Remote Medic UK Ltd

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Inspection report

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Date of inspection visit: 25 November 2022
Date of publication: 03/02/2023

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?	Inspected but not rated
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this service 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, advised them on follow up care, 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, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	We rated this service as good because it was safe, effective, caring, responsive, and well-led.

Summary of findings

Contents

Summary of this inspection

Background to Remote Medic UK Ltd

Remote Medic UK is an event medicine company established to provide medical care at sporting, cultural, and music events. Among the company's clients is a charity which provides SOS bus services in support of the night time economy in Colchester and Chelmsford on a Friday and Saturday night. Through this service, which is part funded by the local CCGs, Remote Medic UK provide medical care with the aim of A&E avoidance and reducing the impact of the night time economy on local NHS acute hospitals and the ambulance service.

Remote Medic UK services managed more than 94% of patients without the need for NHS ambulance service involvement. They worked to minimise the impact of large public events on NHS acute hospitals and ambulance services by providing professional care at the scene with a 'see-treat-discharge' approach where safe and appropriate.

The service provides first aid and medical cover for events and supplies healthcare professionals for the provision of medical care at SOS bus locations in Colchester and Chelmsford. The SOS bus is a service where support, medical care and treatment is given to members of the public in central locations on a Friday and Saturday night. The service is run by a local charity and Remote Medic UK provides the medical care and treatment to support the service.

Remote Medic UK provides services to patients taking part in or attending sport or cultural events. These types of arrangements are exempt from CQC regulation. Therefore, this service provided by Remote Medic UK were not inspected.

The service has an arrangement with a third party ambulance provider to support the transportation of patients when this is required for larger events. In this situation, Remote Medic UK Limited provide paramedics to manage patient care, using the third party provider for the patient transport element.

The service has two rapid response vehicles (RRV) although these do not transport patients, instead other CQC registered patient transport services were used when this was required. The registered manager is employed as a service director within the company.

The service is registered to provide the following regulated activities:

Treatment of disease, disorder or injury

Transport services, triage and medical advice provided remotely.

How we carried out this inspection

During the inspection we spoke with 5 members of staff including 2 paramedics, a nurse, the chief executive officer and the director of quality and clinical governance. We reviewed 10 patient records and 7 staff records. We were not able to observe care within the service, but we were able to review patient feedback information.

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.

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure they improve the reporting of incidents and learning events.
- The service should ensure they provide staff with an annual appraisal.
- The service should ensure they review how assurance is provided for staff already known to the service so that staff do not commence until references are obtained or a risk assessment carried out.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Inspected but not rated	Good	Good	Good
Overall	Good	Good	Inspected but not rated	Good	Good	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Inspected but not rated
Responsive	Good
Well-led	Good

Are Emergency and urgent care safe?

Good

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

Mandatory training

The service provided mandatory training in key skills including Advanced life support, the highest level of resuscitation training to all staff and made sure everyone completed it.

All staff received and kept up-to-date with their mandatory training. Paramedics generally worked in acute NHS services where they completed their mandatory training. Certificates were provided to Remote Medic UK as evidence of training completion .

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training modules included infection prevention and control, information governance, health and safety, moving and handling and the Mental Capacity Act. Overall compliance was at 90%.

Immediate life support training was completed by all staff, with paramedics and medical staff completing advanced life support. Compliance for this was at 100% at the time of the inspection and training updates were booked to ensure ongoing compliance.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. They maintained a training dashboard that included alerts for when individual staff training was due.

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.

All staff received training specific for their role on how to recognise and report abuse. All staff had received training in recognising and responding to safeguarding risks, for both vulnerable adults and children. A senior paramedic with level 5 safeguarding training was the safeguarding lead.. The chief operating officer was trained to level 4 safeguarding.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had links with the local safeguarding adults and safeguarding children's boards. Child and adult safeguarding policies detailed who to contact in the event of safeguarding concerns and there were contact details for local authority safeguarding services.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw an example of a safeguarding referral made for the child of a patient treated by the service, where potential safeguarding concerns had been identified.

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 and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. This included vehicles that were used to transport staff and equipment to events.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were clear hand washing instructions available for staff to follow and hand hygiene audits were carried out.

Staff cleaned equipment before and after each patient contact. There was a cleaning schedule for all equipment before being taken out of, or brought back into, the station. Equipment we viewed was visibly clean.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff carried out daily safety checks of specialist equipment. This included defibrillators and suction machines, as well as single use items such as needles and syringes that were carried by staff while on duty.

The service had enough suitable equipment to help them to safely care for patients. Equipment was subject to electrical safety and clinical calibration to ensure it was working effectively.

Staff disposed of clinical waste safely. There was a clinical waste bin store at the service. This was locked and not over filled. There were arrangements with a clinical waste contractor to remove clinical waste when the bin was filled to a certain level. Sharps bins were appropriately assembled and labelled and were replaced when full or after 3 months in line with national guidance.

We viewed one vehicle that was used to transport staff and equipment. The vehicle was appropriately serviced and maintained. The service did not have their own ambulance to transport patients. Arrangements for sub-contracting and

hiring ambulances were in place. Remote Medic UK Ltd clinicians occasionally worked alongside a third party ambulance provider where the third party would provide the vehicle and crew to transport patients. The Remote Medic UK Ltd clinicians retained clinical responsibility for the patients during events. There were processes in place for vehicle checks where the provider sought assurances from the third party to ensure vehicle road worthiness.

Assessing and responding to patient risk

Staff completed risk assessments for each patient. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

Patient report forms included clinical information that was used to measure clinical stability and possible deterioration. This included level of consciousness, blood pressure, heart rate, oxygen levels and levels of pain. We viewed 10 patient report forms and saw that clinical information was clearly recorded. This included one patient whose clinical parameters showed a level of deterioration, who was then transported to hospital.

Staff knew about and dealt with any specific risk issues. Staff had received training on specific risks. All senior clinicians had completed advanced life support and all staff had been trained in immediate life support as a minimum. Additional training provided by the service included sessions on commonly seen clinical situations including head injury, bleeding and intoxication.

Staff liaised with statutory services for patients thought to be at risk of self-harm or suicide, to arrange psychological assessment and support as necessary.

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.

Remote Medic UK employed 44 staff at the time of the inspection. All Remote Medic UK Ltd staff were employed on zero hours contracts to work on the SOS bus or at contracted events. Staff included paramedics, advanced practitioners, doctors, emergency medical technicians, nurses and first aiders. Risk assessments were carried out when planning support for events. Factors influencing the agreed number of staff included event capacity, location and type of event. Support for events was contractually agreed and included a clear definition of the staff skills and experience required. Staff were allocated to shifts and events based on the risk assessment and additional support was provided by the management team.

The service had a clear recruitment policy and undertook relevant checks including Disclosure and Barring Service (DBS) checks, clinical registration, identification verification, employment history and references. We reviewed 7 staff records and found that most of the checks had been carried out. However, one staff member had a record of references requested but these had not been received. Managers told us the staff member was known to the services as they had worked with them previously as a volunteer through the non-profit organisation the service worked with to provide the SOS service. However, there was no risk assessment recorded for this.

We were told that ongoing checks of clinical registration were completed on an annual basis, however, records for this were unclear. At the time of the inspection, managers carried out a repeat check of all clinical registrations with accompanying records to evidence this.

Good

Emergency and urgent care

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.

Patient notes were comprehensive, and all staff could access them easily. Paper records were held securely in a locked cabinet within the provider offices. Patient report forms (PRFs) were kept in locked vehicles during a shift and returned to the office at the end of the shift. PRFs were only accessible to authorised staff.

When patients transferred to a new team, there were no delays in staff accessing their records. Copies of PRFs were given to receiving hospitals when a patient was transported. When a patient was discharged following treatment, where appropriate, they were given a copy of the patient report form along with patient advice information appropriate to their ongoing care

Staff had been trained in information governance and there was an information governance policy in place. Regular records audits were carried out. We saw that when issues were identified as a result of the audit, that staff were contacted on an individual basis and discussions were held about how to improve the outcome. Shared learning from the audits were cascaded to all staff.

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. There was a service level agreement in place with a local NHS trust for the supply of medicines. Medicines were collected from the pharmacy by a director or nominated manager.

The service did not hold controlled drugs. Controlled drugs were ordered individually by paramedics and doctors through the service's NHS supplier, as authorised clinicians who are responsible under the law for the safe storage, use and destruction of their own CDs. The service had an agreed controlled drugs list that authorised clinicians followed.

The service did not use patient group directions as all medicines were administered in accordance with schedule 17 and schedule 19 of The Human Medicines Regulations 2012. Medicines outside of those listed in schedule 17 and schedule 19 were were limited to medicines such as antibiotics and oral steroids and were only administered when clinically necessary and by independent prescribers.

Staff completed medicines records accurately and kept them up-to-date. Medicines administered were clearly recorded on the patient record form. The registered manager maintained an inventory of all stock medicines used and kept within the service. This provided an oversight of stock control and an audit trail of all medicines used.

Medicines packs were replenished from the central medicines' storage cupboard held at the base and there were clear records for this.

Staff stored and managed all medicines safely. Medicines were stored safely and securely at the location and on vehicles with access only by authorised members of staff. Medicines allocated to paramedics during their work were kept in specifically designed medicine bags. They were secured with security tags which included a first expiry date to indicate the earliest date that a medicine in the pack was to expire, and that medicines were safe and ready for use.

Good

Emergency and urgent care

Medicines storage areas were temperature controlled and monitored to ensure medicines were stored in line with manufacturer guidelines.

A nominated person was responsible for the medicines pack at all times during service provision.

Staff learned from safety alerts and incidents to improve practice. Managers were signed up to receive safety alerts. Medicines were checked to identify relevant alerts.

Incidents

The service managed patient safety and incidents well. There were clear processes for recording and reporting when things went wrong. Staff understood the need to apologise and give patients honest information and suitable support. There were limited incidents recorded and managers recognised the need to improve discussions about safety. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service had a reporting and recording of incidents policy. A quality and safety dashboard was in place, that included a process for recording patient safety incidents, staff accidents, needlestick injuries and episodes of violence and aggression. There had been no incidents recorded in the 12 months prior to the inspection.

Staff had received training in what incidents to report and how to report them. A reporting form was incorporated within the policy and included headings to indicate the type of incident and if it related to patients, staff, equipment or vehicles. We saw evidence of previously reported issues being recorded on the service risk register. This included the failure of a blood pressure monitor in cold weather and action taken included keeping a spare battery with the unit at all times and to remove the unit from the back of the car prior to the need for use, therefore, reducing the time it was stored in cold conditions.

Staff understood the duty of candour. They were open and transparent, and understood the requirement to give patients and families a full explanation if and when things went wrong.

Staff had opportunities to meet and discuss feedback and look at improvements to patient care. This was generally done during training sessions; however, managers recognised the need to improve communication around safety incidents and were planning a specific meeting for this.

Are Emergency and urgent care effective?

Good

This is the first time we have rated this service. 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.

Good

Emergency and urgent care

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Service policies were in date, version controlled and accessible to staff. Staff had access to The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines for managing emergency patients. Managers audited patient report forms to ensure that treatment guidelines were followed.

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 and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised pain score and gave pain relief in line with individual needs and best practice. Pain was continuously monitored when treating patients and we saw that records reflected this. Staff evaluated the effectiveness of pain relief.

Staff understood that not all patients were able to effectively communicate. They understood the range of ways to assess pain, including non-verbal cues and facial expression.

Patient outcomes

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

Outcomes for patients were positive and consistent. Managers monitored patient outcomes. This included monitoring accident and emergency avoidance and the impact on NHS ambulance usage, directly relating to the weekend SOS bus service.

Data between August and October 2022 showed that 30 patients had received treatment on the SOS bus in Chelmsford. The treatment received resulted in 23 patients avoiding A&E attendance and 11 ambulances avoided or cancelled. In Colchester the data for the same period showed that 63 patients had been treated on the SOS bus. The treatment received resulted in 36 patients avoiding A&E attendance and 32 ambulances avoided or cancelled.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. This included audits patient record forms to identify areas for improvement.

Managers used information from the audits to improve care and treatment. They also designed training updates based on the results of audits and feedback from staff.

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.

Managers gave all new staff a full induction tailored to their role before they started work. They completed competency frameworks and assessments based on the activities required of their role. New staff worked shadow shifts with more experienced staff as part of their induction.

Managers supported staff to develop through regular, constructive clinical supervision of their work. This included audits of patient record forms where managers sought oversight of clinical activities and used this information as a basis for discussions with staff about clinical decision making and actions, including identifying learning opportunities.

Staff did not have regular formal appraisals from the provider as these were undertaken within their substantive posts that were usually within the NHS. Staff told us that informal arrangements were in place for support and development and that they had progression opportunities within the service. However, the registered manager acknowledged during the inspection that a more formal process would be useful and would be implemented during the coming year.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff attended meetings ,training and an information from which was shared more widely with staff as required through email or individual discussions as required.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The service supported staff in providing some funding for additional relevant courses. Regular training was held at the service base on relevant subjects for staff. This included training around the type of clinical cases encountered on the SOS bus or at events. Managers made sure staff received relevant specialist training for their role.

The service supported paramedics to develop advanced level assessment skills. Minor illness and injury training included wound closure skills including suturing and competence in 'see-treat-discharge' skills. The service used the emergency medical technician (EMT) basice and advanced practice portfolios to support the development of skills. The service funded paramedics to undertake the examination for the Diploma in Immediate Medical Care (DipIMC) or the Diploma in Urgent Medical Care (DipUMC) at the Royal College of Surgeons in Edinburgh.

Volunteers were recruited and supported by the charity the service worked with to provide the SOS bus. The service participated in training volunteers to support the clinical staff and patients as part of the SOS service. This included volunteer training sessions held every 4 – 6 weeks, covering identified clinical topics and policy areas. These included dealing with clinical situations such as choking, allergic reactions, nose bleeds and intoxication.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. This included the development of positive working relationships with the local NHS ambulance service and emergency departments when planning event medical cover. The registered manager told us they routinely contacted local NHS services to discuss event cover and provide assurance of the steps taken to minimise the impact of events on NHS services.

The service regularly communicated with the charity that provided the SOS bus service to ensure that communication and joint working was effective and focused on promoting patient outcomes.

Staff we spoke to described good working relationships and a clear focus on quality patient care.

Staff referred patients to NHS services for mental health assessments when they showed signs of mental ill health or depression.

Good

Emergency and urgent care

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles. Patients were given advice and literature on how to manage their condition when discharged from the service. This included advice about head injury and wound closure.

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 consent policy that was based on relevant national guidance. Staff routinely obtained consent from patients prior to providing treatment and we saw evidence of this within the patient report forms we reviewed. Staff gained consent from patients for their care and treatment in line with legislation and guidance and based on the information available.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They had received training in assessing mental capacity and we reviewed patient report forms that included evidence of capacity having been assessed.

Consent was audited as part of the service's routine records audits.

Are Emergency and urgent care caring?

Inspected but not rated

Inspected but not rated

Compassionate care

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

We were unable to directly observe patient care, so have inspected but not rated caring. However, staff described how they respected patient privacy and dignity and took account of their individual needs.

Patients said staff treated them well and with kindness. Patient feedback reports were positive. 2022 audits of 16 patient feedback forms showed a score of 5 out of 5 for privacy and dignity and staff treating patients with courtesy and kindness.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff had received training in caring for patients with poor mental health and there was a clear compassionate culture promoted within the service in relation to patient care.

Good

Emergency and urgent care

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients 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. Patients were able to have support from friends or family members as appropriate when being treated on the SOS bus. The philosophy of the SOS service was to provide support to vulnerable or at risk members of the public on a Friday and Saturday night, including those in need of help due to substance misuse issues.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Survey results showed that all patients who completed a survey form strongly agreed that treatment options were clearly explained to them.

Staff talked to patients in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged patients to complete feedback forms at every interaction, depending on the appropriateness of this at the time.

Are Emergency and urgent care responsive?

Good

This is the first time we have rated this service. We rated responsive 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 and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. They worked collaboratively with a local charity to provide medical care to SOS bus services in Chelmsford and Colchester. The SOS service was run by a local charity and designed to support the local night-time economy and provide care to the local population on a Friday and Saturday night. The provision of medical and treatment support by Remote Medic UK to this service, helped reduce the burden on NHS urgent and emergency care services. The overall Remote Medic UK service managed more than 94% of patients without the need for NHS ambulance service involvement.

The registered manager worked closely with organisations when event medical cover was provided. They liaised on the requirement needed and evaluated the provision of cover to ensure this met the needs of the communities. This included local football teams where event cover was provided for spectators, as well as other community events such as concerts and festivals. They attended the safety advisory group meetings for larger events along with the event organisers, the local authority, statutory services, the security provider and highways agencies. They produce a medical risk assessment which forms part of the overall event management plan.

The service had systems to help care for patients in need of additional support or specialist intervention. This involved liaison with other services and onward referrals.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff had received training on supporting patients living with mental health problems, learning disabilities and dementia through their regular NHS employment. They ensured all patients received the necessary care to meet all their needs. This included referring patients to NHS or local authority services as needed, including where patients were identified as vulnerable.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care and treatment.

The service did not have their own ambulance, instead supporting access to NHS ambulance services when conveyance to hospital was required as part of the SOS services. At some events where conveyance to hospital was part of the contractual arrangements, the service sub-contracted with another provider to provide transportation should it be required. In this event a member of Remote Medic UK medical staff would accompany the patient to hospital. The service had checks in place to ensure the ambulance had appropriate equipment to meet the needs of individual patients.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients requiring treatment by the service, self-presented or were directed to Remote Medic UK staff by event organising staff or event security staff. In the case of the SOS bus service they may also be referred or transferred to the service by the police or the ambulance service.

The number of patients leaving the service before being seen for treatments was low. Treatment summaries showed that of 93 patients seen on the SOS bus between August and October 2022, only two had self-discharged prior to assessment or treatment. Staff understood the importance of a full assessment and the service provided training for the volunteers working for the charity who led the service, thus ensuring a good understanding of urgent and emergency situations they may encounter.

Managers monitored activity and flow, recording where patients were discharged home or where an ambulance was called to convey them to hospital. Because a main aim of the service was hospital avoidance, most patients were discharged following treatment. Of the 93 patients seen between August and October 2022 at the SOS service, two had been conveyed to hospital by NHS ambulance.

Good

Emergency and urgent care

One patient had been conveyed to hospital at an event where the service was providing medical cover, using a sub-contracted ambulance service as part of the contractual arrangements. In this event, staff contacted the local accident and emergency department to alert them to the patient's arrival.

Staff supported patients, when they were referred or transferred between services. In the event of a patient requiring transfer to hospital at an event, a member of the service's medical team accompanied the patient in the sub-contracted ambulance.

Due to low patient conveyance activity managers did not monitor response or turnaround times.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a policy to treat concerns and complaints seriously, investigate them and share lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. They were encouraged to raise complaints with the staff on duty so that these could be resolved quickly. Information was given to them by staff about who to contact in the event of a complaint they were not able to resolve at the time. There had been no complaints in the 12 months prior to the inspection.

Staff understood the policy on complaints and knew how to handle them. There was a clear policy that informed staff how to deal with verbal or written complaints. This included an investigation by the director of quality and governance and a review at the quarterly clinical governance group meeting. There was a clear timeline for the review and resolution of complaints and information was given to the complainant about escalating concerns to the Independent sector complaints adjudication service (ISCA).

Patients were asked to complete a feedback form following treatment. The service analysed these and shared feedback with staff. Feedback was consistently positive.

Are Emergency and urgent care well-led?

Good

This is the first time we have rated this service. We rated well-led as 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.

The service was led by the chief executive officer who was the CQC registered manager and the chairman of the executive board. In addition, the board included a director of quality and clinical governance and a director of business strategy. The members of the executive board also made up the senior management team, with the addition of a doctor who acted as clinical director.

Good

Emergency and urgent care

The management team had a comprehensive understanding of priorities and issues. They were focused on the provision of quality services and had clear processes for governance and leadership responsibilities. In addition to the management team there was a clinical advisory team, made up of consultant, pharmacy and medicines advisor, as well as an associate medical director.

Staff told us that leaders were visible and approachable and that they felt appropriately supported within their roles.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a vision to be the outstanding provider of specialist event medical services, to deliver high standard, cost-effective care and mitigate risk for their clients and customers. They had corporate objectives that included acting in the best interest of patients, valuing and developing the workforce and achieving financial sustainability and organisational resilience. Staff had been involved in the development of the vision and corporate objectives.

Leaders had a comprehensive understanding of local plans and the wider health economy. They worked collaboratively with other services including the charity who led the SOS bus service where they provided the medical element of the service. The service had processes in place to regularly communicate with NHS ambulance and emergency services about event support, providing assurance, as appropriate, of the processes in place to reduce the impact of events on NHS services.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they felt supported and valued. They described the service managers as helpful and professional. Staff survey results showed that 95% of staff felt supported, respected and valued and 97% felt proud to work for the service and were positive about their overall experience. Staff we spoke with praised the service for the training provided and the governance arrangements in place. Staff had opportunities to develop within their roles. This included regular training sessions that were open to all staff. In addition, staff were supported by the service to develop. This included clinical mentoring to help with individual staff learning and development. Managers were passionate about developing staff. They had supported 3 members of staff to complete their paramedic degree by partnering with the Open University and providing clinical mentorship. In addition, they funded paramedics to undertake the examination for the Diploma in Immediate Medical Care (DipIMC) or the Diploma in Urgent Medical Care (DipUMC) to support staff in enhancing their career as well as the service to clients and service users. There was a clear focus on investing in staff to ensure a high quality, professional service.

Patients were encouraged to provide feedback on the service through feedback surveys. The service had a freedom to speak up guardian who was a member of the clinical governance group and the staff well-being champion. This role was outside of the line management structure, providing staff with independent support when needed.

Good

Emergency and urgent care

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.

There were clear and comprehensive governance processes in place. Organisational policies were regularly reviewed and in line with national guidance. Clinical governance meetings were held regularly, with input from service directors, professional leads and clinical advisors.

We reviewed clinical governance meeting minutes and saw that all aspects of governance were reviewed. This included activity reporting, incidents, complaints and patient feedback, safeguarding, health and safety, equipment, training, medicines management and staff feedback.

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 held a risk register and we saw that risk assessments were routinely carried out. Examples of risks included those relating to equipment, finance and staff retention. We saw that a risk had been identified relating to low attendance rates at internal staff training. Action to mitigate the risk of this included offering more regular opportunities for training and to roll-out a competency document for each role so that staff could demonstrate how they met the core training requirements.

The service had business continuity plans in place. Action included securing contracts for rolling service support in relation to the SOS bus service and support for the local football club.

The service undertook risk assessments for events as part of the terms of engagement before agreeing a contract. They carried out a risk profile and risk score based on a number of elements including national security considerations, general event risks, weather, participant size and profile, event and venue hazards, medical risk and proximity to NHS services in the event of emergencies.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. There were processes to submit data or notifications to external organisations as required.

The service had a quality and safety dashboard where they recorded data on patient safety, patient experience, staffing, staff safety and well-being, staff training, equipment and vehicles, warning and advisories (from external agencies) and staff survey outcomes. Data from the dashboard was reviewed as part of the clinical governance meetings.

When planning support for events and services, the registered manager reviewed information through a risk management framework. This included local intelligence.

The service was registered with the Information Commissioners Office (ICO) as a data controller. Computers were secure and password protected.

Good

Emergency and urgent care

Engagement

Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patient and staff feedback surveys were used to ensure their views were reviewed and acted on. Patient feedback was consistently positive. The staff survey response rate was 89% in 2022 which was an improvement on the 77% response rate in 2020. Results were consistently positive, showing that staff overall felt engaged and supported by the service. Action as a result of the survey included increasing the time ahead for announcing shift availability to ensure more opportunities for all staff.

The registered manager regularly collaborated with partner organisations to help improve services for patients. This included close working with event organisers and clear communication with NHS services to minimise the impact of events and the SOS requirements. They regularly met with the charity they partnered with for the SOS service to address issues and ensure objectives were aligned.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

Leaders were passionate about the service they provided and there was a clear focus on learning with a view to continuous improvement. Specific examples of this was a focus on staff training and development to ensure sustainability and a suitable mix of staff skills and competence to deliver the services.