

The service used an external provider to service and maintain medical devices. Records reviewed following our inspection confirmed equipment such as defibrillators had been serviced and maintained in line with the provider's policy.

Records confirmed staff completed daily checks of each ambulance to ensure they were ready for use. This included checks of the engine, lights and tyres among other things.

Records reviewed following our inspection confirmed the tail lifts of both vehicles had been serviced and inspected in line with the provider's policy. Both ambulances had up to date ministry of transport (MOT) certificates and insurance and had been serviced in line with the provider's policy.

The service had enough suitable equipment to safely care for patients. The service had appropriate clinical equipment for adults and children within each vehicle, for example resuscitation equipment and all equipment was safely stored and secured when transported.

Both emergency ambulances had standardised layouts and equipment bags which ensured staff knew where equipment was in an emergency.

Staff stored consumables appropriately. The storeroom was well stocked and tidy. We reviewed five items of stock including single use syringes and found these were stored appropriately and were within their use by date.

Both vehicles had satellite navigation systems on board.

Staff disposed of clinical waste safely. Staff used different colour waste bags for clinical and non-clinical waste and sharps bins for disposing of waste. Staff stored full waste bags and sharps bins securely inside the building and an external contractor collected this weekly.

Staff removed any defective clinical items of equipment from the building into a secure area to await service or repair.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed assessments for each patient on using a nationally recognised tool. Staff used the Joint Royal Collages Ambulance Liaison Committee (JRCALC) guidance to assess patients and documented this on patient report forms (PRFs). JRCALC is the nationally recognised standards of care for ambulance and pre-hospital staff.

Staff completed each patient's physiological observations such as blood pressure, heart rate and temperature in line with JRCALC guidance and recorded these on patient report forms (PRFs) in order to observe and monitor for signs of patient deterioration.

The service had introduced the use of national early warning scores (NEWS2) which staff could use to monitor for patient deterioration. However, audits carried out by the clinical lead showed poor uptake and compliance with the tool and staff were still using JRCALC. The clinical lead was planning to introduce re training to improve compliance with the use of NEWS2.

Patients could self-present to the emergency services building for minor injuries and staff would treat these patients in the minor injuries treatment room.

The service adhered to the Port wide health and safety procedures when working within dangerous or confined locations. Staff assessed risks for patients in specific or high-risk environments, for example confined spaces, aboard a ship or at height.

Staff were able to obtain specialist medical advice through a 24 hour advice line staffed by senior doctors. Staff were able to contact the local NHS ambulance service for additional resources and support, including the hazardous area response team (HART) and air ambulance if required.

The service had 24-hour access to mental health support for staff and patients (Port staff) through an employee assistance programme.

The service had an up to date mental health policy which was version controlled and in date for review. The policy detailed the response to violent or aggressive patients including the use of minimal restraint and contacting the Port police for assistance.

Good

Emergency and urgent care

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 reviewed and adjusted staffing levels and skill mix as required.

The service had enough staff to keep patients safe. At the time of our inspection, the service employed 12 ambulance technicians and two paramedics. The service had just recruited an additional paramedic, but they had not yet started in employment.

The service had a good skill mix of medical staff on each shift and reviewed this regularly. Staff worked a set shift pattern of two 12-hour day shifts, two 12-hour night shifts, followed by four days rest. The service aimed to staff each shift with three technicians and a paramedic. Some shifts were staffed by four technicians.

On those shifts where a paramedic was unavailable the service mitigated the risk by providing a "scoop and run" service to the local NHS trust if required. This means getting a patient to a hospital as quickly as possible rather than providing paramedic level care at the Port.

The service had low vacancy rates. The service had a vacancy of one paramedic. Once this vacancy had been filled the service would offer three technicians and one paramedic on every shift.

The service had an on-call rota for occasions when all four staff were dispatched to an emergency. There was a process in place to alert those on call to come to the emergency services building and all staff asked were aware of this.

The service did not use bank or agency staff, as all shifts were covered internally.

Records

Staff kept 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 (PRFs) for patients requiring emergency care and minor treatment forms for those patients who self-presented. We reviewed four minor treatment forms and eight PRFs.

Patient notes were comprehensive, and all staff could access them easily. All the PRFs we reviewed were clear and completed appropriately, dated, timed and signed. Staff documented when pain relief was offered, taken or refused, and what discharge information had been provided when patients did not go to hospital. This was an improvement on our previous inspection where staff did not always record this information.

Records were stored securely. Within vehicles, staff kept records safe in a sealed envelope until depositing in a locked drop box inside the station. PRFs were kept securely at the station for 12 months before being archived for a further seven years. However, minor treatment forms did not have a space for staff to record patient consent to treatment or allergy status. We escalated our concerns at the time of our inspection. Service leads reviewed the minor treatment form to include this information and shared this with us following our inspection.

The service used an external clinical governance provider to complete monthly patient report form (PRF) audits. Audit data from March 2022 to June 2022 (52 PRFs) reported "good compliance".

Good

Emergency and urgent care

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had a medicines management policy which was version controlled and in date for review.

Staff stored and managed all medicines safely. The clinical lead had oversight of the management of medicines for the service. Medicines were stored in a well stocked, locked cabinet within a secure room.

Controlled drugs (CDs) were the responsibility of individual paramedics. CDs were stored in tagged pouches in individual locked cupboards within the storeroom. Only the paramedics and the clinical lead had a key for the locker.

Staff stored medications, including intravenous fluids, securely and safely on vehicles inside tagged response bags. The use of tagged response bags meant it was easy to see no one had tampered with the medicines inside following initial checks or restocking.

Technicians only had access to medications that were within their scope of practice.

Records confirmed the clinical lead completed weekly and monthly drug stock take audits of ambulances (non controlled drugs) and the storeroom.

Two staff (the clinical lead and one other staff member) undertook regular CD reconciliation. Staff signed and dated records.

The service stored medical gasses securely on ambulances. In the stock room, staff had clearly separated empty and full cylinders.

The PRF audit (March 2022 to June 2022) confirmed staff recorded when patients had declined pain relief. Staff recorded what medication and what dose had been administered on the PRF when patients had accepted pain relief.

Staff informed patients about what medication they have been given by providing them with a copy of the minor injuries treatment form or the PRF.

The service reported there had been no incidents relating to medicines in the past 12 months.

The service was not monitoring daily room temperatures in the storeroom where drugs were kept. This meant we were not assured of the efficacy of the medicines stored there. We escalated our concerns at the time of our inspection and the service manager responded by investing in an electronic room temperature monitoring system.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff knew to apologise and give patients honest information.

Staff knew what incidents to report and how to report them. The service had a policy for the notification of incidents. The policy was version controlled and in date for review.

Good

Emergency and urgent care

There had been no never events or serious incidents in the service in the previous 12 months. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Staff understood the duty of candour. All staff we spoke with knew about the duty of candour regulation but had never had to apply it. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

Staff received feedback from investigation of incidents. Clinical incidents was a standard agenda item on the monthly emergency response unit clinical governance meeting agenda. Meeting minutes dated 22 April 2022 evidence sharing of learning from incidents.

There was evidence that changes had been made as a result of feedback. Staff could describe actions the service had taken in response to an incident of a medical device issue.

The clinical lead shared changes in policy or procedure with staff through a clinical team read file. Staff signed and dated the record to confirm they had read and understood the update.

Are Emergency and urgent care effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed 11 policies, procedures and clinical guidance used by the service and found they all referenced current national guidance and best practice. For example, the resuscitation council UK, world health organisation (WHO) and Joint Royal Collages Ambulance Liaison Committee (JRCALC).

The service had recognised protocols in place for the transportation of patients to centres of specialty. For example, patients requiring percutaneous coronary intervention (PCI), a specialist technique to help patients suffering certain cardiac conditions, were taken to a specialist centre in Norfolk. Those patients requiring treatment for a stroke were taken to the local acute hospital, which was a stroke specialist centre.

Staff could access guidelines and protocols electronically, through hard copies at the ambulance base of in a folder of aide memoirs kept on the ambulance. Each vehicle had the pathways for specific conditions set out for reference when on scene, which ensured staff had instant access to the most suitable pathways for patients.

There was an up to date discharging and non-conveyance policy in place for patients treated following an emergency call but not transported to hospital. We saw evidence, documented within patient report forms, in relation to staff compliance with this policy.

Managers reviewed policies and procedures monthly as part of the emergency response unit clinical governance meeting.

The clinical lead collated updates and warnings from national bodies and disseminated them to staff through email and clinical team read file. For example, updates from Medicines and Healthcare products Regulatory Agency (MHRA), National Institute of Health and Care Excellence (NICE) and JRCALC. Staff signed and dated the record to confirm they had read and understood the update

Pain relief

Staff assessed and monitored patients to see if they were in pain and gave pain relief in a timely way.

Staff prescribed, administered and recorded pain relief accurately. The PRF audit (March 2022 to June 2022) confirmed staff recorded when pain relief medication had been given and what dose had been administered on the PRF when patients had accepted pain relief.

Paramedics could prescribe and administer controlled drugs (CDs) morphine sulphate and rectal diazepam. Technician staff could prescribe and administer paracetamol.

One patient we spoke with confirmed staff checked their pain levels and prescribed pain relief where appropriate.

The service was looking to introduce diazepam by injection. As this route of administration was easier for the paramedic to use in some of the more difficult to access locations where staff had to treat patients.

Response times

The service provided care within the boundaries of the Port only.

The service did not monitor response times, as all areas of the Port were accessible within eight minutes.

The service told us they primarily provided care within the port boundary, however, may respond just outside the boundary if requested and still within the eight minutes response time.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients

The service participated in relevant local clinical audits. For example, records completion audits, number of patients returned to work and number of patients transferred to hospital.

Managers and staff used the results to improve outcomes for patients. The clinical lead told us about a time when changes were made following a patient record audit which identified staff did not label electrocardiogram (ECG) appropriately.

Watch managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service rotated monthly clinical audit completion through the four watch managers. This meant each “watch” or team repeated the audit done by a different watch previously.

Managers shared and made sure staff understood information from the audits. Clinical governance group meeting dated 24 November 2021, 25 January 2022 and 22 April 2022 confirmed SLT shared audit findings with staff. For example, the patient report form (PRF) audit findings.

Good

Emergency and urgent care

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff recruitment for the service was carried out by the Port of Felixstowe human resources department. We reviewed the recruitment documentation for six members of staff. Documentation included, but was not limited to, driving licence checks, disclosure and baring service (DBS) checks, photographic identification and proof of appropriate qualifications.

The service manager completed yearly registration checks for those staff registered with a professional body, for example the Health and Care Professions Council (HCPC).

Managers gave all new staff a full induction tailored to their role before they started work. New staff received a one day corporate induction followed by one week supernumerary status followed by a number of weeks shadowing shifts while completing their competency log before they started their role.

Managers supported staff to develop through regular, constructive appraisals of their work. Staff completed training logbooks which were reviewed at their quarterly and annual one to one performance reviews. All the staff we spoke with were up to date with their performance reviews.

Clinical educators supported the learning and development needs of staff. The clinical lead had undertaken training in delivering training. The clinical lead delivered monthly training on topics relevant to the service; for example, electrocardiogram (ECG) interpretation, scenarios and the use of new equipment.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All the clinical staff in the service were supported to hold bank contracts with the local NHS ambulance service to ensure their skills and competency were maintained.

The service had an up to date driving policy in place which was version controlled and in date for review. We looked at 15 staff records, which confirmed the service carried out driving licence checks on employment and three yearly thereafter. This was in line with the service's driving policy. All staff had undergone emergency driving training with a third party provider with three yearly updates.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients.

Port of Felixstowe provided medical, fire and police services across the Port and involved external providers in the event of a major incident.

Staff liaised with the local NHS ambulance provider and could request the hazardous area response team (HART) and air ambulance support if required.

We did not observe any hospital handovers.

Good

Emergency and urgent care

Health Promotion

The service did not see or treat patients regularly. Patients who attended the service with known long-term health conditions were referred to the Port's occupational health department for further support and assessment.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

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

The service had a policy called capacity to consent. The policy was in date for review and version controlled.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Training records confirmed all staff had received training in mental capacity and obtaining consent.

Staff clearly recorded consent in the patients' records. Patient report forms (PRFs) confirmed staff obtained consent from patients before beginning treatment. Minor treatment forms did not have a space for recording consent. These patients had self-presented to the service and therefore consent to treatment was implied. However, following our inspection, the service amended their minor treatment form to record patient consent.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff could describe when to use a best interest decision, for example, after a patient had experienced a head injury.

Two patients we spoke with confirmed staff had obtained consent before carrying out an ECG.

Are Emergency and urgent care caring?

Good

This is the first time we have rated this service. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff in the emergency service control room used remote access to turn CCTV cameras on in the Port away from any incidents to protect patient privacy and dignity.

Staff closed window blinds in the ambulances to protect patient privacy and dignity while receiving care.

Patients told us that staff treated them well and with kindness. Four patients we spoke with told us staff treated them with kindness.

Good

Emergency and urgent care

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff were able to refer patients for mental health support 24 hours a day. Staff had access to a voluntary support organisation based on the Port for patients who required support but were not Port staff.

Staff supported patients who became distressed. Three patients we spoke with told us staff supported and reassured them. One patient said “they [the ambulance staff] were brilliant, reassuring and professional, generally outstanding, just superb”.

Another patient described how the staff had used appropriate humour to help them stay calm.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. Four patients we spoke with confirmed staff explained what they were doing as they were providing care.

Staff talked to patients in a way they could understand. One patient described how staff had taken time to talk to them about their condition and not been too hurried to answer questions.

Staff supported patients to make informed decisions about their care. Three patients described how staff had supported them around making the decision to attend the local NHS trust or not.

Are Emergency and urgent care responsive?

Good

This is the first time we have rated this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people.

Managers planned and organised services so they met the needs of the people visiting the Port. Managers planned and delivered services in line with Felixstowe Dock and Railway Company requirements. Managers activated an on call system when all crews were attending a call out to ensure emergency medical cover was still provided across the Port.

Facilities and premises were appropriate for the services being delivered. The emergency services building was located centrally on the Port and provided spacious accommodation for the emergency response vehicles.

The service had a designated minor injuries treatment room which was fit for purpose and used to treat patients who self-presented at the emergency services building.

Good

Emergency and urgent care

Staff could access emergency mental health support 24 hours a day, seven days a week for patients with mental health needs. The service was able to refer patients and staff to the onsite employee assistance programme if they had concerns about their mental health and wellbeing.

Meeting people's individual needs

The service made some reasonable adjustments to help patients access services.

Patients treated by the service were either Felixstowe Dock and Railway Company employees, ship personnel or lorry drivers. It was unlikely that staff would be required to treat patients living with dementia or severe learning disabilities.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff carried pictorial communication aids and language books on the ambulances to support patients whose first language was not English.

Staff had access to an electronic application for more detailed translation service where required.

Both ambulances had ramp access for those patients with reduced mobility.

Staff could secure a patients' wheelchair in the back of the ambulance if they ever needed to transport a patient in their own wheelchair.

Access and flow

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

The service operated 24 hours a day throughout the year.

During the period, 1 July 2021 to 30 June 2022, the service treated 275 patients. Illness accounted for 37% (102 patients) and accidents was 63% (173 patients). During the same period, the service transported 68 patients (25%) off site to the local NHS trust.

Patients could access the service by telephoning a dedicated number or the automatic alarm system which was triggered when there was an incident declare on the Port.

During the inspection we observed staff responding to an emergency call. Emergency service staff monitored the incident from the control room enabling timely deployment of further resources if required.

Learning from complaints and concerns

It was not easy for people to give feedback and raise concerns about care received.

The service did not clearly display information about how to raise a concern in patient areas. There was no information available on ambulances or in the clinic room advising patients how to raise a complaint or concern about the service provider.

The Port of Felixstowe Dock and Railway company had a central complaints process for the investigation of complaints. Therefore, the service did not have a complaints policy or procedure.

Good

Emergency and urgent care

Managers would share feedback from complaints with staff to improve the service. Clinical governance group meeting minutes dated 24 November 2021, 25 January 2022 and 22 April 2022 evidenced complaints was a standard agenda item for discussion.

The service had not received any complaints in the previous 12 months.

Are Emergency and urgent care well-led?

Good

This is the first time we have rated this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for staff. They supported staff to develop their skills and take on more senior roles.

The senior leadership team (SLT) consisted of the service delivery manager, the clinical lead and an interim CQC registered manager (RM) with the support of the Port of Felixstowe head of health and safety.

The service manager and the interim CQC RM were relatively new to their roles although they had worked in the service for a considerable amount of time.

All the SLT had the skills, knowledge and experience to manage the service. This was through formal training and qualifications or operational experience.

The service operated as four 'watches', or teams, each led by a watch manager. The service lead had recently introduced a watch managers leadership course.

All the staff we spoke with told us managers of all levels were visible and approachable.

Vision and Strategy

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

Felixstowe Dock and Railway Company had a corporate vision to retain its position as Britain's number one container Port and to provide good employment prospects for its people.

Two members of staff we spoke with were aware of the Port wide vision and strategy.

Since the retirement of the previous CQC registered manager (RM) and the appointment of the new interim CQC RM, the service was looking to develop a local strategy to achieve its vision of being a gold standard service.

Culture

Staff felt respected, supported and valued. The service had an open culture where staff could raise concerns without fear.

The service had a culture and diversity policy. The policy was in date for review and version controlled.

All the staff we spoke with spoke positively about the culture in the service telling us they felt valued and supported by managers and colleagues.

Staff told us they were encouraged to speak up and raise concerns and issues.

Staff were proud of the organisation and the service they provided to Port colleagues.

The service had a policy and procedure in place to ensure they met the duty of candour regulation, but staff told us they had never needed to use it.

Governance

Leaders operated effective governance processes, throughout the service. 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.

All levels of governance and management functioned effectively and interacted with each other appropriately to operate the service.

Shift handovers occurred verbally at the change of each shift between incoming and outgoing teams.

Watch manager meeting minutes dated 11 August 2021, 1 December 2021 and 28 February 2022 confirmed watch managers formally met quarterly. The meeting was chaired by the service delivery manager.

The SLT held clinical governance group meetings every two months. The meeting was chaired by the Port lead for health and safety and all the SLT attended. Meeting minutes dated 24 November 2021, 25 January 2022 and 22 April 2022 confirmed meetings had a set agenda.

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.

The service used an external governance provider to manage governance issues.

Clinical governance group meeting minutes dated 24 November 2021, 25 January 2022 and 22 April 2022 confirmed meetings had a set agenda including review of incidents, risk and quality monitoring within the service.

The service had a systematic monthly programme of clinical and internal audit to monitor quality, operational and systems. The clinical governance meeting minutes dated 24 November 2021, 25 January 2022 and 22 April 2022 confirmed the clinical governance group had oversight of performance and clinical audits, which were discussed at each meeting.

Good

Emergency and urgent care

In the patient report form (PRF) audit, March 2022 to June 2022, the clinical governance provider reported "there is a noticeable improvement in PRF completion since the last review. There are clearly improvements informed by previous PRF reviews". This evidenced the service provider using audit to drive service improvement.

The Port wide health and safety team held and managed the corporate risks. Although the service did not have a local risk register in place, the SLT had an understanding of the risks facing the service.

We reviewed a copy of the Port wide risk register. Risks identified to us by the SLT, for example paramedic vacancies, were recorded on the risk register, had a named risk manager and had been reviewed in line with Port policy.

The service had an emergency response unit contingency plan for operating during the COVID-19 pandemic. The plan detailed actions to mitigate the risk of the spread of the virus and actions to take to maintain the service by prioritising activities.

Throughout our inspection, the SLT were responsive to our concerns and took responsive action to address them immediately or in the following days. The SLT clarified and provided additional information and assurances around the performance and safety of the service being provided where required. This confirmed the service was committed to improving services for staff and patients.

Information Management

The service collected reliable data and analysed it.

The service submitted data to an external clinical governance provider to complete monthly patient report form (PRF) audits. Audit data from March 2022 to June 2022 (52 PRFs) reported good compliance.

The service used information to drive improvement. For example, acting on audit performance in relation to the monthly PRF audits.

The service stored and securely disposed of patient identifiable information in line with the Port information governance policy.

Watch manager meetings minutes (11 August 2021, 1 December 2021 and 28 February 2022) and clinical governance group meeting minutes (24 November 2021, 25 January 2022 and 22 April 2022) confirmed staff discussed quality and sustainability of the service.

The service had submitted notifications to CQC appropriately as required.

Engagement

Leaders and staff did not actively engage with patients or staff to plan and manage services.

At our previous inspection (2017), the service sent patients a form to gain feedback on treatment they had received, the staff and the response time. This had been stopped by the previous CQC RM. However, the new interim RM and the service lead were developing a new method of obtaining patient feedback.

There was no evidence of staff engagement. At our previous inspection (2017) a staff representative attended the monthly watch managers meeting to provide a voice for all staff. The role was rotated between all four teams to ensure all staff were represented fairly. This had been stopped by the former CQC RM. However, the new interim RM and the service lead were re introducing staff side representation for all local meetings.

Learning, continuous improvement and innovation

All staff were committed to continually learning.

Service leaders and staff strived for continuous learning. The clinical lead was a trained trainer and delivered monthly training sessions for all staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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