Immediate Care Medical Services Limited

Immediate Care Medical Services Ltd

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Insufficient evidence to rate
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an inspection of Immediate Care Medical Services Ltd using our comprehensive methodology under the core service framework of Patient Transport Services (PTS) and Emergency and Urgent Care (EUC). The service was last inspected in 2018 but was not rated.

Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day. We undertook a site visit on 19 October 2022.

The service had been previously inspected but not rated. We rated it as requires improvement because:

- The service did not manage medicines well. They did not always investigate safety incidents, learn lessons from them and share them with staff. Managers did not have clear process to apply duty of candour where undertaking subcontracted work.
- The service did not always record or monitor response times. Learning from audits was not always shared with the team to improve. Managers did not formally appraise staff's work performance or hold supervision meetings with them
- The service did not make it easy for people to give feedback. The service did not have complaints information clearly available to patients.
- Staff did not understand the service's vision and values, and how to apply them in their work. Governance structures were not always effective. Quality and safety oversight mechanisms did not always identify risk. Processes were not in place to seek staff views and experiences to improve the service. Managers did not actively seek feedback from people who used the service.

However:

- 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.
- 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 and supported them to make decisions about their care.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it.
- Leaders generally had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Managers supported staff to develop their skills. 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.

We did not rate caring as we had insufficient information to rate. We did not observe any patient care.

We have taken enforcement action as a result of this inspection to promote patient safety. We served a warning notice to the service requiring them to make improvements in the recording, storage and management of medicines including controlled drugs. See the EUC report findings for what we found.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Good	Our rating of this location is 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. Managers made sure staff were competent. The service controlled infection risk well. Staff assessed risks to patients and kept good care records. • Staff provided good care and treatment and managers monitored the effectiveness of the service. Managers made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. • The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it. • Leaders generally had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Managers supported staff to develop their skills. 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. However: • The environment did not always meet national guidance. The service did not always share learning from incidents with staff. Managers did not have clear process to apply duty of candour where undertaking third party work. Lessons learned from complaints were not always shared with staff.

Summary of findings

- Governance structures were not always effective. Processes were not in place to seek staff views and experiences to improve the service. Managers did not actively seek feedback from people who used the service.

We rated this service as good because it was safe, effective and responsive. However, well led requires improvement. We did not rate caring on this inspection.

Emergency and urgent care

Requires Improvement

We rated it as requires improvement because:

- The service did not manage medicines well. Staff did not always receive feedback following incidents.
- The service did not always record or monitor response times. Learning from audits was not always shared with the team to improve. Managers did not formally appraise staff's work performance or hold supervision meetings with them
- The service did not make it easy for people to give feedback. The service did not have complaints information clearly available to patients.
- Staff did not understand the service's vision and values, and how to apply them in their work. Governance structures were not always effective. Quality and safety oversight mechanisms did not always identify risk. Processes were not in place to seek staff views and experiences to improve the service. Managers did not actively seek feedback from people who used the service.

However:

- 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.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the

Summary of findings

service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.

- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it.
- Leaders generally had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Managers supported staff to develop their skills. 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.

Emergency and urgent care is a small proportion of the service activity. The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport services section.
We rated this service as requires improvement.

Summary of findings

Contents

Summary of this inspection

Background to Immediate Care Medical Services Ltd

Immediate Care Medical Services is operated by Immediate Care Medical Services Limited. The service provides patient transport services and emergency event transfers. Services are offered nationally but predominantly within the West Midlands and East of England areas. The registered manager is the owner.

The service has contracts with both NHS and independent ambulance service providers to transport patients between homes, clinics and hospitals as well as inter-facility journeys. The service also has several event contracts which they provide medical cover which includes emergency care and transport to hospital.

There are 11 substantive staff employed by the service which includes the registered manager who was the clinical director, an operations director, a logistics manager, a training manager, human resources manager and administrative and make ready team staff. The service employees 57 subcontracted staff including paramedics, nurses, doctors, ambulance technicians and ambulance support assistants.

The regulated activities delivered by the provider are:

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

The service was previously inspected in 2018 but not rated. Following this inspection, we identified a breach in Regulation 17 Good Governance. We issued the service with a requirement notice to ensure staff employed underwent appropriate safe checks, staff were provided with safeguarding training, to improve management of risk and governance processes. During this inspection we found improvements had been made.

The main service provided by this service was patient transport services. Where our findings on patient transport services – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport service report.

How we carried out this inspection

We carried out an inspection of Immediate care Medical Services Ltd using our comprehensive methodology under the core service framework of Patient Transport Services (PTS) and Emergency and Urgent Care (EUC). Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day. We undertook a site visit on 19 October 2022. The service has been previously inspected but not rated.

During the inspection visit, the inspection team:

- Spoke with the registered manager and operations director.
- Spoke to 13 staff.
- Inspected five vehicles.
- Reviewed nine patient transfer records.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies and procedures.
- Reviewed and observed the storage of equipment and records.

Summary of this inspection

We were unable to observe a patient transfer as there were none booked in on the day of our inspection.

The team that inspected the service comprised two CQC lead inspectors, and two specialist advisors with expertise in PTS and EUC. The inspection team was overseen by Michelle Dunna, Inspection Manager.

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 service had an employee assistance programme which provided a 24-hour helpline to support staff and their relatives through any issues or problems. It was a free 24-hour confidential helpline to speak with a trained counsellor who provided support around stress and anxiety, family issues, work advise and financial well-being. Staff could download the app and use as required.
- Managers had identified two staff members to attend freedom to speak up guardian (FTSUG) training to ensure staff felt listened to.

Areas for improvement

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

Action the service MUST take to improve:

Patient Transport Services/Emergency and Urgent Care

- The service must ensure the proper and safe management of medicines, including controlled drugs in relation to the undertaking of the emergency and urgent care regulated activity. This includes but is not limited to the recording, safe storage and administration of all medicines at the ambulance base and on ambulances. There must be robust processes in place to accurately record all medicines and robust systems check medicines are accounted for. Regulation 12 Safe Care and Treatment (1)(2)(g).
- The service must ensure it has an open, transparent and robust process for investigating incidents, to identify, share and make changes from learning. The service must ensure mechanisms for sharing this learning with all staff is effective and fully implemented. Regulation 17(1)(2)(b)(f).
- The service must ensure oversight and governance systems are effective. They must have a process so that trends and themes from audits, incidents, feedback and complaints are identified and consistently reviewed and shared with all staff improve the quality and safety of services provided. Mechanisms to feedback to staff should be effective and aligned to oversight and governance meetings. Arrangements must be in place to ensure all staff including subcontracted staff have undergone an appraisal and receive appropriate supervision. Regulation 17(1)(2)(a)(b)(f).

Action the service SHOULD take to improve:

Patient Transport Services/Emergency and Urgent Care

Summary of this inspection

- The service should ensure there is a formalised process for replacement of used linen. Regulation 12.
- The service should ensure there is a policy in place to support staff in the management of a deteriorating patient. Regulation 12.
- The service should ensure any petrol stored on the premises is done so in line with Health and Safety Executive (HSE) requirements. Regulation 15.
- The service should ensure all fire extinguishers are stored securely. Regulation 15.
- The service should ensure complaints information is widely available to all service users. Regulation 16.
- The service should ensure duty of candour responsibilities are fully applied. This includes but not limited to being open and transparent with patients and notifying patients as soon is practicably possible that a notifiable incident has occurred. Processes should be in place where providing subcontracted services to be clear who will take the lead in applying duty of candour for patient safety incidents. Regulation 20.
- The service should review how it collects feedback from patients and those close to them.
- The service should review its systems for collecting feedback from staff and other providers to help shape and develop the service.
- The service should ensure that suitable disinfectant wipes are available on all vehicles to facilitate infection prevention and control. Regulation 12.
- Managers should ensure that incidents are thoroughly investigated, and lessons learned are shared with staff. Regulation 17.
- The service should ensure service level agreements are in place for all subcontracted work undertaken. Regulation 17.
- The service should consider implementing a service strategy with specific, measurable and timely goals to achieve the vision which aligns to quality and safety improvements.
- The service should consider monitoring response times.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Requires Improvement	Good
Emergency and urgent care	Requires Improvement	Requires Improvement	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Insufficient evidence to rate	Good	Requires Improvement	Requires Improvement

Good

Patient transport services

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Requires Improvement

Are Patient transport services safe?

Good

The service has not been previously rated. We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The service had an up-to-date policy on statutory and mandatory training. All staff including permanent and sub-contracted staff received an annual programme of mandatory training. Data provided to us following our inspection demonstrated 100% of staff including Ambulance Care Assistants (ACA) were compliant with their e-learning mandatory training. In additional to e-learning, the service provided face to face manual handling of which 76% had completed and Action Counters Terrorism (ACT) training of which 94% had completed. We saw where staff were not complaint, they had been booked onto training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Processes were in place to record staff mandatory training requirements, completion dates and renewal dates. This was monitored jointly with the human resources team and the training manager. Email reminders were sent to staff when an update was due, and we saw reminders to complete mandatory training was included in quarterly staff newsletters.

The mandatory training was comprehensive and met the needs of patients and staff. Training was a mixture of online and face to face learning. Mandatory training included but was not limited to infection prevention and control level two, information governance, management of anaphylaxis, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs), Mental Health Act (MHA), moving and handling, consent, health and safety, equality and diversity and fire safety.

Staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia. The mandatory training programme included modules on learning disability, dementia awareness and the Mental Health Act. All staff had completed it.

Patient Transport Service (PTS) drivers underwent a driver assessment as part of their mandatory training.

Training documentation showed that most staff were up to date in these areas of their mandatory training. There was evidence that management sent out emails to staff to remind them when training modules were approaching expiry dates. Where a training module had expired, there was evidence staff had been booked onto face-to-face training.

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.

The service had an up-to-date safeguarding policy.

Staff received training specific for their role on how to recognise and report abuse. Data provided to us following our inspection showed 100% of PTS staff were up to date with level two safeguarding adults and children training. Many of the staff we spoke to said that they had additionally completed Level three, and there was evidence of this in training files we reviewed. Furthermore, the nominated safeguarding lead was a registered nurse and trained to safeguarding adults and children level four. This was in line with the intercollegiate guidance Safeguarding Children and Young People: Roles and Competencies for health care staff intercollegiate document 2019 and Adult Safeguarding: Roles and Competencies for Health Care Staff 2018. The mandatory training also involved preventing radicalisation and domestic abuse of which all staff had completed.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Safeguarding vulnerable adult and safeguarding children and young people policies were in place. Both policies had undergone regular reviews and were based on most up to date guidance. Staff were able to give examples of where they had identified adults and children at risk and had worked with other agencies to protect them. For example, one staff member identified a vulnerable adult who was a risk of self-neglect after seeing that their property was in a serious state of disrepair and that they were hoarding. Another staff member raised safeguarding concerns about a patient who expressed suicidal ideations to them and as a result ensured they stayed in hospital rather than being taken home as planned.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There had been 14 safeguarding referrals made within the 12 months prior to our inspection in relation to the PTS regulated activity. A safeguarding referral prompt sheet was displayed at the service base and stored on vehicles which was accessible to staff. Staff identification cards had safeguarding prompts on the back with a number to call should they identify any concerns. Staff could obtain safeguarding support and advice from the service safeguarding lead. All PTS staff spoken to were aware of who the safeguarding lead was for the service.

We observed a poster on a staff notice prompting staff to report safeguarding concerns on an online system.

Safety was consistently promoted in recruitment practice. During our last inspection in February 2018, we found recruitment processes were not robust and staff employed did not always evidence appropriate safety checks had been completed. During this inspection we found significant improvements had been made. The service had invested in a human resources team who implemented procedures to ensure all safety checks were completed prior to undertaking care and treatment. The service had a recruitment policy and disclosure and barring service (DBS) policy which had been regularly reviewed. All five staff records we reviewed demonstrated safety checks had been completed. For example, all had relevant qualifications listed, skills and experience, employment history, two references, rights to work, a health questionnaire and working time directives waivers. Role specific checks were completed such as driving licence checks.

Good

Patient transport services

The service had a recruitment policy and disclosure and barring service (DBS) policy which had been regularly reviewed. During our inspection we reviewed five PTS personnel files. Records we reviewed demonstrated staff had undergone an enhanced DBS check within a year of employment as per policy. We saw evidence of original DBS documents being checked with dates for next checks documented. Systems were in place to monitor DBS updates required. If required, risk assessments were used to assess risk to service users where concerns had been identified during the recruitment process. Other safety checks such as 2 forms of photographic ID, a full employment history, references, and a health questionnaire including records of vaccinations and driving licence checks were also completed.

The service had a personnel file audit in place to check for compliance against employment safety checks and systems were in place to identify staff who were due for DBS updates and training updates. This meant the service had effective systems to ensure safety checks were completed at the point of recruitment and ongoing.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect service users, 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 had an up to date infection prevention and control policy which had been regularly reviewed. Cleaning equipment was safely stored in a locked cupboard and clearly labelled. A risk assessment was in place around Control of Substances Hazardous to Health (COSHH).

Mops and brushes were colour coded, and mop heads were single use. Various brands of disinfectant wipes were in use around the premises, but staff could not be assured that all the brands could counteract healthcare associated infections to the required standard. This was addressed on the day however, and all wipes were replaced with a single brand known to meet the required standard.

Vehicles we inspected were visibly clean and well-maintained. A team of staff called the 'make ready' team ensured vehicles were ready for deployment at the start of each shift. We inspected two vehicles and found they were clean and well-maintained. The equipment on board was clean and correctly stored. Staff used chlorine-based products to clean medical equipment and surfaces, and equipment was labelled to indicate when it had last been cleaned. However, there were no disinfectant wipes on either of the vehicles to use for cleaning stretchers and equipment in between transfers. One of the vehicles did not have a spill kit for use on bodily fluids.

Staff followed infection control principles including the use of personal protective equipment (PPE). Information on how to sanitise hands was readily available in the foyer for visitors to read. Hand washing posters demonstrating best practice in hand washing techniques was on display above sinks. Staff completed training on hand hygiene principles during their induction. However, as we were unable to observe any care being delivered, we could not observe if staff regularly decontaminated their hands and used PPE correctly. The premises and vehicles were well-stocked with PPE. Staff understood the different PPE requirements when dealing with infectious and non-infectious patients. Staff were seen to carry personal bottles of hand sanitiser which were issued as part of their uniform. All staff undertook a screening questionnaire for COVID-19 and a temperature check in the foyer of the premises before the start of each shift.

There was a ready supply of disposable gloves and aprons for all staff if they required them. Antibacterial hand gel was available in the service base and on vehicles. Staff told us the used it between each patient contact or washed their hands in sinks when available. We were unable to observe any care being delivered so we could not observe if staff regularly decontaminated their hands.

Clinical waste was stored on site at the ambulance station. The service had a contract in place for waste removal which was regularly collected. The waste bins were locked and not overly full. This meant clinical waste could not be removed from the bin therefore did not present a health and safety risk.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff recorded when they had done daily cleaning on an online system. There was evidence of daily cleaning as well as six weekly deep cleaning of vehicles. From May and October 2022, vehicle audits were undertaken on a monthly basis which included swabbing of different areas of vehicles for germs. Most audit results were compliant. Where they were not compliant, there was evidence that the vehicle was re-cleaned and re-tested.

Environment and equipment

The design, maintenance and use of facilities, premises and vehicles kept people safe. The storage of equipment did not always keep people safe. Staff were trained to use vehicles and equipment. Staff managed clinical waste well.

The storage of equipment did not always follow national guidance. During our inspection we found a plastic petrol container stored on a shelf which was full of petrol. Appropriate labels to display the substance or to indicate it was highly flammable were not visible. The container was not stored in an appropriately labelled metal cabinet in line with Health and Safety Executive (HSE) requirements to reduce the risk of harm caused by a possible explosion. Managers removed this container immediately. They added petrol storage to their risk register with an action to purchase appropriate storage.

Staff carried out daily safety checks of specialist equipment. The vehicle inspection included checks on tyres, engine oil, vehicle lights, fire extinguishers and air conditioning/heating systems. Staff also undertook a check of equipment used to aid in patient care such as seats and belts, stretchers and carry chairs, patient monitors/defibrillators, suction units and blankets.

Systems were in place to ensure vehicles were safe for use. The two vehicles we inspected had undergone a MOT, service and had valid tax and insurance. All vehicles had breakdown cover. All vehicles were stored securely at the registered location when not in use. We found they were locked, and the keys were stored in a key safe to prevent unauthorised access.

The service had enough suitable equipment to help them to safely care for patients. All equipment was serviced annually and up to date with their safety checks. The service held a log of when equipment was due to serviced or had been serviced. They acted upon concerns raised by the companies who serviced the equipment. We saw all the servicing was in date.

We checked three fire extinguishers in the garage area. One, which was on the ground in a separate part of the garage, was not in use and therefore had not been recently serviced. The two that were in use had evidence of up-to-date servicing.

Staff disposed of clinical waste safely. Waste management was handled appropriately with separate colour coded bins for general, clinical, medicinal and sharp waste to prevent the risk of infection. A general waste and clinical waste bin was available in the main entrance.

Assessing and responding to patient risk

Good

Patient transport services

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 completed risk assessments for each patient. There was evidence in the PTS patient care records seen that staff performed a risk assessment for each patient prior to transfer, recording patient observations, medical history, allergies and medication and any other comments on patient condition.

The service managed risk by imposing some exclusion criteria on PTS work undertaken. Managers told us that they didn't accept mental health transfers or transfers of neonates or babies as they didn't have the facilities required.

Staff knew about and dealt with any specific risk issues. Staff were told of risk factors such as positive infection status and specific equipment needs ahead of pickup.

Staff could explain what actions they would take in the event of patient deterioration. There was no policy in place for care of the deteriorating patient. However, staff could explain what they would do in the event of a patient deteriorating. For example, they told us they would transport them to the nearest hospital or call for backup from a frontline or 999 crew.

Ambulance Care Assistants (ACA)s received clinical training in the form of the Level 3 Certificate in First Response Emergency Care (FREC3) or 'FREC3'. Content of the course included basic life support (BLS) for adults, children and infants including the use of an automated external defibrillator (AED). It also trained ACAs in the administration and monitoring of oxygen, and the care of suspected musculoskeletal injuries such as fractures and sprains. All staff had completed and were up to date with this course. This meant staff were trained to respond to a deteriorating patient.

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms are personalised recommendation for a person's care in a future emergency, for example a cardiac arrest, in which they do not have capacity to make or express choices. One member of staff told us that they ensured ReSPECT forms were correctly filled before leaving a healthcare setting with a service user, and another said they would always refer to ReSPECT forms in the event of a deterioration.

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.

The service had enough staff to keep patients safe. The service employed 11 substantive staff. This included the registered manager who was the clinical director, an operations director, a logistics manager, a training manager, HR manager and administrator, and make ready team staff.

For the provision of Patient Transport Services (PTS), 17 Ambulance Care Assistants (ACA) worked on a zero hours contract or self-employed basis. Staff used the electronic 'Homebase' system to allocate themselves onto PTS shifts. Managers ensured that only staff with the ACA skill set could gain access to the PTS on-line rota, meaning that only those with the right skills and training were allocated.

Optimal staffing numbers were decided by the subcontractor client. A typical PTS crew consisted of two staff members. If the service was only able to provide one staff member, this was discussed with and had to be agreed by the client.

Good

Patient transport services

Staff we spoke to said they had never felt unsafe or compromised at work due to staffing levels.

Managers made sure all staff had a full induction and understood the service. We saw the service used an induction sign off form which was signed by the employee and manager to evidence that staff had completed the induction to the service. Staff we spoke to told us they had an induction when they started which included a tour of the premises, induction to the vehicles, equipment, and meeting managers and colleagues.

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 record forms (PRF) were comprehensive, and all staff could access them easily. Staff kept 'running sheets', brief handwritten logs of each transfer. This included the patient journey type/. For example, home to hospital, the equipment used for the transfer, time of job allocation, collection time and finish time. There was also a box to be ticked as to whether any oxygen therapy was continued, or started, the latter of which prompted staff that would a patient record form (PRF) would need to be completed.

We viewed two PRFs for Patient Transport Services (PTS) transfers. The PRFs reviewed contained a detailed medical history including pre-existing conditions, medications taken and known allergies. PRFs included patient personal details, a primary survey, observations undertaken such as oxygen saturation level, blood pressure and pulse rate and any other patient assessment information. They were completed clearly, signed and dated.

Records were stored securely in a locked cabinet in the ambulance station. There was a confidential waste bin in the station which was locked.

Medicines

The service followed best practice when storing medicines.

The service had a medicines management policy which was up to date and regularly reviewed.

Oxygen was the only medicine used in Patient Transport Services. A risk assessment was in place for the storage of medical gases including oxygen. We saw that oxygen cylinders were stored appropriately in a padlocked cage in the garage. Full and partially full cylinders were stored on separate, labelled shelves. Empty cylinders were stored away from the full and partially full cylinders and had red tags on them to indicate that they were empty. Oxygen cylinders were safely secured on the vehicles we checked.

The service did not supply or store any patient medication for PTS. Patient's take home medicines were kept safely with their belongings during transport.

Incidents

Good

Patient transport services

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers did not always investigate incidents thoroughly and share lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had a policy in place around incident reporting and procedures which was up to date and had regularly been reviewed.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff reported serious incidents clearly and in line with the service's policy. Following the inspection, the service provided us with incident reporting data. The data included incidents reported for both core services. The data showed that from 01 November 2021 to 31 October 2022, 47 incidents had been reported. This included six clinical incidents, 21 vehicle incidents, eight safeguarding incidents, seven personal incidents, two staffing incidents, one serious incident and one other.

Staff we spoke to could give a range of examples of incidents they had or would report including slips, trips and falls, vehicle breakdown, equipment failure, and threatening or abusive behaviour.

Staff knew how to report incidents on an online incident reporting form (IRFs) on the service's portal. Once submitted, IRFs were assigned to the relevant manager for review depending on the nature of the incident, for example vehicle incidents would be assigned to the logistics manager.

Staff reported serious incidents clearly and in line with provider policy. There was evidence that a thorough investigation had been conducted into a recent serious incident following a patient fall. An action plan had been implemented following the investigation.

Managers did not always investigate incidents thoroughly and in line with the service incident reporting policy. Paper copies of the incidents were placed in folders and stored in the ambulance station. Managers told us they investigated all incidents reported. However, we found evidence of two out of four incidents we reviewed being investigated by the manager with documented actions. Manager outcomes were inconsistent, lacked detail with limited evidence of actions to improve and shared learning. Furthermore, we found the 'incident report form managers investigation outcome' document was not used as outlined in appendix six of the incident reporting policy to investigate each incident.

Staff did not always understand the duty of candour. The service had a duty of candour policy and procedure in place which had been recently reviewed. The policy contained an action card to inform staff of actions they should take in applying duty of candour. Two out of the four PTS staff we interviewed did not understand or could not recall the principles of duty of candour. Other staff understood that it related to openness and always being honest with service users. Managers could not give any examples of where they had applied duty of candour in relation to the PTS activities regulated. However, they told us they would be open and transparent, and give service users and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, but managers did not always share learning with staff about incidents that had occurred.

Good

Patient transport services

Staff we spoke to who had reported an incident said that they had received updates and feedback on their report. Staff who had not reported incidents could not recall shared learning around incidents that others had reported. As PTS staff were subcontractors, they did not attend regular staff meetings. Managers created a quarterly newsletter and clinical and operational notes to communicate updates and changes to staff. We reviewed recent editions and could not see any evidence of shared learning from incidents that had occurred or been investigated.

Managers did not always share learning with their staff about incidents that had occurred. Following the inspection, we requested management and team meeting minutes for the 12 months prior to our inspection and did not see evidence of learning from incidents being shared to improve patient safety. As clinical staff were subcontracted, managers created a quarterly newsletter and clinical and operation notes to communicate updates and changes. We reviewed recent editions and did not see any evidence of shared learning from incidents that had been investigated.

There was some evidence that changes had been made as a result of feedback. Managers told us that following an incident several years ago where a service user slipped in their home resulting in a serious injury, they introduced dynamic risk assessments for staff using TILE (task, individual, load and environment). There was no evidence that this learning was embedded amongst staff however, as a recommendation from the review of the most recent fall incident was to ensure a TILE assessment is conducted.

Are Patient transport services effective?

Good

The service has not been previously rated. 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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to policies and procedures through the provider's portal, meaning that staff had access to guidance while working remotely. Staff were given policies and procedures to read at their induction. Where there were policy updates, this was communicated to staff through the quarterly newsletter.

Monthly manager audits included for example, infection prevention and control practice, vehicle safety, medicines management and safer recruitment. Managers told us any issues of non-compliance would be communicated with an individual staff member. During our inspection, we saw some examples of this, however, limited evidence of wider learning being shared.

Nutrition and hydration

Staff assessed patients' food, drink and other requirements to meet their needs during a journey.

Due to the nature of the service, food and drink was not routinely provided. Staff who were asked about food, drink and toileting arrangements on a long journey said that they would ensure that service user's needs had been met before starting out on the transfer and would factor in breaks if needed.

Good

Patient transport services

Response times

The service did not monitor response times and did not have response time targets set by clients.

Patient Transport Service (PTS) crews were allocated jobs by subcontractor clients' control rooms. Staff recorded job allocation time, and the start and finish times of transfers on daily running sheets. The times were not audited. Managers told us clients had not set response time targets.

Competent staff

The service made sure staff were competent for their roles. Managers did not formally appraise staff's work performance or hold formal supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed training appropriate to their role in their own time. During our inspection we checked five staff records and were assured all staff were suitably qualified for the role.

Managers gave all new staff a full induction tailored to their role before they started work. There was a standard induction for Patient Transport Service (PTS) staff which included a tour of the premises and introduction to the vehicles, equipment, managers and colleagues. All staff we spoke to said they had an induction, and this was evidenced in personnel files.

Managers supported staff to develop, but this was not always a formal process. Most PTS staff we spoke to told us that managers were supportive of their development but as they are subcontracted staff, they did not have formal appraisals or supervisions. Some staff told us they had informal check-ins with managers regarding the job and their wellbeing.

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.

Managers worked effectively with commissioning and contracting services, to ensure they delivered the most appropriate care for the patients within the community. The subcontracting NHS ambulance provider undertook regular governance inspections of the service. The last inspection to took place in April 2022 which demonstrated the service had met all the standards to enable them to safely transfer patients on their behalf. Staff worked well with the primary contract holders to establish all the relevant information they needed in order to meet a patient's needs and transfer them safely. Staff also liaised with other agencies that they transported patients to and handed over any information relevant to that patient to ensure they continued to receive the appropriate care.

We saw evidence of positive feedback commending a PTS crew who supported another ambulance service crew by staying behind after a completed job to help transfer their patient onto their ambulance. This enabled the patient to get to the care they needed quicker. The crew were described as professional, supportive and a credit to their service.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Good

Patient transport services

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.

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. Staff we spoke to understood the principle of consent, how to gain service users' consent and the decision-making requirements of the MCA 2005.

Staff clearly recorded consent in the patients' records. Staff gained verbal consent to transfer patients. We saw on the sample of patient care records viewed that staff recorded whether service users had capacity to consent, whether they consented to assessment and if they consented to information sharing.

When patients could not give consent, staff understood how to make decisions in their best interest. There was a capacity to consent policy was in place and had been regularly reviewed. It provided best practice guidance on the Mental Capacity Act (MCA) 2005.

Where a service user lacked capacity, staff said they would refer to their care plans and next of kin for assistance in decision-making.

There was a capacity to consent policy in place which had been reviewed in October 2022. We saw it underwent regular reviews and included best interest guidance and information to support the assessment of people who lack capacity to consent.

Are Patient transport services caring?

Insufficient evidence to rate

The service has not been previously rated. We did not gather enough information to rate the caring domain.

Compassionate care

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

We were unable to observe care as there were no PTS crews leaving the base to undertake transfers during the time we were at the registered location.

Staff we spoke to told us they understood and respected the personal, cultural, and social needs of patients and tried to make reasonable adjustments to care based on this.

Emotional support

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

Good

Patient transport services

We did not see any patient transfers during this inspection, and we did not speak with any patients or their relatives during this inspection. The service did not have any recent feedback from patients who had been treated and conveyed to hospital.

Are Patient transport services responsive?

Good

The service has not been previously rated. We rated responsive as good.

Service delivery to meet the needs of local people

The service 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. The service provided patient transfers to other ambulance service including NHS and independents ambulances services. Managers acknowledged that their subcontracted patient transport services (PTS) work took pressure off their clients and allowed them to fulfil their service contracts.

Bookings were responded to by crews as they came through on the mobile application and were actioned immediately. As each job was done and signed off a new job was raised. This was manged by the primary provider. The service was flexible and could facilitate last minute requests for transport journeys. The operations manager told us that if they received a booking request that they were unable to meet, they would not accept it.

Facilities and premises were appropriate for the services being delivered. Vehicles were equipped with wheelchair tracks, accessible ramps, stretchers, passenger seats and vehicle harnesses, including paediatric harnesses.

Meeting people's individual needs

The service took account of some individual needs and preferences. Staff 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 received training on how to support people living with dementia or a learning disability during their mandatory training.

Staff had access to communication aids to help patients become partners in their care and treatment. The service had communication aid booklets available when required. However, some staff were not aware of this. Staff could give examples of ways in which they met the needs of individuals. Some staff told us that mini whiteboards and pens were available on vehicles to enable written communication with service users with hearing loss. One staff member said they had basic knowledge of sign language.

The service did not have information available in languages spoken by the patients and local community. Managers to us they did not provide access to services such as translation lines. Most PTS staff told us that they used online translation services or family members to communicate with service users who spoke limited English. Staff who were asked how they would communicate around clinical decisions with people who spoke limited English told us that they would find a professional translator or staff member who could speak the language if they were in a healthcare setting.

Access and flow

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

The PTS service supported their third party subcontractors to provide patients access to transport as demand dictated. The service was also due to begin a programme of subcontracted work with the subcontractor to ease upcoming winter pressure demands.

When patients required transport, bookings were given to the crew by the clients' control room, meaning they were not always given information about how long the patient had been waiting prior to the booking or prior to being picked up. We reviewed seven 'running sheets' however and found the average time between job allocation and patient pick up was less than an hour. The service operated seven days a week.

Learning from complaints and concerns

There was a process in place for people to give feedback and raise concerns about care, however no feedback had been received. The service treated concerns and complaints seriously and investigated them but did not always share lessons learned with all staff, including those in partner organisations.

Patients, relatives and carers knew how to complain or raise concerns.

Following the inspection, the service provided us with complaints data that showed that from 01 October 2021 to 30 September 2022, there had not been any complaints in relation to the PTS regulated activity. However, information about the serious incident was first shared with the provider through a complaint made to the independent ambulance third party provider.

The service displayed some information about how to raise a concern in patient areas.

Managers told us that while the service did not provide their own patient feedback forms for PTS, feedback forms provided by the third-party subcontractor were available on vehicles. Most PTS staff we spoke to were aware of these forms.

Staff understood the policy on complaints and knew how to handle them A complaints policy and procedure was in place and had been reviewed in January 2022. Some staff members said they would refer complainants to the service's office as per policy.

Managers investigated complaints and identified themes. There was evidence that a thorough investigation had been conducted following the receipt of the complaint regarding the recent serious incident. An action plan had been implemented following the investigation, which was to be shared with staff

Good

Patient transport services

Managers did not always share feedback from complaints and share learning with staff to improve the service. Systems were in place to record complaints on an online system. Managers were able to describe the process and timescales for responding to complaints in line with the service policy. Managers told us they would share feedback through the service staff newsletter or send out notices by email. None of the staff spoken to were aware of any complaints made about the service, however. There was no evidence in the staff newsletters we saw that managers shared information or feedback about complaints.

Are Patient transport services well-led?

Requires Improvement

The service has not been previously rated. We rated well-led as requires improvement.

Leadership

Leaders generally 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.

Leaders had the skills and abilities to run the service. The registered manager was the clinical director who was a registered nurse and had completed leadership and management training. The manager told us they had worked in a previous job role requiring leadership and people management skills. An operational director led the day to day running of the service. They had not completed any leadership or management training but told us they planned to in the near future. The management team was made up of a medical lead, logistics manager and a training manager.

The service had designated leads including a safeguarding and infection control lead. There was a lead paramedic and training lead.

Leaders were visible and approachable. Most staff spoke highly of leadership and management team. Staff generally knew who to go to for specific advice and support.

Vision and Strategy

The service had a vision for what it wanted to achieve which was focused on sustainability of services. However, it did not have a robust strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff did not understand how to apply the vision or strategy.

The service had a vision and mission statement which was displayed within the ambulance station. The vision was 'to be the most respected, reliable and dependable medical services provider within the greater midlands area. Providing outstanding healthcare and training, with patient safety and clinical compliance always at our core'. They set out a four-step mission to achieve their vision through a mission statement which included:

- Investing in their team.
- Developing a positive reputation.
- Improving internal processes.
- Experience of directors.

Whilst there was a vision in place, the service did not have a robust strategy to turn it into action. The operations director had a plan to build the business by securing new contracts without compromising safety. However, the plan was not documented with a clear strategy for achieving its goals. We did not see evidence that progress against plans to expand and improve the service were monitored.

Staff did not know whether the service had a vision or strategy and were not included in its development.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service did not actively promote equality and diversity in daily work, but the service had an open culture where patients, their families and staff could raise concerns without fear.

Generally, staff felt supported, respected and valued. Two staff members said that staff are made to feel like members of the family. Most staff said that they would be comfortable raising concerns to management without fear, and two staff members added that they would be confident that their concerns would be dealt with quickly and in a professional manner. Managers told us there is a quarterly “above and beyond” award with a voucher prize for staff.

The service had an employee assistance programme which provided a 24-hour helpline to support staff and their relatives through any issues or problems. It was a free 24-hour confidential helpline to speak with a trained counsellor who provided support around stress and anxiety, family issues, work advise and financial well-being. Staff could download the app and use as required.

Managers could not recall any examples of where they actively promoted equality and diversity in the service, but there was an equal opportunities policy in place and all staff completed equality and diversity training.

The culture encouraged openness and honesty at all levels. Most staff felt comfortable in escalating concerns. Both leaders and staff understood the importance of being able to raise concerns without fear of retribution. Managers had identified two staff members to attend freedom to speak up guardian (FTSUG) training to ensure staff felt listened to. There were two FTSUGs and most staff knew about this, however, at the time of our inspection it had only just been implemented.

Governance

Governance processes were in place throughout the service; however, they were not always effective. Staff at all levels were clear about their roles and accountabilities. Opportunities to meet, discuss and learn from the performance of the service was limited.

Structures, processes and systems of accountability were in place. However, they were not fully embedded to support the delivery of quality and sustainable services.

The service had invested in an electronic reporting system to record and report incidents, safeguarding concerns, complaints and audits. We saw the system was promoted well and used by staff and managers. However, we did not see evidence the information was used in a meaningful way to improve quality through governance structures in place.

A meeting structure was in place for substantive staff only which included monthly management and team meetings. We reviewed the minutes for meetings between July and August 2022. There was a standard agenda which included

recruitment, finances, staff, events, building works, client visits, complaints, Care Quality Commission (CQC) and any other business. The minutes contained minimal information. We did not see evidence in these meetings of oversight of risk, audits outcomes, incident reporting and investigations, quality and safety issues. Monthly team meetings followed a similar agenda with additional items including clinical issues and social media. The detail was minimal with no evidence of shared learning or actions to improve quality and sustainable services. Meetings were not attended by all directors/managers therefore missed opportunities to feed in key issues/developments from different areas to form an oversight of risk/issues.

Processes to communicate with staff were in place, however, they did not fully align to the service governance structures. For example, the service had a quarterly newsletter and also produced themed staff notices to share information between newsletters. The newsletters contained reminders to complete training, update on events, introduce new staff, reminders to complete patient record forms correctly and policy updates. Newsletters we reviewed demonstrated Patient Record Forms (PRF) audit learning was shared. For example, to remind staff how to complete a PRF and the importance of recording time of arrival and handover. We also saw guidance for reporting incidents communicated and the use of pictures to demonstrate. However, we did not see evidence of any other feedback from audits, incidents and performance.

Recruitment systems had significantly improved following our inspection in 2018. There was an effective system for ensuring recruitment checks were undertaken prior to a staff member delivering care and treatment. This included ensuring staff had an enhanced Disclosure and Barring Service (DBS) check as part of the recruitment process. Regular audits were undertaken to ensure compliance with these checks which demonstrated a good level of compliance and actions to follow up.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. All staff knew who they reported to during a shift and outside of normal working hours. The service had up to date policies for staff to follow which were accessible online when off-site. These were written by the managers and reviewed during managers meetings. However, we did not see this was included as a standard agenda item. We did see prompts for staff to read updated policies in quarterly newsletter. Furthermore, arrangements were not in place to ensure all staff including subcontracted staff had undergone an appraisal with appropriate supervision arrangements.

There was a service level agreement (SLA) in place with the subcontracting NHS ambulance service. There was no service level agreement (SLA) in place with the independent subcontractor provider although managers told us that this was being pursued by their service. The lack of an SLA meant that expectations and accountabilities were not always clear. In the case of the recent serious incident, there was nothing in place which documented which service should have been responsible for applying duty of candour.

Management of risk, issues and performance

Leaders and teams did not always use systems to manage performance effectively. They identified and escalated some but not all relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Systems were in place to monitor service quality and performance. However, they were not always consistently completed or effective in identifying concerns. Managers implemented a programme of audits. This included vehicle cleaning, vehicle confidentiality, sharps boxes, workforce compliance, medicines management and human resources. Following our inspection, the service provided us with their audit spreadsheet. Managers told us audits were monthly, however, we could not determine the frequency of these audits based on the information provided.

We saw limited evidence audits were used in a meaningful way to improve the quality or safety of the service. Managers told us they discussed audit outcomes at management meetings and substantive staff team meetings. Following our inspection, we reviewed management and team meeting minutes for July, August and September 2022 and did not see any evidence of audits being discussed or actions being taken to share the outcomes with staff. However, we did see evidence of shared learning from PRF audits in a staff newsletter. This was not included in all newsletters.

Systems were in place for identifying, recording and managing risks. A risk register was in place with 34 open risks. However, risks we identified during our inspection were not cited at the time of our inspection. The risk register contained risks such as; failure of building functions, vehicle breakdown, patient/staff injury, loss of business, impact of estates modifications, adverse weather, staffing availability and accessibility to medical consumables. Following our inspection, managers updated the risk register with risks we identified on inspection including storage of vehicle fuel. Each risk contained controls that were in place to mitigate the risk. They were graded based on the likelihood, impact and severity of harm. Review dates were included and there was a risk owner. Managers told us they discussed the risk register at management meetings; however, we did not see evidence of this in meeting minutes we reviewed.

The service had systems in place to manage and review foreseeable risk. Risk assessments were in place for potential risks such as management of violence and aggression, storage of medical gases, information security, personal safety around vehicles, risk of injuries and falling and hazardous substances. Risk assessments outlined the hazard, risk of harm, existing controls and any other actions required. Review dates were yearly, and all had been reviewed within the 12 months prior to our inspection.

A business continuity plan was in place which identified critical functions required to continue service delivery and actions and resources required for their recovery in the event of systems failure. This was completed in September 2020 and was due to be reviewed in March 2023.

Recruitment systems had significantly improved following our inspection in 2018. There was an effective system for ensuring recruitment checks were undertaken prior to a staff member delivering care and treatment. This included ensuring staff had an enhanced Disclosure and Barring Service (DBS) check as part of the recruitment process. Regular audits were undertaken to ensure compliance with these checks which demonstrated a good level of compliance and actions to follow up.

Information Management

The service collected data and reviewed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service collected data on PTS activity through the daily 'running sheets'. This included the time of job allocation, and patient pickup and drop off times. Information about equipment used was also collected. Managers reviewed this information through ongoing audits of patient record information.

Data to determine the quality and safety of the service delivered was checked through a programme of audits. We saw data was collected but we did not see evidence through governance processes it was analysed or used to improve performance.

The service's policies and procedures were available for staff to access online and in paper on the notice board. They were able to access them through a staff portal on the service website.

Electronic databases were password protected. Records of journeys containing personal identifiable data were paper based records stored in a locked cabinet.

Processes were in place to submit notifications to other services. However, they service had not had any notifiable incidents to report from 1 October 2021 to 30 September 2022.

Engagement

Leaders actively engaged with event owners to plan and manage services. They collaborated with partner organisations to help improve services for patients. Managers listened to staff suggestions, but structured processes were not in place to seek staff views and experiences to improve the service. Managers did not actively seek feedback from people who used the service.

The service engaged with other organisations to plan and manage patient transfers effectively. Managers maintained close relationships with event planners both during and in between event. Managers engaged with local providers when delivering event medical cover to support the safe transfer of patients to hospital.

Structured processes were not in place to seek staff views and experiences to improve the service. There were no staff surveys undertaken. However, staff told us they felt able to feedback any ideas for improvements. For example, staff provided feedback to improve management of patient transfers to hospital by making sure all ambulances were set out the same to support quick access to equipment. We saw evidence of staff suggestions being supported by managers and implemented. Vehicles we inspected were set out the same.

People who used the service, those close to them and their representatives were not actively engaged and involved in decision-making to shape services and culture.

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.

During our previous inspection in 2018 we found:

- Recruitment processes were not robust, and staff employed did not always evidence that they had the appropriate safety checks (which included DBS and reference checks), qualifications, competencies, skills and experience to undertake their roles.
- Staff did not always evidence training in safeguarding children to meet the minimum requirements in line with intercollegiate guidance.
- There was no policies, procedures or systems in place to support identification and management of risk
- Incidents were not managed using an effective reporting, analysis and management system.
- Staff complaints, competency and conduct issues that were identified were not managed in an effective way.
- Governance was not embedded to maintain high quality standards, including risk management and assurance processes.

During this inspection we found significant improvements had been made. The recruitment processes had been improved by recruiting a human resources manager and implementing systems to ensure safe recruitment and

employment checks were undertaken. All staff had completed safeguarding training to the appropriate level. There was a risk management policy in place, and they had implemented a risk register and a series of risk assessments. The service had invested in an online reporting system for incidents complaints, safeguarding and audits. The service had embedded governance systems; however, managers recognised the need to continue to improve them.

Managers told us they had identified a need that was not being met for recording information such as equipment used on PTS transfers, as they could not access this information via one of the providers, they subcontracted work from. Managers therefore recently introduced a daily 'running sheet' for PTS crews which allowed this information to be recorded. The running sheets were reviewed by managers who identified any training needs.

Requires Improvement

Emergency and urgent care

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Requires Improvement

Are Emergency and urgent care safe?

Requires Improvement

The service has not been previously rated. We rated safe as requires improvement.

For provider level findings please see patient transport report.

Mandatory training

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

All staff received and kept up to date with their mandatory training. All staff including permanent and sub-contracted staff who provided emergency and urgent care services were expected to complete a mandatory e-learning programme. Five staff records we reviewed during our inspection demonstrated they had all completed their mandatory training. Following our inspection, we requested mandatory training data. The data demonstrated 100% of staff, including paramedics, nurses and technicians were compliant with mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. It included but was not limited to infection prevention and control level two, information governance, management of anaphylaxis, Mental capacity Act(MCA) and Deprivation of liberty safeguards (DoLS), Mental Health Act (MHA), adult and paediatric basic life support, consent, health and safety, equality and diversity and fire safety.

In additional to e-learning, the service provided face to face manual handling of which 93% had completed and Action Counters terrorism (ACT) training of which 84% had completed. We saw where staff were not complaint, they had been booked onto training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia. This was included as part of the mandatory training programme of which all staff had completed.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Data provided to us following our inspection showed 100% of paramedic, nursing and ambulance technician staff were up to date with the required level of safeguarding adults and children training. Five emergency and urgent care staff records we reviewed during our inspection demonstrated they had all completed safeguarding adult and children level three.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were able to give examples of where they had identified adults and children at risk and had worked with other agencies to protect them. For example, staff worked with the police and other healthcare professionals to safeguard a young person at an event who required hospital treatment.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Some staff we spoke to had made safeguarding referrals and those who hadn't understood their responsibilities and knew how to seek advice and guidance. The safeguarding lead supported staff with incidents and was responsible for making safeguarding referrals. Staff told us they would escalate to the safeguarding lead or the duty event officer who was a senior member of the immediate care team. From 1 October 2021 to 30 September 2022, the service made four safeguarding referrals in relation to the emergency and urgent care regulated activity. All safeguarding incidents were reported on the service incident reporting system. During our inspection we reviewed three safeguarding referrals in relation to emergency and urgent care. All contained details about the incident, concerns identified, and actions taken to safeguard people who use the service.

Safety was consistently promoted in recruitment practice. All five emergency and urgent care staff records we reviewed demonstrated safety checks had been completed. For example, all had relevant qualifications listed, skills and experience, employment history, two references, rights to work, a health questionnaire, an enhanced disclosure and barring service check and working time directives waivers. Role specific checks were completed such as driving licence checks, blue light training checks if required and professional registration checks for roles such as paramedics and registered nurses.

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.

Vehicles we inspected were visibly clean and well-maintained. A team of staff called the 'make ready' team were in place to ensure vehicles were ready for a shift to start. We inspected three vehicles in use for emergency and urgent care on the day of our inspection. We found all vehicles were clean and fit for purpose. All equipment stored on vehicles were well organised, labelled and clean. Staff used chlorine-based products to clean medical equipment and surfaces. Equipment was labelled to indicate when it had last been cleaned.

Staff told us they cleaned equipment after patient contact using disposable antibacterial wipes. For example, they wiped down stretchers and equipment used between patients.

Ambulance cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Cleaning schedules were in place which identified a list of required daily cleaning tasks to be completed. Staff recorded when they had undertaken daily cleaning on an electronic system. Records showed daily cleaning was in place as well as six weekly deep cleaning of vehicles. Managers undertook monthly vehicle cleaning audits to determine they met expected standards. Audits from May to October 2022 showed ambulances were generally compliant with all standards. Furthermore, random swab tests were undertaken to detect any bacteria or food present. A failed result would trigger a further deep clean before the vehicle could be used. All recent swabs undertaken had passed.

Spillage kits were readily available onsite and on all vehicles. Staff used spillage kits to clean up blood, vomit or other bodily fluids safely.

Linen was replaced at a local NHS trust once they had conveyed a patient to hospital. However, there was no formal contract for this in place. Soiled linen was placed in alginate laundry bags and taken to the NHS trust to be appropriately cleaned.

Staff washed their own uniforms. There was a uniform policy stating all uniforms had to be washed at 60 degree centigrade.

Environment and equipment

Vehicles used for emergency and urgent care were well maintained and kept people safe. Staff were trained to use vehicles and equipment.

The design, maintenance and use of emergency and urgent care vehicles kept people safe. The service had five emergency ambulances. We inspected three vehicles and found all three were set out the same which meant staff knew where to access key equipment in emergencies on each vehicle. Satellite navigation was accessible through personal digital assistants (PDA) and two-way radios and phones were available to staff.

Staff carried out daily safety checks of the vehicles and onboard equipment. The make ready team ensured vehicles were ready for use at events. We saw daily vehicle checks had been completed. The statutory vehicle inspection included checking lights, indicators, hazards, engine oil, fuel level, wipers, tyres, reflectors doors and windows and mirrors. The daily checks also included patient equipment that may be required to treat and convey a patient to hospital. For example, seats, seatbelts, Automated External Defibrillators (AED), monitors, suction, Personal Protective Equipment (PPE), fire extinguishers, medical gases, paramedic bags and medicines bags.

We checked equipment on board three vehicles and found all equipment, including consumables to be in good condition. Safety checks had been completed where required and pre-prepared equipment and medicines bags were secured with tamper evident seals.

There was a process for maintaining equipment servicing on all emergency and urgent care vehicles. We saw all equipment requiring electrical testing had a sticker evidencing it was in date for testing. Specialist equipment such as wheelchairs and trolleys had also been serviced as identified with an orange tag. Vehicles contained piped oxygen and individual small cylinders were available should they be required. Cylinders were secured in correct harnessing on all vehicles we inspected. Oxygen piping in the vehicles was tested and approved. Oxygen regulators were tested in line with Medicines and Healthcare products Regulatory Agency (MHRA) Managing medical devices 2015 standard.

The service had enough suitable equipment to help them to safely care for patients. Equipment was standardised on all ambulances. For example, this included piped oxygen, patient transfer board, curved transfer board, fire extinguisher, ramp, carry chair and stretcher. At the induction, staff were given a tour of the vehicles and equipment. Managers demonstrated how to use equipment on board. We saw evidence of this in staff records. Staff told us they generally had enough equipment on vehicles to safely manage patients requiring treatment and conveyance to hospital at events. Staff told us there were occasions where equipment was missing but this was quickly resolved and reported as an incident for learning. During our inspection, we saw evidence staff did report missing equipment as incidents and immediate action was taken to stock the vehicle before an event.

Chair and harnesses were available for the safe transportation of children and young people. However, the vehicles were not suitable for neonates and staff told us they would not transport a neonate.

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 completed risk assessments for each patient they treated and conveyed to hospital. All Patient Report Forms (PRF) we reviewed included a full medical history identifying risks and current medicines prior to transferring patients to hospital.

Staff recorded patient observations on the PRF to identify deteriorating patients and escalated them appropriately. This included blood pressure, heart rate, temperature, respiratory rate, blood glucose and oxygen saturations. We reviewed seven PRFs and found patient observations were regularly undertaken in all records as part of the clinical assessment at an event and upon transfer to hospital. However, the service did not have a management of the deteriorating policy or procedure in place.

Staff knew about and dealt with any specific risk issues. A supernumerary duty officer who was a registered healthcare practitioner was available at events to support staff in dealing with specific issues. Furthermore, a duty manager was available 24 hours per day.

Staff responded promptly to any sudden deterioration in a patient's health. We saw evidence of escalation to medical staff where there were signs of deterioration to support safe treatment and conveyance to hospital. Where a critically ill patient was identified we saw escalation to the local Medical Emergency Response Intervention Teams (MERIT) to support management and conveyance of the patient to hospital. If patients deteriorated during transportation, the crew were able to provide emergency support as needed.

All staff were trained in adult and paediatric basic life support. All ambulance technicians had completed immediate life support and 87% of nurses and paramedics had provided evidence to the service they had completed advanced life support with their substantive NHS employer. Events were planned with the appropriate skill mix of staff to ensure safe management of a deteriorating patient on transfer to hospital.

Staff told us they followed Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines and the service guidelines in managing specific issues such as a head injury or chest pain. For example, where a patient had chest pain, we saw a medical review was requested, observations were undertaken including a twelve-lead electrocardiogram, pain was assessed, and medicines administer. This included aspirin, oxygen and glyceryl trinitrate in line with the service chest pain guidelines. The patient was conveyed to hospital.

All staff that drove vehicles were blue light trained and were therefore able to transfer patients to hospital in an emergency. Data provided to us following the inspection demonstrated 88% of paramedics and ambulance technicians were blue light trained.

Staff shared key information to keep patients safe when handing over their care to others. Upon arrival to hospital, staff told us they handed over the patient to hospital staff and provided them with a carbon copy of the PRF.

Requires Improvement

Emergency and urgent care

Staffing

The service employed enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers reviewed staffing requirements for each event to ensure patients could be safely conveyed to hospital. Subcontracted staff had a full induction.

The service had enough staff to keep patients safe. The service employed 11 substantive staff. This included the registered manager who was the clinical director, an operations director, a logistics manager, a training manager, human resources manager and administrative and make ready team staff. The service did not directly employ substantive staff to transfer patients to hospital from events. The service recruited staff on a subcontracting basis to staff events and convey to hospital. This included 30 paramedics, 10 technicians and three registered nurses.

During our inspection we spoke to several staff who generally felt staffing levels to support safe conveyance to hospital was adequate. Managers used an online system to request staff cover at events in advance. Staff booked shifts to cover events through the system.

Managers accurately calculated and reviewed the number of staff and skills required at each event to ensure adequate provision to assess, treat and convey patients to hospital. This included making sure there were enough staff with blue light competencies and appropriate level of life support training. The service used a nationally recognised guide and risk assessment to plan medical provision at events. This provided an indicator of minimal requirements and was incorporated into a medical plan for each event. Managers told us they always planned in an extra vehicle and crew. This meant where there were multiple conveyances to hospital, there was enough staff and vehicles to take patients to hospital in an emergency.

Event co-ordinators were in place who were trained paramedics and were supernumerary at events. The service directors including the registered manager and training manager were trained health professionals who could be called on to support where required.

Managers made sure all staff had a full induction and understood the service. We saw the service used an induction sign off form to evidence staff had completed an induction to the service. Staff told us before they started, they were provided with an induction to the vehicles, equipment, emergency equipment and medicines.

Records

Staff generally 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 Record Forms (PRF) were comprehensive and all staff could access them easily. Staff completed paper PRFs when transferring patients from an event to hospital. We reviewed seven PRFs and found they all contained a detailed medical history to alert staff to pre-existing conditions and safety risks including medications taken and known allergies. All were completed clearly, signed and dated. However, we found timings were not consistently recorded. For example, they did not always record attendance time and hospital handover time.

PRFs included patient personal details, the presenting complaint, a primary survey, trauma score, any intravenous access undertaken, medicines given, observations undertaken, airway management, summary of the examination and treatment plan including decision to convey. Where the patient required a higher level of care or skill such as support from a local Medical Emergency Response Incident Team (MERIT) team this was documented. We also found evidence of staff pre-alerting local hospitals when on route.

A carbon copy of the PRF was given to hospital staff on arrival as part of the handover. This meant staff taking over the patient care had quick access to required information.

Records were stored securely in a locked cabinet in the ambulance station. On return to the station from an event staff placed completed PRFs in a locked post-box which were removed the following morning. There was a confidential waste bin in the station which was locked.

Medicines

Systems and processes to safely record and store medicines, including controlled drugs were not effectively implemented. The service did not follow best practice when administering medicines.

The service failed to ensure systems and processes to safely record and store medicines including Controlled Drugs (CD) were in place. We found stock medicines held in the ambulance station were not accurately recorded or traceable. There was no stock list in the medicines cupboard. Therefore, medicines could not be clearly accounted for. There was no system in place to sign medicines in and out. This meant medicines could not be traced to ensure the safe management and administration of medicines.

Stock check records did not accurately record the number of medicines. The stock check forms had a column which was labelled 'quantity'. Staff told us they recorded the number of boxes of medicines rather than the number of tablets/ ampoules which meant when a box was opened and removed, the actual numbers were not recorded. This meant managers could not be assured the stock check was accurate and all medicines were accounted for.

Stock check records did not provide an accurate record of all medicines in the medicines cupboard. A stock check completed on 25 August 2022 did not include a check of all medicines in the medicines cupboard. For example, we found ondansetron 2mg and adrenaline 1:10,000 (21 ampoules) was not listed. Furthermore, the stock check did not reflect the actual stock on the day of our inspection. For example, we found:

- Furosemide 20mg/2ml ampoules – the stock check documented there were none in stock. However, we found there were nine ampoules. We also found 10 ampoules of 20mg/2ml which were not included on the stock check list.
- Paracetamol injection bottle 1g/100ml – the stock check documented there were eight bottles. However, we found there was nine.
- Cyklokapron ampoule 100mg – the stock check documented there were three boxes. However, we found one box with a total of eight ampoules.
- Naloxone injection 400mcg – the stock check documented there were three. However, we found five boxes, one was not sealed containing two ampoules with 42 ampoules in total.
- Benzylpenicillin injection – the stock check documented there were six ampoules. However, we found 11 ampoules.
- Adrenaline 1:1000 600mcg ampoules – stock check documented there were two boxes. However, we found three boxes containing a total of 28 ampoules.

Medicines bags were stored on all ambulances we checked. We checked the stock on two ambulances, there was a list of medicines in the bags and all were accounted for. However, there was no sign in and sign out sheet for staff to record when they were used.

We found CDs were not being managed in line with Controlled Drugs (Supervision of Management and Use) Regulations 2013. Controlled drugs were not all accounted for in CD stock control and safety audits were not consistently completed.

CDs on the premises were not all accounted for. The CD record book did not record all CDs on the premises. For example, there were two CD safes. One contained stock CDs and the other was an operational CD safe. The controlled

drug record book was in the stock safe and included CDs such as Morphine sulphate 10mg/1ml, Midazolam 10mg and Ketamine 10mg. We found all CD stock in this safe was accurately recorded in the CD record book. However, the CD record book did not include the CDs contained in the operational safe. Ten medicine pouches were found in the operational safe which contained CDs. The CDs were not recorded in the CD stock book. For example, the CD book showed at the last entry there were 30 ampoules of 10mg/1ml morphine. We counted there were 30 in the stock safe but also counted an additional 20 in the 10 pouches in the operational safe which were not accounted for in the CD record book.

There was no record of paramedics signing out CDs in the CD record book prior to leaving the base to go to an event. Furthermore, we did not see evidence of daily paramedic CD checks at the end of their shift as outlined in the company medicines management policy.

Staff did not always store medicines safely. Processes to restrict access to CD storage safes were not effective. We did not see evidence of a list of authorised persons who can access the CD safe and medicines cupboard. Managers were unable to tell us who had been provided with the CD safe code. Managers told us non-authorised staff including staff in the make ready team had been given the code to the safe to pass onto an authorised person when the manager was not on site. The company medicines management policy stated only appointed trained healthcare professionals should have access to the ambulance station CD safe.

Processes to check medicines in paramedic bags, including emergency medicine bags, were not always robustly implemented. During our inspection we reviewed two medicines incidents that had been reported in October 2022. In one case three out of four medicine bags did not have oxygen and another second incident noted there was out of date adrenaline ampoules, furosemide ampoules and salbutamol. It was identified when administering adrenaline to an anaphylactic patient. Adrenaline was given which was in date, but all other ampoules were out of date which meant if they conveyed to hospital this could have resulted in a delay in administering repeated doses of adrenaline. On this occasion another service conveyed the patient to hospital. However, during our inspection, we checked the content of two sealed medicine bags and found all required medicines and oxygen were present and in date.

Medicines stock control and safety audits had not been regularly completed in line with the service medicines management policy. There was a process for monthly medicines stock checks, however, the last stock check undertaken was completed on 25 August 2022. Monthly CD stock checks were not consistently undertaken in line with the service medicines management policy which stated audits should be completed monthly. We reviewed the CD book and found a stock check had been completed on 25 August 2022 and also on the day of our inspection. The checks were not countersigned in line with expected standards.

Guidance to staff in the administration of specific medicines were not in place at the time of our inspection. The service did not have any Patient Group Directives (PGD) other than for oxygen. PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. Paramedics could prescribe most medications without a PGD. However, medicines such as diazepam taken out by crews to events, if administered to a patient whilst carrying out a regulated activity, could not be lawfully administered in the absence of a PGD. Managers told us they had sought external support to produce PGDs through a pharmacist. Following the inspection, we were sent copies of these PGDs, however, there was no PGD for diazepam. Managers told us they had taken diazepam out of stock whilst waiting for a PGD to be produced. Staff we spoke to following our inspection confirmed they had been asked to read and sign the PGDs.

Medicines were in date. We checked a selection of medicines during our inspection, including CDs and paramedic ambulance bag stocks and found they were all in date.

Requires Improvement

Emergency and urgent care

Oxygen was stored on vehicles and in a ventilated room within the base garage. Oxygen was securely stored and segregated based on empty and full.

Medicines administered were generally recorded accurately. For example, where medicines were administered staff recorded the date, time, drug, dose, unit, route of administration, batch number and signature. However, we found in one record the dose was not recorded correctly and on another, the route of administration was unclear as it had been overwritten.

Medicines management concerns we identified were raised with the service during our inspection. Managers took onboard our feedback and told us they intended to take immediate action. Following our inspection, we issued the service with a S29 Warning Notice outlining the concerns we found and requirements to improve. The service provided us with a list of actions to improve and told us they had completed a full stock check, revised their CD stock management process and implemented PGDs.

Incidents

Staff recognised and reported incidents appropriately. Staff did not always receive feedback following incidents. Most staff understood the duty of candour.

Staff knew what incidents to report and how to report them. All staff could describe how to report incidents. During our inspection we saw examples where staff had reported medicines incidents. Incidents were initially reported to the duty manager and then on an online incident reporting system.

There were no never events or serious incidents reported from 1 October 2021 to 30 September 2022 in relation to the emergency and urgent care regulated activity.

Staff did not always receive feedback following incidents, both internal and external to the service. Staff told us issues were dealt with in real-time, but they did not receive feedback following incidents being investigated.

Most but not all staff understood the duty of candour. The service had a duty of candour policy and procedure in place which had been recently reviewed. The policy contained an action card so staff knew what actions they should take in applying duty of candour. Managers did not have any examples of applying duty of candour in relation to the emergency and urgent care regulated activity. However, managers told us they would be open and transparent, and give patients and families a full explanation if and when things went wrong.

Are Emergency and urgent care effective?

Requires Improvement

The service has not been previously rated. We rated effective as requires improvement.

For provider level findings please see patient transport report.

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.

Requires Improvement

Emergency and urgent care

The service provided care and treatment based on national guidance. Policies, procedures and guidance we reviewed referenced national guidance from organisations such as the National Institute for Health and Care Excellence (NICE), the Department of Health (DoH) and Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines. Most staff knew how to access guidance when required.

Managers checked to make sure staff followed guidance. A patient care records audit process was in place. Managers told us they reviewed all patient record forms (PRF) of patients who had been transferred to hospital from an event. Managers looked at whether staff had fully completed the documentation to the required standard and where specific risks were identified checked practice was in line with expected standards. The service provided us with audit outcome data following our inspection of 15 records that had been audited from 01 September 2021 to 31 October 2022. The audit demonstrated an overall good level of compliance with the minimum standards. During our inspection, managers showed us where non-compliance had been identified, evidence of specific issues being addressed with staff.

The service had protocols in place to ensure patients were taken to the appropriate hospital. Medical plans were completed prior to all events which provided detail of local hospitals, emergency departments, trauma centres, rapid response teams and cardiac hospitals. Managers contacted local hospitals and NHS ambulance services to let them know they will be covering an event and may convey patients to hospital. Staff were provided with this information in a pre-event briefing which included providing pre-alert telephone numbers. This meant staff knew the most appropriate pathways locally in managing specific conditions.

Pain relief

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

Staff assessed patients' pain using a recognised tool. Pain was assessed in five out of seven patient record forms we reviewed. In one case, the patient was unconscious and the other there was no record. An audit of ambulance transfers to hospital provided to us following the inspection showed 81% of patients had a pain assessment recorded.

Pain relief was given in line with individual needs and best practice. Patients with acute pain received medicines appropriate to their clinical condition to relieve pain.

Staff prescribed, administered and recorded pain relief accurately. Staff had access to medical gases such as Entonox and administered it to patients as required during their journey to hospital. Entonox relieves pain when inhaled and is a mixture consisting of 50% nitrous oxide and 50% oxygen. Paracetamol, ibuprofen and controlled drugs such as morphine and ketamine were also readily available where appropriate.

Nutrition and hydration

Due to the nature of the service, food and drink requirements could not be fully assessed. However, hydration and blood glucose levels were monitored during the journey to hospital.

Due to the nature of the service provided, food was not routinely offered to patients. Blood glucose levels were monitored where required and the ambulance stored glucose on board to manage any patients who may have hypoglycaemia. Staff provided water for patients when needed.

Response times

Systems were in place to monitor response times; however, these were not always implemented by staff. Managers did not use this information in a meaningful way to make improvements.

Requires Improvement

Emergency and urgent care

The service monitored the number of patient journeys. From 01 October 2021 to 30 September 2022 the service carried out a total of 13 patient journeys from events to hospital.

Patient report forms (PRF) required staff to record onset of symptoms, call time, attendance time, first survey time, departure time, handover time and time the crew left the hospital. We reviewed seven PRFs and found these were not always recorded. Four recorded the attendance time, one the first survey time, two departure time and three a hand over time. We saw evidence in staff newsletters prompting staff to follow guidance when completing PRF timings.

Response time monitoring was not used in a meaningful way to look at service improvements. The service did not have any performance measures in place. However, the activity was low at the time of the inspection.

Patient outcomes

Systems to monitor the effectiveness of care and treatment were limited. Routine audits were completed but they did not use the findings to make improvements and achieve good outcomes for patients.

The service did not routinely collect patient outcomes data in order to monitor the effectiveness of care provided. There was no collation of any data collected to provide an oversight of service performance.

Since the service did not collect patient outcome information, managers and staff were unable to use any results to improve patients' outcomes. However, the activity of the emergency and urgent care regulated activity was low.

Managers carried out a programme of repeated audits to check practice against standards. However, there was no evidence of any audit data being used to improve care to patients.

Competent staff

The service made sure staff were competent for their roles. Managers did not formally appraise staff's work performance or hold supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed training appropriate to their role at the start of their employment. During our inspection we checked five staff records and found all staff were suitably qualified for the role and professional register checks had been completed. Driving assessments had been completed where required and confirmation of blue light training was recorded.

Managers gave all new staff a full induction tailored to their role before they started work. Data provided to us following the inspection demonstrated all staff undertaking the emergency and urgent care regulated activity had completed it. The induction included a standard induction to the service and a role specific induction. This included an induction to the ambulance station, the vehicles, equipment and medicines management. We saw evidence in five staff records we reviewed the induction check lists had been fully completed.

Managers supported staff to develop. Most staff told us managers were supportive of their development. Subcontracted staff who delivered the emergency and urgent care regulated activity did not undergo appraisals. Managers identified staff training needs and gave them the time and opportunity to develop their skills and knowledge. Training needs assessments were used to plan training for the year ahead. Managers told us they had meetings with staff where they discussed their role, competencies and development but these were not documented. Managers told us they provided

skills practice sessions prior to events starting. For example, we saw cardiopulmonary resuscitation (CPR)/ automated external defibrillator (AED) practice sessions in September 2022, management of catastrophic haemorrhage in October 2022 and completing observations such as blood pressure, pulse, respirations and oxygen saturations in January 2022. Some but not all staff we spoke to had completed these sessions and we saw an attendance list for each event.

Managers made sure staff attended team meetings or engaged with pre-event briefings. Monthly team meetings took place for substantive staff only. This meant subcontracted staff were not involved in teams meetings. Managers told us they met with staff prior to events but the content of these meetings were not documented.

Managers made sure staff received any specialist training for their role. For example, managers made sure staff had completed blue light training before undertaking transfers to hospital.

Managers identified poor staff performance promptly and supported staff to improve. Managers were able to provide examples where they have supported staff to improve.

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.

The duty manager held multidisciplinary meetings to discuss events and the medical plan prior to each event. This gave staff an opportunity to discuss the plan and including local pathways in the event of a hospital transfer.

Staff worked across health care disciplines and with other agencies when required to care for patients. Managers had regular contact with event organisers, the police and health and safety staff to ensure they had the required information to transport patients safely. Medical plans were completed for all events which included all agencies involved and local healthcare providers. Managers told us they contacted other providers to notify them they were operating locally and to determine any local pathways such as chest pain, stroke and trauma. Staff informed the hospital staff ahead of their arrival and provided a thorough verbal and written handover for all patients they transferred.

The service worked with other agencies to enable patients with specific needs to be able to access the service. Where it was identified that the service could not meet the needs, they worked with other providers to ensure the patient received support for their needs. For example, we saw evidence of staff working alongside the Medical Emergency Response Intervention Team (MERIT) to support the safe care and treatment of a patient on route to hospital.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They understood the relevant consent and decision-making requirements of the Mental Capacity Act (MCA) 2005. Staff were required to complete training in the MCA and Deprivation of Liberty Safeguards (DoLS) as part of their mandatory training of which all paramedics, nurse and ambulance technicians had completed.

Requires Improvement

Emergency and urgent care

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements involved under the MCA and DOLS and Children's Act 1989. Staff clearly recorded consent in the patients' records. Verbal consent was gained to transfer patients to hospital and carry out treatment. Staff recorded where a patient had refused to be taken to hospital and documented the risks.

Staff understood Gillick competence and Fraser guidelines and supported children who wished to make decisions about their treatment. Staff could give examples of where they have had to assess a young person's competency and told us they involved the parents or guardians in this process.

When patients could not give consent, staff made decisions in their best interest. For example, where a patient was unconscious, they would make a decision to transfer to hospital in their best interest and where possible discuss with their family. All staff were able to demonstrate an understanding of consent, capacity and best interests' decisions.

Are Emergency and urgent care caring?

Insufficient evidence to rate

The service has not been previously rated. We did not gather sufficient information to rate the caring domain.

Compassionate care

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

We were unable to observe care as the main service provided was event support, only transferring patients to hospital if their condition required it.

Staff described taking time to interact with patients and those close to them in a respectful and considerate way. Staff told us they understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff understood policy to keep patient care and treatment confidential.

Staff told us they understood and respected the individual needs of each patient. Staff told us they responded positively to patient needs. For example, provided blankets and water. The service had worked with other agencies to support the care of a person with complex needs at a regular event to enable them to safely attend an event. Treatment escalation plans were in place which included decisions to convey to hospital.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

We did not see staff treating patients during this inspection and we did not speak with any patients or their relatives during this inspection. The service did not have any recent feedback from patients who had been treated and conveyed to hospital. However, staff described how they provided emotional support to patients who required treatment and transfer to hospital.

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.

Requires Improvement

Emergency and urgent care

We did not observe any care and treatment during this inspection. However, staff said they involved patients and their relatives in making decisions to convey patients to the hospital.

Are Emergency and urgent care responsive?

Good

The service has not been previously rated. We rated responsive as good.

For provider level findings please see patient transport report.

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. Managers recognised their role in reducing pressure on the NHS and wider healthcare economy. Managers told us by offering medical cover at events and transfers to hospital when required, they provided healthcare to the public who would have normally required assistant from NHS ambulance services or gone straight to hospital.

The service relieved pressure on other departments when they could treat patients in a day. Staff told us they only conveyed to hospital where they could not see and treat onsite or patients who were critically ill. The service provided a variety of roles at events to support this model including a doctor, nurses, paramedics and ambulance technicians.

Medical plans completed for events were detailed, outlining all local healthcare providers including medical centres, hospitals and pharmacies. The service communicated with other providers to let them know they were operating locally to ensure there were no delays in taking a patient to hospital to receive treatment.

Facilities and premises were appropriate for the services being delivered. Bottled water was available to patients and vehicles contained all necessary equipment to safely care and treat patients on the way to hospital. Vehicles were equipped with wheelchairs, accessible ramps, stretchers, passenger seats and wheelchair restraints that could secure standard electric and bariatric wheelchairs.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff covering events had pre-alert telephone numbers to enable them transport patients to the appropriate service based on their needs.

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 received training on how to support people living with dementia or a learning

disability during their mandatory training. The service had communication aid booklets available when required. Managers gave examples of specific medical plans they had implemented with other providers to support individual members of the public attending events who had complex health needs. This included treatment escalation plans and decisions to transfer to hospital.

The service did not have any information in different languages or access to a translation line. However, staff told us they would access online translation services if required or if at events, seek support from patient family or friends.

Ambulances had different points of entry, including sliding doors, steps and a ramp so that people who were ambulant or in wheelchairs could enter safely.

Access and flow

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

Staff supported patients when they were transferred to hospital. Most patients received care and treatment at events avoiding the need to transfer to hospital. However, patients were transferred immediately to hospital if their condition required it.

Events were planned in a way that supported quick identification, extraction, assessment, treatment and transfer to hospital. Patients who needed to be transferred to hospital were transferred without delay. For example, we reviewed a record of a critically ill patient who had been transferred to hospital. The patient was identified, assessed, provided with treatment, reviewed by an onsite doctor and conveyed to hospital within 20 minutes. Staff kept patients informed if there was a delay in handing them over to hospital staff.

Learning from complaints and concerns

It was not easy for people to give feedback and raise concerns about care received. The service did not have complaints information clearly available to patients.

Patients, relatives and carers were not always provided with information on how to complain or raise concerns as information was not widely available on vehicles. Manager told us contact details for themselves were available for staff to give to patients. However, we found that information about how to complain was not clearly displayed on vehicles.

Staff told us if any patient was unhappy and wished to raise concerns, they would advise them to contact a manager. From 01 October 2021 to 30 September 2022, there had not been any complaints in relation to the emergency and urgent care regulated activity.

Processes were in place to record complaints on an online system. Managers were able to describe the process and timescales for responding to complaints in line with the service policy. Managers told us they would share feedback through the service staff newsletter or send out notices by email.

Are Emergency and urgent care well-led?

Requires Improvement

The service has not been previously rated. We rated well-led as requires improvement.

Requires Improvement

Emergency and urgent care

For provider level findings please see patient transport report.

Leadership

Leaders generally 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.

Leaders overseeing emergency and urgent care services had the skills and abilities to run the service. The registered manager was the clinical director who was a registered nurse and had completed leadership and management training. The service employed a lead paramedic and medical lead to support paramedics and nurses in delivering safe care and treatment. Managers recognised when they needed more specialist input. For example, they had recently commissioned a pharmacist to produce patient group directives. However, the service did not have a controlled drug accountable officer with relevant experience.

Managers had oversight of the challenges facing the service. For example, managers told us whilst they have made significant improvements with governance, they were aware of further areas for development including medicines management. Furthermore, they understood the importance of balancing the need to build their business and maintaining high quality services.

Leaders were visible and approachable. Most staff spoke highly of leadership and management team who oversaw the emergency and urgent care regulated activity. Staff generally knew who to go to for specific advice and support. Leaders and managers worked alongside staff on events.

Vision and Strategy

See patient transport service report for detailed findings.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Staff generally felt positive to work for the organisation. They enjoyed the nature of their work and the people they worked with.

The culture encouraged openness and honesty at all levels. Most staff felt comfortable in escalating concerns. Both leaders and staff understood the importance of being able to raise concerns without fear of retribution.

Governance

Governance processes were in place to support the safe conveyance of patients to hospital. Staff at all levels were clear about their roles and accountabilities.

Service level agreements were in place with event providers. Coordination arrangements existed for working with other services and agencies when providing medical care for events. This included mapping out local pathways and health care providers. The service communicated with these providers before events to advise of their attendance and potential ambulance conveyances to hospital. This meant the expectations of both events owners and the ambulance service were clear. This was communicated to staff prior to an event.

Processes were in place to ensure clinical ambulance staff declared working arrangements outside of the service to make sure staff were not working excessive hours that may adversely impact on the care and treatment being provided.

Requires Improvement

Emergency and urgent care

Management of risk, issues and performance

Leaders and teams did not always use systems to manage performance effectively. They identified and escalated some but not all relevant risks. Where risks were identified there were actions to reduce their impact.

Systems were in place to monitor service quality and performance. However, they were not always consistently completed or effective in identifying concerns. Medicines management monthly stock checks, including Controlled Drug (CD) stock checks were not always completed. At the time of the inspection, the last monthly audit was completed on 25 August 2022. The medicines management policy stated there should be a quarterly medicines audit undertaken by the clinical director who is the registered manager. Data showed the audits had not been consistently completed in line with policy. For example, the audits were not always undertaken by the clinical director and no audits had been completed from June 2021 to April 2022. The last audit was the day before our inspection, and it stated 'no issues'. Furthermore, the audit did not include checking CDs and did not identify the concerns we did during our inspection. Therefore, we were not assured this audit was effective to improve the safety of medicines.

Managers told us the medical director attended the ambulance service quarterly and conducted an audit of patient review records. However, these were not documented and there was no evidence of learning from this being shared.

We saw limited evidence audits were used in a meaningful way to improve the quality or safety of the service. Managers told us they discussed audit outcomes at management meetings and substantive staff team meetings. Following our inspection, we reviewed management and team meeting minutes for July, August and September 2022 and did not see any evidence of audits being discussed or actions being taken to share the outcomes with staff. We found limited evidence in quarterly newsletters of learning being shared following audits. For example, we saw evidence of shared learning from a PRF audits in a staff newsletter. However, no further examples were identified.

Risks we observed during our inspection were not all identified as a risk by the service at the time of our inspection. For example, compliance with the safe recording and storage of medicines and storage of fuel. This meant the service could not be assured they had full oversight of all the risks and actions required to address them to ensure a safe service was being delivered.

Information Management

The service collected data and reviewed it. The information systems were integrated and secure. Managers were aware of their responsibilities to submit data or notifications to external organisations as required.

The service collected data on ambulance service activity at events. This included the number of patients conveyed to hospital from events, time of departure, arrival and handover at hospital. However, this was not always consistently recorded by staff. Managers reviewed this information after each event and through ongoing audits of patient record information.

Service performance measures had not been set by the service or event owners as this element of the service was very small. For example, from 1 October 2021 to 30 September 2022, they had only conveyed 13 patients to hospital from events.

Electronic databases were password protected. Records of journeys containing personal identifiable data were paper based records stored in a locked cabinet.

Processes were in place to submit notifications to other services. However, they service had not had any notifiable incidents to report from 1 October 2021 to 30 September 2022.

Engagement

Leaders actively engaged with event owners to plan and manage services. They collaborated with partner organisations to help improve services for patients. Managers listened to staff suggestions, but structured processes were not in place to seek staff views and experiences to improve the service. Managers did not actively seek feedback from people who used the service.

The service engaged with other organisations to plan and manage patient transfers effectively. Managers maintained close relationships with event planners both during and in between events. For example, managers attended planning meetings and safeguarding meetings in relation to events they provided medical cover and transfers to hospital. Managers engaged with local providers when delivering event medical cover to support the safe transfer of patients to hospital.

Structured processes were not in place to seek staff views and experiences to improve the service. There were no staff surveys undertaken. However, staff told us they felt able to feedback any ideas for improvements. For example, staff provided feedback to improve management of patient transfers to hospital by making sure all ambulances were set out the same to support quick access to equipment. We saw evidence of staff suggestions being supported by managers and implemented. Vehicles we inspected were set out the same.

People who used the service, those close to them and their representatives were not actively engaged and involved in decision-making to shape services and culture. However, the service activity was minimal and not always possible to seek feedback from patients conveyed to hospital.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Managers understood quality improvement methods.

Managers were committed to improving the service. Managers were open to feedback from the inspection team both during and following our inspection and provided some assurance of immediate actions they were taking. For example, managers took immediate action to address medicines management concerns by completing a full stock check, implementing new controlled drug recording systems and implementing patient group directives.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance Incidents were not always investigated, and we saw limited evidence of shared learning. Oversight and governance systems were not always effective. We saw limited evidence that trends and themes from audits, incidents, feedback and complaints were identified to improve the quality and safety of services. Mechanisms to feedback to staff were not fully aligned to the service governance systems in place. Opportunities to meet, discuss and learn from the performance of the service was limited. Leaders and teams did not always use systems to manage performance effectively. They identified and escalated some but not all relevant risks. We saw limited evidence audits and processes to assess the quality and safety of the service were not always used in a meaningful way to improve. This included but is not limited to medicines management. Processes were not in place to ensure all staff including subcontracted staff had undergone an appraisal and they received appropriate supervision.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose Systems and processes to safely record and store medicines, including controlled drugs were not effectively implemented. The service did not follow best practice when administering medicines.