

Role 1 Medical Ltd

# Role 1 Medical Ivybridge Station

## Inspection report

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning. 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff 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 commissioners to plan and manage services and all staff were committed to improving services continually.

However:

- They did not manage medical gasses well. There were no proper storage facilities for medical gases, and they were not secure. There was no policy to manage medical gases.
- There were patient group directions for all the medicines to be administered but were not completed to the proper standard.
- Records relating to people employed must include information relevant to their employment in the role including information relating to the requirements. This applies to all staff, not just newly appointed staff.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care

### Rating

Good



### Summary of each main service

This service has not been previously rated. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning. 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff 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 commissioners to plan and manage services and all staff were committed to improving services continually.

However:

- There were no suitable storage facilities for medical gases. The gases were not securely stored as they were kept in an old ambulance that was no longer in service. There was no signage on the unit to indicate it contained medical gases. There was no

# Summary of findings

policy to manage medical gases. The provider rectified this immediately. Patient group directions were not completed correctly. The provider rectified this immediately. Not all staff understood Gillick Competency. The provider rectified this immediately.

- There were no communication aids/pictures in the vehicles. The provider should complete appraisals for staff yearly.
- The records relating to people employed did not all contain information relating to the requirements under Schedule 3. The provider rectified this immediately.

We rated this service as good because it was safe, effective, responsive and well led.

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# Summary of findings

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# Summary of this inspection

## Background to Role 1 Medical Ivybridge Station

Role 1 Medical Ltd was registered in 2019. Ivybridge Ambulance Station is the location for the management of the regulated activity. Role 1 Medical provides hospital transfers, non-emergency patient transport for all age groups and emergency and urgent care contracted to a local NHS ambulance trust and a Clinical Commissioning Group. The provider works across Devon and Cornwall, going further afield when required. This report concerns the emergency and urgent care element of the provider. Patient transport has a separate report.

This is the first inspection of this service since registration in 2019. The main service provided is the emergency and urgent care component which provides 90% of the regulated activity. The service provided 2806 emergency journeys from July 2021 to February 2022 for all age groups of the local population. The provider currently has 4 ambulance cars and 13 ambulances.

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? We did not inspect the caring domain due to the nature of the emergency work it was not felt appropriate.

The provider is registered to provide the following regulated activity:

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

The location has a registered manager in post since 2019. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The provider employs 38 permanent and 15 bank members of staff.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced inspection on 30 March 2022.

## How we carried out this inspection

The inspection team of this location comprised of a CQC inspection manager and one CQC inspector and a specialist advisor with expertise in ambulance services. During the inspection, we spoke with seven members of staff. We reviewed documents and records kept by the provider and inspected the premises and vehicles.

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>.

## Outstanding practice

We found the following outstanding practice:

- The provider had a highly effective safeguarding leadership and staff were trained beyond the level required for their role.

# Summary of this inspection

- The provider had a highly effective development programme for staff to progress and study for new qualifications. Staff were started on a development programme from commencement of their employment. They were given time and were paid to attend non-mandatory education and training sessions. Staff were trained to a higher specification for their role which produced a highly motivated and educated workforce.

## Areas for improvement

### Action the service **SHOULD** take to improve:

- Not all staff understood Gillick Competency. The provider rectified this immediately.
- Consider communication aids/pictures to be kept in all vehicles.
- The provider should complete appraisals for staff yearly.
- There were no suitable storage facilities for medical gases. The gases were not securely stored as they were kept in an old ambulance that was no longer in service. There was no signage on the unit to indicate it contained medical gases. There was no policy to manage medical gases. The provider rectified this immediately.
- Patient group directions were not completed correctly. The provider rectified this immediately.
- The records relating to people employed did not all contain information relating to the requirements under Schedule 3. The provider rectified this immediately.

# Our findings

## Overview of ratings

Our ratings for this location are:

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



# Emergency and urgent care

Safe	Good 
Effective	Good 
Responsive	Good 
Well-led	Good 

## Are Emergency and urgent care safe?

Good 

We had not rated this service before. We rated it as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The provider required 100% completion rate in order for staff to work clinically. Overall training compliance rate for 47 staff was 100% with 6 staff (11%) not able to work clinically until their mandatory training was up to date. Managers monitored mandatory training and alerted staff when they needed to update their training.

All staff required to drive under Level 3 certificate in emergency response ambulance driving (using blue lights) had been trained and renewed their training every three years to comply with the Road Traffic Act 2006.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received in-depth training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Safeguarding training compliance, appropriate to the level required by each staff group, was 100%. This was required for the contract with the local NHS ambulance trust. The provider had a highly effective safeguarding leadership and staff were trained beyond the level expected. Staff were removed from clinical duty until the correct level of safeguarding training was up to date.

Safeguarding referrals were made in a timely way with a 24-hour telephone available for staff to use.

# Emergency and urgent care

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.**

All areas were clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. Vehicles had regular deep cleaning from an external provider on a six-week schedule. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact.

However, cleaning buckets were not labelled for their particular usage. When brought to the attention of the provider, this was corrected immediately.

## Environment and equipment

**Maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The environment was not purpose built and did not always provide appropriate accommodation. For example, there were no sluice facilities to dispose of dirty or contaminated water and staff had to use an outside surface drain. However, this was outside of the providers control as the premises were rented. To mitigate this, staff hosed the area down after disposal of dirty water. Staff carried out daily safety checks of specialist equipment. The service had enough suitable equipment maintained and serviced by an external provider/manufacture to help them to safely care for patients. All vehicles were subject to external safety checks every six weeks, had current MOTs, service records and correct insurance. All equipment was standardised to the local NHS ambulance trust for whom the provider worked. This provided continuity and familiarity with equipment for staff. Equipment was available in children's sizes. Staff disposed of clinical waste safely.

## Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately using the providers deteriorating patient standard operating procedure. Staff completed risk assessments for each patient on arrival at the scene, using a recognised tool, and reviewed this regularly, including after any incident. Staff knew about and dealt with any specific risk issues. The service had 24-hour access to mental health liaison and specialist mental health support. (if staff were concerned about a patient's mental health) through the local NHS ambulance trust they worked for. Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Handovers were prolonged at hospitals, impacted by the current climate of high demand of emergency departments. The paramedics cared for patients on site in the ambulances at hospitals whilst waiting to handover to emergency staff.

## Staffing

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

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. The provider had a specific contract to supply

# Emergency and urgent care

vehicles and staff to the local NHS ambulance trust. The demand for service was always high. They were occasionally able to provide more resources when able. The service had low vacancy rates and a rolling recruitment. The manager could adjust staffing levels daily according to the needs of patients. programme. The service had low sickness rate. The service had its own bank staff working adhoc hours. Managers made sure all bank staff had a full induction, completed mandatory training and understood the service before deployment.

## 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. The provider regularly audited 10% of patient care records (PCRs) weekly to ensure they met the standard required. The audits were completed prior to the PCRs being sent to the local NHS ambulance trust they worked for. The provider did not keep copies of PCRs, just the reference number. This was because the provider was the data handler and the data belonged to the local NHS ambulance trust they worked for. All PCRs were delivered manually to the local NHS ambulance trust in a sealed, tagged envelope. The provider was registered with the Information Commissioners Office (this is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals). When patients transferred to a new team, there were no delays in staff accessing their records.

## Medicines

**The service did not use systems and processes to store medical gases safely.**

There were no proper storage facilities for medical gases. The gases were not secure as they were stored in an old ambulance no longer in service. There was no signage on the unit to indicate it contained medical gases. This issue had been on the providers risk register for two years. The landlord had given the provider permission to build a proper storage area but withdrew this permission when he was informed the provider was seeking alternative accommodation. When this was brought to the provider's attention, empty gas cylinders were removed from the ambulance used for storage. Full cylinders were moved to the providers secure storage facility in Redruth. Alternative arrangements were immediately made to obtain oxygen supplies as necessary rather than store them on site. The registered manager put these actions onto the risk register.

There was no policy to manage safe storage of gas cylinders. When this was brought to the attention of the registered manager, a policy was written. However, it did not contain any reference to safe temperature for storage or Entonox should be at room temperature for 24 hours before use.

The Human Medicines Regulations 2012 outline patient group directions (PGDs) were required for any prescription only medicines (POM) administered by paramedics or nurses not on the exemption list. The provider had PGDs for POMs to be administered but they were not completed correctly. However, following the inspection, the provider immediately withdrew all the PGDs and provided evidence the local NHS ambulance trust for whom they worked for agreed they could use their PGDs. We saw evidence relevant staff were informed through an operational memo emailed to them.

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up-to-date, including controlled medicines. Staff stored and managed all medicines and prescribing documents safely. Staff learned from safety alerts and incidents to improve practice.

# Emergency and urgent care

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.**

There is an open culture in which all safety concerns raised by staff and people who use the service are valued as integral to learning and improvement. Staff knew what incidents to report and how to report them. Staff raised concerns, reported incidents and near misses in line with the provider policy. Staff reported serious incidents clearly and in line with provider policy. The service had had no never events.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. Managers debriefed and supported staff after any serious incident. There was evidence changes had been made as a result of feedback. Several incidents were reported about the increased risk of pressure sores and lack of availability of pressure mattresses during prolonged handover delays. This prompted the NHS hospital to introduce pressure relieving mattresses for use on ambulances in the queues at the hospitals with the high handover delays. This has had a positive impact by reducing pressure damage for these patients.

Risks to safety from service developments, anticipated changes in demand and disruptions were assessed, planned for and managed effectively. There were plans to respond to emergencies and major situations and all relevant parties understood their role. Other external organisations were actively engaged with the provider in assessing and managing risks and sharing outcomes and learning from incidents.

## Are Emergency and urgent care effective?

Good 

We had not rated this service before. We rated it 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. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All crews had access to the latest version of Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines application on the company mobile phone. Also, crews complied with the local NHS ambulance trust guidelines they work for. This provided continuity and consistency for treatment within guidelines for all staff. If patients are not conveyed to hospital, crews have a validation process from the local NHS ambulance trust they were under contract to, to ensure the patient has the correct treatment and safely discharged.

# Emergency and urgent care

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

## 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 tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after it was identified they needed it, or they requested it. Relevant qualified staff prescribed, administered and recorded pain relief accurately.

## Response times

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

The provider performed well against national targets for response time within the restraints of the increased demand in emergency services. This was discussed at contractual performance meetings with the local NHS ambulance trust they were under contract to and a local Clinical Commissioning Group for whom they completed urgent inter-hospital transfers (not considered patient transport services).

## Patient outcomes

**Managers monitored the effectiveness of care and treatment. Quality and outcome information was used to inform improvements in the service.**

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. As the provider did not own the data generated from the emergency work, they could not verify outcomes for patients. However, the quality team evaluated care by auditing 10% of patient care records selected randomly or targeted prior to sending to the local NHS ambulance trust they worked for. Managers shared and made sure staff understood information from the audits. Feedback was provided to individual clinicians with points for improvement and/or praise. This provided an improvement in documentation standards and was a result of shared learning following an incident.

## 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. Role 1 Medical Ltd supported the work of the Health Practice Associates Council (HPAC), as the UK's regulator for ambulance clinicians below the grade of paramedic. They work closely with other regulators, councils, bodies, organisations and stakeholders across the United Kingdom and aim to regulate clinicians who meet the standards for the skills and training associated with their scope of practice, their behaviour and health. The provider supports and encourages all staff currently not part of a statutory register to join HPAC. The information held by HPAC supports employers to safely streamline their recruitment process, as well as monitor the ongoing professional conduct of HPAC registered staff.

Managers gave all new staff a full induction tailored to their role before they started work. All staff who worked on the contract for the local NHS ambulance trust received an extra three-day induction. Staff received up to 40 hours of supported shift time with senior staff when they started their employment and had an annual competency check.

## Emergency and urgent care

Managers supported staff to develop through yearly, constructive appraisals and clinical supervision of their work. The workforce has increased significantly over the past year. Of the 10 eligible substantive staff, 80% of appraisals had been completed. For bank staff, of the 12 staff eligible for an appraisal, all had been sent an appraisal form but only one was completed (8%). The provider did not have a target of appraisals to be completed yearly.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The managers actively encouraged, supported and paid for learning and development needs of staff. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Managers identified poor staff performance promptly and supported staff to improve and provided evidence of this.

### 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.**

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff referred patients for mental health assessments when they showed signs of mental ill health.

### 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.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Not all staff understood about Gillick Competence. However, it was contained in safeguarding training. When managers were informed of this, they updated the staff involved immediately.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

## Are Emergency and urgent care responsive?

We had not rated this service before. We rated it as good.

### Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

# Emergency and urgent care

Managers planned and organised services, so they met the needs of the local population within the limitations of their contracted work. Facilities and vehicles were appropriate for the services being delivered. Staff could access emergency mental health support 24 hours a day, 7 days a week for patients with mental health problems, learning disabilities and dementia. This was through the local NHS ambulance trust they worked for.

Staff were able to 'see, treat and discharge' patients and following a care pathway as agreed with clinical validation from the local NHS ambulance trust they worked for. The service had systems to help care for patients in need of additional support or specialist intervention.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

Staff understood the communication needs of patients with a disability or sensory loss. However, staff did not have access to communication aids in the vehicles. Staff had access to interpreters through the local NHS ambulance trust they were under contract to, when needed.

## Access and flow

**People could not always access the service when they needed it, in line with national standards, but received the right care.**

Due to the high demand within emergency care departments, handovers were delayed. This was out of the providers control, however it had been added to the providers risk register as a concern. Staff supported patients when they were transferred to hospital or between services. The paramedics cared for patients in the ambulances at hospitals while waiting to handover the patient to emergency staff.

Regular monthly performance meetings were held with the local NHS ambulance trust they were under contract to, to identify and discuss performance against key performance indicators.

## Learning from complaints and concerns

**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.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information on their website about how to raise a concern. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. The provider had few complaints but provided evidence of learning and change in practice from complaints.

## Are Emergency and urgent care well-led?



# Emergency and urgent care

Good 

We had not rated this service before. We rated it as good.

## Leadership

**Leaders had the skills, abilities and experience 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.**

Leaders had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. There was no formal leadership strategy and development programme to include succession planning. However, the provider was relatively new and were considering formal leadership training for relevant staff.

## 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.**

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed by the management team and external partners. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

Services were planned to meet the needs of the relevant population. Progress against delivery of the strategy and local plans was monitored and reviewed through the contract with the local ambulance provider they worked for.

## 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 provided opportunities for career development. The service had an open culture where patients and staff could raise concerns without fear.**

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vision and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within and beyond the organisation.



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There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively.

## Governance

**Leaders usually 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 effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with contractors were governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.

However, recruitment practices did not meet the requirements imposed by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed the files of the four staff employed by the provider. The recruitment files for staff were incomplete as a full employment history had not been recorded in three cases and one employee only had one reference. When this was brought to the providers attention, they immediately rectified the situation. The provider obtained full and complete employment history with explanations of employment gaps for 100% of the 38-substantive staff. The provider also deactivated four bank staff (from the bank of 15) who did not submit the required Schedule 3 documentation.

During the height of the pandemic, one reference was considered compliant. The provider has now ensured all staff without a second reference has had their second reference requested and a review conducted to ensure references comply with Schedule 3 requirements. The provider has recently installed a new electronic recruitment system already Schedule 3 compliant. Applicants were unable to progress through the system to interview stage unless compliant. All new ambulance clinicians below the grade of paramedic being employed are required to be registered with the Health Practice Associates Council to provide further assurance for the provider of compliance with Schedule 3 requirements.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and had systems to identify where actions should be taken.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. Potential risks were considered when planning services, for example, seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Impact on quality and sustainability was assessed and monitored. There were no examples of where financial pressures had compromised care.

# Emergency and urgent care

## Information Management

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

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings at all levels. Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

## Engagement

**Leaders engaged with external partners to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. There was transparency and openness with all stakeholders about performance.

## Learning, continuous improvement and innovation

**Staff were committed to continually learning and improving services. Leaders encouraged personal and professional development.**

Leaders and staff aspired to continuous learning and improvement including participation in recognised accreditation schemes.

The provider had an effective development programme for staff to progress and study for new qualifications. Staff were started on a development programme from commencement of their employment. They were given time and were paid to attend non-mandatory education and training sessions. Staff were trained to a higher specification for their role which produced a highly motivated and educated workforce.