Headquarters, Quad Medical Ltd

Quality Report

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

Ratings

Overall rating for this location	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

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

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

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

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

Summary of findings

Overall summary

Quad Medical Limited is an independent ambulance service that provides emergency and urgent care as well as first aid and medical welfare to people attending music venues and public events in and around London. The company is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides.

In England, the law makes licensed venue owners and event organisers responsible for ensuring safety. This means event medical cover comes under the supervision of the local authority and Health & Safety Executive (HSE) and not the Care Quality Commission (CQC).

In addition to event medical cover, Quad Medical Limited offers first aid and ambulance training to staff and other people working in the industry. Training activities such as these are not regulated by the CQC either and not included in this report.

The service is registered with the CQC to provide 'transport services, triage and medical advice provided remotely' along with 'treatment of disease, disorder or injury'. These regulated activities relate to patients who are conveyed from a venue or event to hospital. Last year around 30 people were taken to hospital.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit on 28 November 2019.

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

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

Services we rate

This was our first inspection of this organisation using our new methodology and since we began rating independent ambulance services.

We rated it as **Good** overall, although we were not able to rate caring as the service was not treating or transporting any patients when we inspected.

We found the following areas of good practice:

- As events were booked in advance, the service was able to ensure it had enough staff with the right qualifications, skills, training and experience to provide safe care and treatment. Staff had undertaken 'in house' induction and mandatory training in key areas to provide them with the knowledge and skills they needed to do their jobs safely.
- The provider had up-to-date incident and safeguarding reporting systems and we saw examples of learning from incidents. Staff were familiar with them and knew how to report an incident or concern.
- The service acted to meet patients' individual needs. This included the innovative use of mobile welfare facilities, which supported the medical facilities in a way that helped reduce the number of patients needing transport to hospital.
- The service controlled the risk of infection well. All the ambulances we inspected were visibly clean and we saw evidence of deep-cleaning every twelve weeks or sooner if needed. Staff demonstrated an understanding of their daily duties in relation to cleanliness and infection prevention and control, in line with the provider's infection prevention and control policy. Regular audits provided assurance around standards of cleanliness.
- Staff expressed pride in delivering compassionate care and treating patients with respect and dignity. Although we did not directly observe care interactions, we spoke with three patients by telephone and the feedback we reviewed demonstrated a high level of satisfaction.
- Staff completed clear and thorough records of patients' care and treatment. The service stored records securely to protect confidentiality. Regular audits provided ongoing assurance around clinical practice and standards of record keeping.
- The service had clear processes and systems to keep vehicles and equipment safe. This included annual MOTs, regular servicing and maintenance.
- All staff spoke highly of the leadership and caring culture. The service took concerns seriously and acted to address them.

Summary of findings

- Comprehensive plans and risk assessments were circulated to all staff in advance of an event.
- Management meetings included a review of all incidents on the incident reporting system.
- There was a named duty manager available at all times to provide support and guidance to staff.
- There was a secure staff social media group and a staff internet portal accessible to all staff, which provided easy access to company files, policies and other resources.

During the inspection we told the provider to improve the security of clinical waste and investigate the presence of out-of-date medicines in a clinical bin. We were shown evidence that our concerns were immediately addressed and later, we were provided with the results of the investigation into the source of the medicine and remedial action undertaken to eliminate further risk. We were satisfied with the provider's response and on this basis, we have not issued a requirement notice.

Following this inspection, we told the provider that it should make other changes, even though a regulation had not been breached, to help the service improve. We told the provider it should review its risk register in regard to succession planning and business continuity and develop plans for risk mitigation. We acknowledge the service had already trained new duty managers and was making other changes to enhance supervision.

The service is currently seeking premises for vehicle storage and related facilities and we agree this is also a priority to be addressed.

Nigel Acheson
Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	The event medical cover and training activities undertaken by this service are out of the scope of our inspection. The regulated activities we inspected related to patients who were conveyed from a venue or event to hospital. We were able to examine all aspects of the organisation that supported this particular activity. Last year approximately 30 people were taken to hospital.

Summary of findings

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Good

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Summary of this inspection

Background to Headquarters, Quad Medical Ltd

Headquarters, Quad Medical Limited is operated by Quad Medical Limited. The service opened in 2012. It is an independent ambulance service based in south east London that provides medical cover to music venues in and around the capital.

At the time of our inspection, the service operated from first aid treatment and welfare facilities located in a nightclub, where the company provided weekly event cover. In addition, the company had a 'shop front' training room, store and office in a nearby high street along with another office located at the registered address.

The vehicle fleet had expanded since our inspection in 2017 and the company now owned 15 vehicles and two trailers. Three of the vehicles were ambulances used for conveying patients to hospital, while the rest of the fleet were support vehicles and mobile first aid units used at events.

Two ambulances were parked in the grounds of the nightclub and the third at the registered premises. The rest of the vehicle fleet were distributed around the sites we visited.

The service has had a registered manager, who is also the managing director, since it opened.

At the time of our inspection in 2017, we did not have a legal duty to rate independent ambulance providers. Using different methodology, we highlighted good practice and any issues that the provider needed to improve, taking regulatory action as necessary.

On our last inspection we found that the provider was meeting most of the standards of quality and safety it was inspected against. There were some areas that required improvement and these were:

- The provider must ensure all staff receive suitable safeguarding training.
- The provider must ensure appropriate recruitment checks are carried out for all persons employed or appointed for the purposes of a regulated activity. This includes routine Disclosure and Barring Services (DBS) checks.
- The provider must ensure that medicines are managed appropriately. This includes ensuring suitable storage and that there is a way in which to evidence a medicines supply chain.
- The provider must ensure that patients' records are appropriate and discharge summaries are completed.
- The provider should ensure that staff are regularly appraised.
- The provider should ensure that staff competency to use medical equipment is documented.
- The provider should ensure all staff training is evidenced.

We reviewed each of these aspects again during this inspection and found the improvements made by the service met our requirements.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,a CQC inspection manager and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Summary of this inspection

How we carried out this inspection

During the inspection, we visited three sites linked to the operation of the service. We spoke with the senior management team and two members of staff. As there were no events underway during our visit, we arranged to conduct telephone interviews with two more members of staff; three patients, two venue managers and one event company director. We received additional comments from other staff via the CQC national telephone service.

We also looked at 27 patient notes and minor injury reports, 12 staff training and appraisal records along with policies and procedures, meeting notes, audit reports, the environment and equipment used.

Information about Headquarters, Quad Medical Ltd

The service is registered to provide the following regulated activities:

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

The service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quad Medical Limited provides services to patients attending cultural or sports events as well as training for ambulance workers. These arrangements are out of the scope of CQC regulations and were not inspected. Where events are mentioned in this report we refer to the conveyance of patients from the event (and any treatment undertaken during transport) and not the care of patients at the event itself.

There were no special reviews or investigations of the service by the CQC at any time during the 12 months before this inspection.

The service has been inspected twice before. The most recent inspection took place in 2017.

Activity

In the reporting period from 1st March to 20th September 2019, there were 28 emergency and urgent care patient journeys undertaken.

Although out of the scope of this inspection, the service treated 1,957 patients and dealt with 853 welfare cases at events during the same period.

One manager was employed full time. The service used a pool of 47 bank and self-employed staff of all grades, including doctors, nurses, registered paramedics, ambulance technicians and trained first aiders. Of this number, seven staff had been checked and authorised by the company to drive emergency vehicles. At each event a driver and paramedic were assigned to an ambulance for their shift.

The service did not hold controlled drugs (CDs).

Track record on safety

- Zero never events
- Zero clinical incidents
- Zero serious injuries
- Three complaints, one partially upheld.

Services provided under service level agreement:

- Online course creation and delivery service (used for mandatory training)
- Vehicle servicing and safety checks (MOT)
- Specialist cleaning of vehicles (deep cleaning)
- Maintenance of medical equipment
- Supply of medicines including medical gases
- Telephone interpreting services
- Clinical and non-clinical waste removal

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Emergency and urgent care

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

Information about the service

Quad Medical Limited is an independent ambulance provider based in south east London. Trading since 2012, the provider was last inspected in 2017 but not rated.

The company operates an event medical service, which means all regulated activity occurs on location at events.

Around 30 patients a year are conveyed to hospital from a venue or festival. At this time of our inspection, the service operated every Saturday night at a London nightclub. The owner stated that during the summer months, the service contracted with festival and other event organisers to provide medical support services throughout the capital and surrounding regions.

Since 2017, the service had increased its fleet to three ambulances and operated from a headquarters address, nearby shop-front training room and a first aid facility located within a large music venue. Two of the front-line ambulances are sited at the music venue.

In 2018, the company changed its registered address and the service was renamed 'Headquarters' on our records. We are currently working with the company to correct this, as they wish to ensure their full inspection history is clear to members of the public.

Are emergency and urgent care services safe?

Good

We rated safe as **good.**

Mandatory training

- **Staff received effective training in safety systems, processes and practices. We saw electronic records and staff files confirming training compliance**. The company determined statutory and mandatory training topics based on desired staff competencies as well as requirements set by the Health & Safety Executive (HSE) and local authorities. These were contained in event management publications such as 'The Purple Guide'.
- Statutory and mandatory training topics included infection prevention and control, safeguarding vulnerable adults (level two), safeguarding children (level two), information governance, mental capacity, deprivation of liberty safeguards, duty of candour, equality and diversity, conflict resolution and fire safety.
- Most of training was delivered 'face to face' during courses held at the company training centre. We saw a training calendar on the staff intranet that showed a series of events programmed during the year. The training director explained that, in common with other providers, training was offered to new and existing staff at a nominal fee.
- Some of the mandatory training programme was delivered using web-based resources such as the 'Prevent' programme (designed to help safeguard and support those vulnerable to radicalisation), which was available from the Home Office and national early warning scores (NEWS2) e-learning provided by the Royal College of Physicians.
- The service had recently purchased six resuscitation simulators, which were used to train people in first aid and basic life support skills. Managers explained their

preference for classroom sessions, which meant they could "add value" to their mandatory training by including topics such as radio communications and the correct use of medical equipment.

- According to the data provided, compliance rates were 83% of non-clinical staff, 78% of first aid staff, 75% of registered staff and 85% of ambulance staff. Managers stated that only those staff who were fully compliant were booked for work and they felt this acted as a good incentive for people to ensure they were 'up to date'. They also explained that event medical cover had to be booked and planned well in advance, which meant managers and staff usually had a good opportunity to review and update any training required before the event was held.
- The company also accepted evidence of training completed by other approved providers such as the NHS. In this case, staff had to provide certificates of training which were checked and filed in the appropriate personnel folder.
- Staff told us that the mandatory training was effective and helped to support them deliver safe care. The internet-based learning also gave people the flexibility to complete training after work at home if they preferred.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it**. The provider had an up-to-date policy for safeguarding children and adults which complied with national guidance.
- Managers explained that the details of the local safeguarding boards were included in the event operational plan and we were shown examples of plans written for recent events. These were a requirement for every event where urgent and emergency care centres were established or where ambulances were present. The safeguarding lead or deputy lead was always present at these events.
- We saw safeguarding reference cards included in bound copies of checklists placed in each response bag. Printed in colour, the cards contained flow charts for staff to use as a prompt. These were well-designed and clearly showed who to contact and when. We saw the cards included instructions on making notes in the patient record form (PRF) and informing the duty manager.
- Staff were trained to level two in safeguarding for children and level two for adults, in line with national standards for a service dealing with adults. We saw from personnel files that registered staff who also worked for the NHS had safeguarding training at level three. The safeguarding lead was trained to level four. We saw records that showed 93% of all staff had completed annual safeguarding training.
- Staff we spoke to could clearly describe potential safeguarding concerns and the procedure for reporting them. We asked the company to provide a sample of recent safeguarding referrals, which we reviewed following the inspection. At our request, the forms were redacted to preserve the confidentiality of the patients concerned.
- The forms were completed legibly and demonstrated that staff followed correct procedure. In each case we saw that referrals had been made to the appropriate local authority. We noted one particularly good referral relating to a domestic violence case, where the staff response to the situation was creditable.
- No safeguarding concerns relating to Quad Medical Limited have been received by the CQC during the reporting period.

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**.
- Overall, the service complied with national standards such as those published by the National Institute of Health and Care Excellence (NICE) in 'Clinical Guideline 139: Healthcare-associated infections: prevention and control in primary and community care'. Designed for use in community and ambulance settings, GC139 covers a variety of elements of infection control and hygiene such as staff training, hand decontamination, use of gloves and other personal protection items, safe disposal of sharps and clinical waste. CG139 is intended to assist providers to reduce the risk of cross-infection (the passing of germs from one person or object to another person).

- For example, we saw that staff were provided with uniforms and we observed these included short sleeved tops as well as high-visibility outerwear. The short-sleeved tops helped to ensure staff remained 'bare below the elbows' when working with patients, in accordance with the guidelines.
- We noted that infection prevention and control was part of the annual mandatory training programme conducted by the service. This indicated the company complied with standards recommended in CG139: "everyone involved in providing care should be educated about the standard principles of infection prevention and control and trained in hand decontamination, the use of personal protective equipment (PPE), and the safe use and disposal of sharps".
- Vehicles and equipment were cleaned and decontaminated to ensure patients and staff were protected from acquiring infections during their journey. We saw supplies of disinfecting wipes on each vehicle as well as a range PPE items.
- We saw "vehicle cleaning check lists" where crews recorded interior and equipment cleaning at the start and end of each shift. These were audited each quarter using a 'red, amber, green' compliance matrix. We saw audit reports from January 2019 – 13 December 2019, which showed a pattern of improving performance. The latest figures indicated 92% compliance.
- Managers explained that the checklists were available to staff online as well as paper copies issued at event briefings.
- On the day of our inspection, all of the ambulances had visibly clean interiors and exteriors, including items such as windows and mirrors. Managers explained that vehicles were rotated through deep cleaning every 12 weeks and we saw records confirming this. The deep cleansing was performed by a specialist contractor who provided a mobile service.
- We saw antibacterial hand gel dispensers fitted to each of the three ambulances and these were full and functional. This meant staff could decontaminate their hands in-between each patient interaction. We did not have an opportunity to see if staff used the gel correctly.
- Each vehicle had wall-mounted storage bins containing disposable gloves in a range of sizes. This meant staff had convenient access to correctly fitting gloves, which consequently reduced the chance of accidental tearing.
- Body fluid spillage kits were also readily available.
- We saw that staff had correctly assembled; dated and labelled sharps bins that were in use and that no sharps bins were overfull. This was important to prevent injury to staff and patients from sharp objects such as needles. These practices were in line with HTM 07-01: Safe management of healthcare waste and NICE GC139.
- However, at the beginning of our inspection, we saw a clinical waste bulk storage container (wheelie bin) adjacent to the main entrance of the registered premises. This was unlocked and on closer examination, contained a sealed clinical waste bag and a box of out of date medicines (adrenalin for injection – see medicines section below).
- Healthcare providers have a duty of care to ensure that appropriate governance arrangements are in place and are managed effectively. The Department of Health produces guidance called Health Technical Memorandum HTM), which provide best practice engineering standards and policy to enable NHS and independent providers meet this duty of care.
- What we observed did not comply with the standard set out in HTM 07-01. For example, section 5.98 advises that bulk storage areas should be "… sited away from food preparation and general storage areas, and from routes used by the public; readily accessible but only to authorised people; kept locked when not in use…". In this case, the container was unlocked and the bin sited near a public footpath.
- When we brought this to the attention of the senior managers, they admitted recently moving the container out from a rear fenced area and said they did not realise the bin had to be locked. They explained the container was provided by a waste contractor. They immediately rectified the location of the bin to a more secure area away from public access and following our inspection, sent us photographic evidence showing a new lock and hasp rivetted to the bin.

Environment and equipment

- **The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff generally managed clinical waste well**.
- At the time of our inspection, medical cover was operated from facilities located within a nightclub venue where the company provided weekly medical cover. While the event cover itself was out of the scope of our

inspection, we visited the facility to check ambulances, medicines and clinical stores. The venue was closed at the time of our inspection. Quad medical had been based at this nightclub for a few years and "was already in place" when the current owner took over the venue in 2017.

- In addition to the facility provided at the nightclub, Quad Medical had a 'shop front' training room, store and office in a high street located a few minutes' drive from the registered address. We visited this site to view training records and staff files.
- The registered location itself was a 'home office' situated in the garden of a residential property, which we also visited to view patient records and other relevant documents.
- The vehicle fleet had expanded since our last inspection and the company now had 15 vehicles including two trailers. The service owned four ambulances but one of these was 'off road' with mechanical issues. The ambulances were used for conveying patients to hospital while the rest of the fleet were support vehicles and mobile first aid units used at events.
- Two ambulances were parked in the grounds of the music venue and the third at the registered premises. The rest of the vehicle fleet was distributed around the sites we visited and the home of a relative. We saw that one ambulance and several support vehicles were parked on the driveway and along the public road outside the registered location.
- When we asked about vehicle security at the various locations, the registered manager acknowledged that an "ambulance station" was "desperately needed" and said they had been looking for suitable premises for some time. An offer had been made on a suitable site in January 2019, but this had "fallen through" and the search was continuing.
- While we accepted the manager's explanation that new premises were being actively sought, we agree that the current registered location did not meet the needs of the expanding business, as vehicle storage and cleansing facilities along with storage space was absent.
- By contrast, the shop front and venue facilities were presented to a good standard and suitable for their intended purposes.
- We saw records confirming that the ambulances had regular servicing and maintenance. The company had purchased an online application especially developed for fleet management, that used a red, amber green system to help identify vehicles in need of servicing and MOT etc. In addition, the application sent automatic text alerts to the senior management team if a service was due or a driver reported a fault.
- We observed that ambulance keys were stored safely in locked cupboards and that supplies of personal protective equipment (PPE) were located in vehicles for crew wear.
- The Medicines and Healthcare Products Regulatory Agency's Managing Medical Devices (April 2015) guidance states that healthcare organisations should risk assess to ensure that the safety checks carried out on portable electrical equipment are appropriate and reasonably practical. These include pre-use testing of new devices in addition to subsequent maintenance tests.
- We checked medical equipment on all three ambulances and found these had been labelled with asset numbers and the dates last tested, which provided staff with a visual check that the items had been examined to ensure they were safe to use.
- We saw records indicating that equipment such as oxygen administration regulators, suction devices and defibrillators were regularly serviced.
- Single-use consumable dressings and equipment were stored correctly in the ambulances and checks showed they were all in date.
- Replenishment of supplies was undertaken by the registered manager who showed us the checklists used to ensure there were no missing items on the ambulances or in numbered response bags.
- The company had purchased a commercial application to assist in the management of equipment and consumables. The application worked on any digital device such as a tablet computer or smartphone and enabled staff to report equipment defects and missing items. The software was also used for incident reports and consumable stock orders.
- We saw checklist booklets the company had developed for each vehicle and response bag. These contained a series of quick response (QR) codes, which were machine-readable optical labels that contained information: in this case the QR code linked the smartphone to the correct section of the application so a staff-member could report a defect on a particular vehicle or order new supplies for a specific response bag.

Good

Emergency and urgent care

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**.
- Managers described how the service used a risk-based approach at the events it covered. They explained that the service primarily catered for young adults. Event attendees were normally over the age of 18 and in good health prior to the time of injury of illness. The local NHS ambulance service was called to patients with special or complex needs, such as young children or people who exceeded the weight limits of the ambulance stretchers (bariatric patients).
- While the majority of patients were aged over 18, we saw child-size emergency and resuscitation equipment stocked in response bags and on ambulances. This meant the service could respond to emergencies involving children and young people while waiting for the NHS ambulance service to arrive.
- For large scale festivals and events, the service employed a clinical lead (doctor) as well as health care professionals such as paramedics and paramedic advanced care practitioners and nurses who saw, treated and discharged patients without the need to go to hospital.
- They were supported at the event by a team of trained first aiders and an operational supervisor. Some patients were cared for, under medical supervision, in welfare facilities.
- Quad Medical operated a 'safe discharge criteria', which meant that NHS services were called to emergencies such as cardiac arrest (heart attack) and severe trauma. Patients with less serious emergencies such as drug overdose, broken bones, corneal abrasions (eye scratches), concussion and ankle inversion injuries were taken to hospital.
- Patients were also referred to their GP if there were no acute problems but required follow up or in the case of simple wound management patients were referred to their practice nurse.
- Last year the service treated nearly 2,000 patients at events, including those seeking welfare (rest and recovery) facilities.
- We spoke to three venue owners or festival organisers who confirmed that NHS ambulances (including helicopter aeromedical services) had been called by the provider in the past, along with less seriously ill people being transported to hospital in one of the provider's ambulances.
- Venue owners were complementary about the way the service was organised and equipped and reported being confident in the organisation's ability to respond to surges in demand or other unforeseen events.
- We reviewed a sample of recent patient records from people conveyed to hospital. We checked four examples and saw that baseline observations were completed in all cases. In addition, we saw follow-up observations legibly recorded along with 'national early warning system' (NEWS) scores calculated and applied correctly. The record of decisions to convey were consistent with the safe discharge policy described to us.
- We saw that the service provided staff with personal protective equipment such as high visibility jackets for use when working with patients near roads or other public areas.
- Each ambulance was equipped with a mobile radio, so if crews had any concerns about a patient, they could contact their duty manager or clinical lead. Staff also carried mobile phones and managers stated that numbers of key managers were programmed into the phone memories during initial briefings to help staff rapidly access telephone support if need be.
- As part of the operational plan, the contact details of the local NHS ambulance trusts was published so clinical leads could telephone the emergency room control desk directly to discuss any concerns.
- We saw that event plans included protocols for major incidents and that these were 'signed off' by the NHS trust identified as the 'receiving hospital' for casualties.
- A staff member gave us a good example of how the service assessed and responded to patient risk. This occurred during an event when it was realised the location of the first aid tent shelter was not ideal. The service organised a 'step down' facility and moved the shelter to more central location.

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**.

- Managers explained that staffing levels at events were established by reference to the 'purple guide' (originally published by the HSE) and in consultation with the venue organisers, local authority and local emergency services.
- Risk assessments were completed as part of the event planning process and staffing levels took into account factors such as the number of visitors attending past occasions, layout of the venue or event, environmental factors or any special hazards.
- Events were booked months in advance, which gave the management team time to gather the staff resources needed. The service preferred to use 'bank' staff whenever possible and employed a number of technicians and first aiders on a part-time basis.
- Managers also matched staff skill levels to the task and had commenced the development of staff competency books to help manage this aspect. We did not see an example of this work.
- Staffing for ambulances was mandated at one paramedic with and experienced 'blue light' driving qualified emergency medical technician (MET) or emergency care assistant (ECA).
- Paramedics and other registered staff were not employed until they provided proof of competence and development.

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**.
- Quad Medical had developed a series of patient records for use at events. These included patient record forms (PRFs), minor injury and welfare forms with continuation sheets; mental capacity assessment forms and discontinuation of service against medical advice forms. Stocks of these were issued at the start of each event and spare stock included in every response bag folder.
- The PRFs were colour-printed to aid clarity and included sections about managing a deteriorating patient or recording a safeguarding concern.
- Completed patient documents were locked in a box rivetted to each ambulance and collected by one of the senior managers at the end of the event. These were audited and then archived in a filing cabinet located in the registered office. This was also locked. Older PRFs were stored in the provider's loft. The manager stated that access to the loft was locked and the files stored in a locked cupboard.
- Records were stored according to the type of event or member of staff. The PRF contained sections for personal details of the patient, presenting problem and treatment. We reviewed 16 randomly selected forms and all were fully completed with the exception of one which only contained the first name of the person who treated them.
- PRFs also contained a section for patients who self-discharged and a capacity assessment section to help indicate that they were capable to make this decision. We asked to review three forms of people who had self-discharged and saw that discharge information was given but on one form the capacity assessment had not been completed. We shared this with the quality manager.
- 'Welfare forms' were used to record details for patients who didn't necessarily need healthcare but required rest and recovery in a quiet and safe space. Managers explained that the company decided to offer supervised welfare areas at events as this made it easier to transfer people from the welfare facility to the healthcare room if their condition changed. Paramedics from the healthcare area could also visit the welfare facility if people were reluctant to attend.
- Welfare forms had sections for patient details, presenting problems and treatment. We reviewed three forms and all were completed.
- The quality manager told us that she has started auditing the PRFs to look for trends of injuries or presenting problems. The service was already learning lessons from the early audits and we saw examples of new head and ankle injury advice sheets that were introduced based on the numbers of cases recorded.
- The service was aware of the need to keep clinical records for 10 years for adults and up to 21 years for children and young people. When we asked, managers explained that the service had not reached these timescale but were aware of the need for the safe destruction of records. They hadn't yet made contact with any archival services.

Medicines

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

- Paramedics are permitted by law to carry and administer certain medicines, on their own initiative, to sick or injured persons who need immediate treatment. All paramedics are trained to administer these medicines under this exemption. Quad Medical provided a standard selection of medicines which were issued to each paramedic at the start of the event.
- We saw that single-use emergency medicines were kept in locked cupboards and security tagged pouches ready for insertion into response bags. These response bags were colour coded, numbered and issued to each paramedic on duty.
- Checklists were provided in each response bag so the staff-member could easily verify the contents were correct. Any discrepancies could be reported and stock re-ordered using quick response (QR) bar codes printed on the response bag checklist. QR codes are machine-readable optical labels which linked a smartphone or tablet computer to the company's stock control system.
- Medical gases (oxygen and nitrous oxide with oxygen, a pain reliever) were carried in the ambulances. The service did not store or prescribe controlled drugs.
- The service stored medical gases safely. We saw 'in date' cylinders of oxygen and nitrous oxide with oxygen securely stored on vehicles. The cylinders were positioned so the fill gauges could be easily seen and checked. Cylinders and regulators appeared to be clean (dust and oil free) and ready for immediate use.
- This indicated that Quad Medical followed 'the code of practice 44: the storage of gas cylinders (2016)' and 'Technical information sheet 36 (2017)' from the British Compressed Gases Association.
- Medicine supply and disposal was contracted to a local pharmacy. Stock orders were authorised by the clinical director and pharmaceutical items bar coded on receipt and logged into an electronic database.
- We saw temperature recording devices attached to response bags. These communicated with a computer application that warned managers via smartphone if the ambient temperature moved out of a set range. This meant managers had assurance that medicines were stored at temperatures in accordance with manufacturer specification.
- We noted that only medical gases were kept on vehicles and the service did not hold any controlled drugs. Managers stated that all medicine packs were checked before being issued for an event and we saw examples of new and completed response bag checklists.
- However, at the start of our inspection, we found an unlocked clinical waste bulk storage container with a box of out of date adrenalin for injection. Of the nine vials in the box, five were still full. When we alerted the provider, the drugs were immediately recovered from the bin and disposed of correctly.
- The provider commenced an investigation into the source of the medicine later that day. After the inspection we were provided with the results of the investigation into the source of the medicine and remedial action undertaken to eliminate further risk. We were satisfied with the provider's response and on this basis, we have not issued a requirement notice.

Incidents

- **The service had systems in place to manage patient safety incidents. Staff recognised the differences between incidents and near misses. Any incidents were investigated and lessons learned shared with the team. When things went wrong, staff apologised and gave patients honest information and suitable support**.

- NHS England defines and publishes a list of never events, reviewed annually in consultation with healthcare providers and other stakeholders. Providers are obliged to report never events for any patient receiving NHS-funded care and the occurrence of never events can highlight weaknesses in how an organisation manages fundamental safety processes. Never events relevant to ambulance services include chest or neck entrapment in trolley rails and misplaced breathing tubes.
- Serious incidents in healthcare are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Examples of serious incidents include unexpected or avoidable death, injury resulting in serious harm and incidents that threaten an

organisation's ability to continue to deliver an acceptable quality of healthcare services. As part of CQC registration, healthcare providers must report, investigate and respond to serious incidents.

- Quad Medical reported no incidents classified as never events and no serious incidents which met the reporting criteria.
- Staff confirmed that there were different ways to report incidents and depended on the type of problem. Incidents about the business of the company, such as vehicle problems, were reported to the duty officer by mobile phone and then by submitting a vehicle defect report using the electronic system at the end of the shift.
- We reviewed the last three incidents reported and found the forms fully completed; the incidents investigated, and reasonable conclusions drawn were based on sound analysis. There were no discernible trends or patterns.
- The senior management team understood their obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.
- An incident reference card was incorporated into the checklist provided with each response bag. This prompted staff on each step to take and we saw it included specific instructions on duty of candour. This showed the service was actively supporting staff to make the correct decisions whenever they were faced with an incident.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Good

We rated effective as **good**

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance**.
- We saw reference cards supported by policies and procedures that followed National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. We also saw that the service used standardised assessment tools such as NEWS2.
- Staff could access all policies through the staff portal. Managers explained that new policies and updates were sent out to staff on the secure staff group social media account.
- The managers held regular staff meetings with the clinical lead present to help identify training needs. One of the initiatives that resulted from this was the decision to encourage and support registered staff to undertake the Pre-Hospital Trauma Life Support course (PHTLS). The PHTLS course is conducted by approved universities and is designed to support front-line emergency staff in strengthening their knowledge and ability to make rapid and appropriate patient care decisions in emergency situations.
- Managers told us that nine staff were currently enrolled on a PHTLS course.

Pain relief

- **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**. Managers explained that the NHS ambulance service was called out to patients suffering from trauma or other condition requiring relief for severe pain.
- Nitrous oxide with oxygen was provided for use with patients requiring mild to moderate pain relief during transport to hospital.
- We were unable to speak to any paramedic staff or patients who could comment on pain control provided by the service.

Response times

- We saw from operational briefing documents that the service used statistics from previous events to help inform the plans for next event. This meant managers could adjust staffing levels to meet demand.
- We noted that two ambulances were pre-positioned at the nightclub ready for the next event. Managers explained that this was normal practice.
- Response times for cases referred to the NHS are out of the scope of this report.

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**.
- The induction programme covered knowledge of company procedures, clinical skills, equipment use and documentation. Records showed that all staff had completed the induction.
- Managers stated that all ambulance drivers had to be over the age of 25 as a condition of the company insurance. The license of the allocated driver was checked during the event planning stage and we saw a list of al approved 'blue light qualified' drivers who were eligible to be allocated as ambulance drivers during an event.
- We reviewed nine randomly selected staff files: four registered staff and five first aid staff. Four registered staff contained disclosure and barring service (DBS) enhanced checks and of the first aid staff, one was missing but was in the process of being issued.
- The service used an electronic staff details 'tracker' which showed key status of issues such as registration dates and date of last DBS and date when next due. Managers had adjusted the report timescales to allow a margin for the DBS to be issued.
- We did note that personnel references did not show who had provided the reference. This was raised with the quality manager who clarified that there would have been an accompanying email with the previous employer's details. They recognised this was an omission on the form and updated the form on the electronic system while we were there.

Multidisciplinary 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**.
- We received positive feedback from stakeholders. Managers and staff we spoke with gave examples of working with other agencies such as NHS trusts and safeguarding bodies.
- Although we saw reports and documents addressed to other agencies, we were unable to directly observe any interactions.

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**.
- We saw examples of informed consent in the patient record forms we reviewed PRFs. We noted that response bag checklists included reference cards about consent, capacity and DoLS. We also saw forms used when patients declined to continue care, although we did not see any completed examples.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We did not rate this aspect, as we did not have an opportunity to observe care.

Compassionate care

- **We spoke by phone with three patients whose details were supplied to us at our request. They told us that staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs**.
- They confirmed that all staff introduced themselves and explained in clear terms who they were and all were happy about the care they received. One told us the staff were "really good" and another said they were "friendly, professional" and he had the "upmost respect" for their work.
- Venue managers we spoke with were also positive about the care provided and one told us that they had received complements from festival participants about the service.
- Quad Medical had implemented an online survey for service users to complete. This was launched in September and we saw that comment cards and poster included QR codes - machine-readable optical labels that in this case linked the service users smartphone to a questionnaire website purchased by the company. We

saw comment cards and posters the service used at venues to try and encourage feedback from patients. Spare copies of feedback posters and card were included in response bag packs for staff to distribute.
- At larger events, the company used an administrative worker to support the discharge of patients from the facility and welfare area. The administrative worker had a tablet computer with the patient survey loaded so they could ask a patient or relative to comment on their care.

Emotional support

- **Staff explained how they provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs**.
- The service employed a Chaplain for pastoral support and in addition had a mental health nurse who was given a staff welfare role as part of their duties.
- The service also had a designated mental health champion, who was an occupational health technician, mental health first aider and mental health first aid trainer.
- Quad Medical added an event welfare service in 2016 as an extension to their medical provision. This offered support to patients with no specific medical need but who presented with certain vulnerabilities. The welfare area was led by nurses with mental health training or experience.
- We noted one particularly good safeguarding case that related to a domestic violence case, where the staff response to the situation was creditable.

Understanding and involvement of patients and those close to them

- **Staff told us how they supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment**.

Are emergency and urgent care 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 service did not transport deceased patients or those requiring detention under the mental health act. Managers explained that these rare cases would be escalated to the NHS service.
- The service employed a chaplain and had an equality and diversity champion to help staff focus on how to address individual needs.
- The service had a pool of welfare workers who could be allocated to an event to support service users with non-spiritual needs. Managers explained that this aspect of the service was being expanded through the purchase of two buses that had been converted into mobile welfare centres. These were operated as 'safe spaces' where event attendees could rest and recover under nursing supervision. While the welfare areas were out of the scope of this inspection, their use facilitated the rapid identification of a deteriorating patient who then could be referred to the event medical team and if need be, conveyed to hospital.
- The welfare service provided comfort items for free such as water, sunscreen and personal hygiene products. This indicated the provider was actively seeking ways it could respond to the needs of service users.
- We spoke with a sample of service stakeholders. The feedback we received was overwhelmingly positive. For example, a director of an events company told us they had last used Quad Medical in August, had used them "more than once" and would "use them again". They had not received any complaints from attendees and

were "thoroughly happy". The directors added that Quad Medical produced "really good advance documentation". The director was happy about the equipment provided and staffing levels.

- A venue manager said that they had worked with the company since they took over the venue in 2017. Having spent several years in event management, she told us that she trusted the service and felt the medical cover was "in really safe hands". The company was "flexible and responsive" and she was "very happy with the planning". The manager related a recent inspection from the local authority (November 2019) when the council officers told her "it was the best welfare room they had seen".
- The manager of a warehouse musical venue told us they had been working with the service for over a year and gave the new welfare bus as an example of the way the company responded to needs. He said he had "positive comments from visitors and no complaints". He told us he would "highly recommend" the company.

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**.
- Managers explained that patient demographics reflected the type of event or festival the company was supporting. For example, at music venues the patient population were primarily younger adults.
- Staff we spoke with explained that a selection of visual aids were available for use when dealing with patients with complex needs.
- Staff had access to telephone-based interpreting services via the commissioning trust as well as translation applications installed on the mobile phones. A reference card was incorporated into the checklist provided with each response bag. This prompted staff on the number and pin code to access the telephone interpreter service.
- Managers gave examples of how the service worked to meet the needs of festival participants. For example, the welfare facility provided water and sunscreen in summer, and we saw stocks of thermal blankets used for patients exposed to thermal stress either though the environment or as a result of recreational drug abuse.

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**.
- Quad Medical provided a service in line with contracts awarded from the venue or event owners. Vehicle and crew resourcing were planned in advance using information from previous events and risk assessments.
- The company had purchased electronic systems to help with reporting and resourcing. Managers and staff were positive about the programmes used and how they improved communications.
- For large scale festivals and events, the service employed a clinical lead (doctor) as well as health care professionals such as paramedics and paramedic advanced care practitioners and nurses who saw, treated and discharged patients without the need to go to hospital.
- They were supported at the event by a team of trained first aiders and an operational supervisor. Some patients were cared for, under medical supervision, in welfare facilities.
- Quad Medical operated a 'safe discharge criteria', which meant that NHS services were called to emergencies such as cardiac arrest (heart attack) and severe trauma. Patients with less serious emergencies such as drug overdose, broken bones, corneal abrasions (eye scratches), concussion and ankle inversion injuries were taken to hospital.
- Patients were also referred to their GP if there were no acute problems but required follow up or in the case of simple wound management patients were referred to their practice nurse.
- We spoke to three venue owners or festival organisers who confirmed that NHS ambulances (including helicopter aeromedical services) had been called by the provider in the past, along with less seriously ill people being transported to hospital in one of the provider's ambulances.
- Venue owners were complementary about the way the service was organised and equipped and reported being confident in the organisation's ability to respond to surges in demand or other unforeseen events.

Learning from complaints and concerns

Good

Emergency and urgent care

- **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**.
- The company actively sought direct feedback we saw stocks of cards and posters in every response bag. Managers explained these cards were designed to appeal to a younger audience and invited feedback either on the reverse of the car, by email, website or using a barcode on the feedback card which took them to an online feedback form.
- A complaints reference card was incorporated into the checklist provided with each response bag. This prompted staff on each step to take and we saw it included specific instructions on recording consent. This showed the service was actively supporting staff to make the correct decisions whenever they were faced with a complainant.
- Managers stated that complaints usually came via the event or venue owners, which meant the formal response went back through them. Senior managers told us they always extended an open invitation for the complainant to contact them directly if they required any further information or had any other issues.
- We saw the company's 'Complaints Handling Policy' dated July 2019. Staff and managers we spoke to described how verbal or written complaints were dealt with. Any verbal or telephone complaints from patients or venue managers went to the duty manager in the first instance.
- We saw team briefing notes that showed the company had processes to review and analyse complains and incidents. The managing director and clinical director said they reviewed complaints as required.
- We reviewed three recent complaints that were logged. These varied from one instance where a person continued to dance on an injured leg (against advice); a healthcare professional who, as a bystander (and appearing to be under the influence of alcohol), interfered with staff attempting to provide first aid treatment and the theft of icepacks from company stores at a winter venue. In each case, we saw that the complaint was investigated and acted upon in a timely way.
- Staff said a 'no blame' culture was encouraged by senior managers and they felt comfortable to admit where any errors had occurred.

Are emergency and urgent care services well-led?

Good

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

Leadership

- **Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles**.
- Staff told us they felt valued and that their opinions counted.
- The senior management team (SMT) consisted of the managing director (also the CQC registered manager), quality assurance manager and clinical lead. All had NHS backgrounds and two were still in NHS practice. The managing director, currently the only full time employee, focussed on the operational management of the business, while the other two led on clinical issues.
- Either individual acted as duty manager at events, although last summer they trained colleagues to take on this role to allow them to take more of an overview and focus on quality and compliance. The senior management team had plans to enhance this capacity further.
- Event teams were made up of different individuals based on bank staff availability and the needs of the task.

Vision and strategy

- **The senior management team were able to reflect on and identify areas for improvement and development. They described how the company had responded to the requirements of registration and were now seeing the benefit of the online and electronic quality systems and processes that had been introduced since our last inspection**.
- The service had not developed a formal strategy. Managers explained their vision in terms of service improvement, quality and compliance and growing the business. As part of this, their main focus during the summer had been training staff to take on more

operational roles so that the senior team had more time to focus on their vision and goals. The company had also invested in administrative support at larger events as well as in the office.
- Their explicit goal for 2020 was to have a group of staff who were able to be the duty managers of large events allow the current management team to engage with other essential aspects of the business.

Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and latterly provided opportunities for career development**.
- Staff we spoke with enjoyed working at the service and felt well supported by the leadership team. One told us "they are brilliant". They were less able to formally describe the vision and values of the organisation, although they expressed strong personal commitments to quality and safety of care.
- We saw a number of examples that demonstrated the service's focus on quality and an attention to detail that staff and stakeholders appreciated. Equipment such as the mobile welfare and first aid centres were well conceived and maintained. We noted that response packs and planning documents included colour photographs (called visual standards) showing correct layouts and packing.

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 SMT demonstrated the use of a small series of software programmes they had purchased to assist with quality and compliance monitoring. Managers and staff were positive about the added convenience and reduced demands on time that had been achieved since their introduction.
- Governance meetings were held every three months. We saw meeting notes and actions points that showed the organisation reviewed incident and complaints. Managers described instances of where the organisation had responded to issues raised. For example, deficiencies in the privacy screens at one regular venue led to the company deciding to purchase their own, which could be transported between venues as needed. In another large venue, the welfare space temperature was too low for comfort. Again, the company resolved this by the purchase of welfare buses which can be employed at any event.
- We noted a number of good practices that illustrated the company was actively monitoring and improving services. These included the introduction of colour-codes response bags which made it easier for staff to quickly recognise the correct bag and also the skill level of the person carrying it.
- All of the policies and documents we reviewed had version control elements such as date of publication, date of review and version number. Good document version control reduces the risk that staff are using forms linked to obsolete policy or procedures that have changed.

Management of risks, issues and performance

- **The service had systems for identifying operational risks and planning how to control or minimise them**. The governance group comprised the senior management team (SMT) led by the managing director and including clinical and quality/education representatives. These individuals were expected to provide leadership and oversight of current clinical challenges.
- A named duty manager or duty controller was available at all times during an event and provided logistics support, including for emergency planning. This individual was medically qualified and provided site-based leadership for all members of the team to ensure operational risks were managed appropriately.
- Staff were able to describe how they managed risk during events, including access to contingency and emergency plans. All staff told us they felt risks were clearly mitigated and they had no on-going concerns.
- Staff we spoke with were able to tell us how they would report a serious incident and guided us to the staff portal where all documentation was kept. They said that they were notified of all incidents at briefings and through the secure staff social media group.
- The service had a well-developed Business Continuity Policy dated June 2019, which covered events such as IT. Systems Failure, Operational Communications

Failure, Extensive Failure to Critical Equipment, Staffing Levels – i.e. Pandemic, Skills Shortage, Severe Weather; Flood, Heat, Snow, Wind, Fire, Utilities Failure, Supply Chain Failure and external causes such as other health providers, Major Incident, Terrorist Incident etc.

- While the business continuity plan covered issues such as staff shortages, the SMT were less clear about corporate risks such as compliance, sustainability, succession planning and finance. The lack of secure vehicle storage is an example. While acknowledged as a concern, this was not reflected in the risk register. A lack of a corporate risk register meant that it was not possible for the SMT to assure themselves that sufficient focus was maintained, and progress made towards reducing key risks that otherwise would have an adverse effect on the business.
- We learned that the SMT had started to train up duty managers, and the SMT were making other plans to enhance their capacity, but these were not fully established

Information management

- **The service collected, analysed, managed and used information to support its activities. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements**.
- Information systems were secure. There were locked cabinets for patient files stored in a locked room and passwords used for electronic access to the computers.
- We saw examples of directorate meeting notes that indicated performance results were discussed to improve care and patient outcomes.
- Data and audit results were submitted to external bodies, which meant the service could benchmark performance against national and regional outcomes.
- Staff and managers demonstrated the ease with which they could navigate around the intranet and locate what information they needed.

Public and staff engagement

- **Leaders and staff actively and engaged with patients and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients**.
- Patients were provided with patient satisfaction cards which enabled them to provide feedback in four different ways: either by filling the card in on site, e-mailing their feedback, submitting a feedback form on the company website or scanning a barcode on the feedback card with their phone which took them to an online feedback form.
- We saw a variety of information leaflets produced by the company. Examples included advice sheets for ankle sprains and mild concussion as well as drug awareness and information posters. The latter were designed for use in event and festival welfare facilities.
- The registered manager communicated with staff via emails, face-to-face or via mobile phone. Staff engagement took place at briefing meetings prior to an event and their hours of work included attendance at this mandatory meeting.

Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services. Leaders had a good understanding of quality improvement methods and the skills to use them**.
- For example, the service had invested in electronic systems that effectively supported key aspects of the business as well as providing assurances about quality and continuity.
- We also saw that there was a secure staff social media group through which staff could communicate and share experiences and get support. It was also a means by which the management team could recognise staff achievements and disseminate information about incidents, complaints or other announcements.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review its corporate risk register in regard to succession planning, SMT capacity and business sustainability and develop plans to address these.
- The provider should continue its search for 'base' facilities that will provide secure vehicle and equipment storage.