

ABC Training Services Limited

ABC Event Cover

Quality Report

Unit C2, Anglesey Business Centre
Anglesey Road, Burton On Trent
Staffordshire
DE14 3NT

Tel: 01283845008

Website: www.abc-trainingservices.co.uk

Date of inspection visit: 16 January 2017

Date of publication: 04/05/2017

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

Summary of findings

Letter from the Chief Inspector of Hospitals

ABC Event Cover is a not for profit service operated by ABC Training Services Limited. The service provides emergency and urgent care at events.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 16 January 2017.

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

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

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and we take regulatory action as necessary.

We found the following areas of good practice:

- There were clear policies in place based on national guidelines to outline processes for assessing and responding to patient risk. Staff demonstrated comprehensive understanding of these policies and how to treat patients in accordance with these policies.
- We saw the management of medicines at the base and on vehicles was robust and exceeded the standards set by nationally recognised guidelines.
- We saw that vehicles and equipment were clean and that there was documentation in place to ensure that high standards were maintained.
- We saw that patient records were well documented, audited and kept securely.
- We saw positive feedback from patients and event organisers which showed staff were compassionate.
- Staff within the service had completed training to assist with meeting the needs of individuals including patients living with dementia and learning disabilities.
- We saw processes in place to ensure risks were monitored and improvements made where required.
- There was a positive culture within the organisation with approachable and motivating leaders.

However, we also found the following issues that the service provider needs to improve:

- We did not see a clear policy in place for recording incidents of all kinds. The policy that was in place was specific to accidents and required review and update to ensure no harm or near-miss incidents could be recorded and learnt from.
- Policies for infection prevention and control, safeguarding adults, Mental Capacity and Deprivation of Liberty and complaints were out of date and required a review.
- There was a lack of understanding amongst the staff we spoke with in regards to the involvement of the patient and their family members in the case of a Duty of Candour incident.
- We saw that there was a lack of understanding of the Mental Capacity Act 2005 amongst first aid trained staff; although the service had arranged training for this specific topic to be completed in 2017.
- There was a lack of information available to patients and their families regarding raising complaints or concerns with the service.

Following this inspection, we told the provider that it should take some actions, even though a regulation had not been breached, to help the service improve.

Ellen Armistead

Summary of findings

Deputy Chief Inspector of Hospitals

ABC Event Cover

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to ABC Event Cover	5
Our inspection team	5
Findings by main service	6

Background to ABC Event Cover

ABC Event Cover is operated by ABC Training Services Limited. The service opened in November 2014. It is an independent ambulance service in Burton upon Trent, Staffordshire.

ABC Event Cover provides first aid services for the public and staff at events across the country including transporting patients to emergency departments.

A registered manager has been in place since the service started in November 2014 and is also the managing director of the organisation. Thirty-eight staff members are employed on a part-time, ad hoc basis with 17 of these also working elsewhere.

This was the first CQC inspection for ABC Event Cover. The inspection took place on 16 January 2017.

Our inspection team

The team that inspected the service comprised of two CQC inspectors. The inspection team was overseen by a CQC inspection manager.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

- Transport Services.
- Triage and medical advice provided remotely.

During the inspection, we visited the base in Burton upon Trent. We spoke with 11 staff including; registered paramedics, first aiders, emergency care assistants (ECAs) and managers. We did not speak to any patients or relatives however we did review feedback provided. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity

- In the reporting period January 2016 to December 2016, the service covered 174 events and treated 414 patients.
- There were 38 staff employed in total within the service. Of these, 15 were registered paramedics, one was a student paramedic and two were ambulance technicians. There were ten first aiders, nine ECAs and one doctor. The accountable officer for controlled drugs (CDs) was the pharmaceutical advisor who held a BTEC National Certificate in Pharmaceutical Science.

Track record on safety

In the reporting period January 2016 to December 2016, there had been:

- No never events
- No clinical incidents
- No serious injuries
- No complaints

Emergency and urgent care services

Summary of findings

We found the following areas of good practice:

- There were clear policies in place, based on national guidelines, to outline processes for assessing and responding to patient risk.
- We saw the management of medicines was robust and exceeded the standards set by nationally recognised guidelines.
- Vehicles and equipment were clean and maintained to a good standard.
- Staff within the service had completed training to assist with meeting the needs of individuals including patients living with dementia and learning disabilities.
- There was a positive culture within the organisation with approachable and motivating leaders.

However, we also found the following issues that the service provider needs to improve:

- The incident policy in place was specific only to accidents and required review and update to ensure no harm or near-miss incidents could be recorded and learnt from.
- Policies for infection prevention and control, safeguarding adults, Mental Capacity and Deprivation of Liberty and complaints were out of date and required review.
- There was a lack of understanding amongst the staff in regards to Duty of Candour and the Mental Capacity Act 2005.
- There was a lack of information available to patients and their families regarding raising complaints or concerns with the service.

Are emergency and urgent care services safe?

Summary

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- There were clear policies in place based on national guidelines to outline processes for assessing and responding to patient risk. Staff demonstrated comprehensive understanding of these policies and how to treat patients in accordance with these policies.
- We saw the management of medicines at the base and on vehicles was robust and exceeded the standards set by nationally recognised guidelines.
- We saw that vehicles and equipment were clean and that there was documentation in place to ensure that high standards were maintained.
- We saw that patient records were well documented, audited and kept securely.

However, we also found the following issues that the service provider needs to improve:

- We did not see a clear policy in place for recording incidents of all kinds. The policy that was in place was specific only to accidents and required review and update to ensure no harm or near-miss incidents could be recorded and learnt from.
- Policies for infection prevention and control and safeguarding adults were not up to date and required review.
- There was a lack of understanding with regards to the involvement of the patient and their family members in the case of a Duty of Candour incident.

Incidents

- The service had an incident reporting policy in place which covered the procedure for staff to follow in the event of an accident occurring. This policy did not cover other types of incidents, such as near misses and had not been updated since July 2014.
- Staff had not reported any incidents from January 2015 to December 2016. Although staff told us they had not

Emergency and urgent care services

needed to report any incidents, they were aware of the process for recording them. They told us if there was an incident they would report this directly to the managing director by telephone and also fill in an incident report form. We saw incident forms available at the base.

- There had been no Never Events reported by the service. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Staff were aware of the Duty of Candour regulations and the requirement to be open and honest. We were told that this focussed on the team and management being aware of any issues however there was a lack of understanding with regards to the involvement of the patient with these incidents.

Cleanliness, infection control and hygiene

- We saw the provider's infection prevention and control (IPC) policy which was issued in July 2014 and due for review in July 2015 and therefore overdue review and update. However, we saw it was well-written and provided staff with comprehensive guidance and underpinning knowledge about IPC and how to protect themselves and their patients from the risk of avoidable harm from infection. As we did not see patient contact we were not able to observe compliance with the policy during the inspection.
- We saw vehicles and equipment were all visibly clean. There were two body fluid spill kits available. We saw cleaning schedules that demonstrated vehicles were deep cleaned monthly. Audits were conducted at least bimonthly to ensure good standards of cleanliness.
- Data provided by the service showed that 79% of staff had completed IPC training and that this had been scheduled to take place again in 2017.

- We saw that staff had hand gels available for use for prior to and following any patient contacts. The service did not conduct hand hygiene audits.
- We saw that there was adequate personal protective equipment available for staff to use when caring for patients.
- We saw clinical waste was disposed of safely and there were appropriate arrangements in place for this to be collected, which met the requirements of the Environmental Protection Act 1990.

Environment and equipment

- We saw the design and maintenance of the station environment was effective for the requirements of the service. There was a training room with equipment available and staff told us they were able to have regular skills refreshers and practice. We saw training certificates to show staff had been assessed as competent with using equipment.
- We saw evidence that vehicles met compliance with MoT testing. Vehicle servicing was up to date with effective processes in place to ensure they were well maintained. The service had a contract in place with a vehicle mechanic company to ensure that any issues were rectified in a timely manner.
- We saw that all medical equipment servicing was conducted by a local NHS acute trust's clinical engineering department, apart from the cardiac resuscitation equipment which was conducted by a private company. We saw records that showed all of the servicing for equipment was up to date and saw stickers were in place to indicate when the next service was due.
- We saw there was sufficient first aid equipment available for both adults and children.

Medicines

- We saw the service had a medicines management policy in place, which outlined the protocols and responsibilities of staff with regards to medicines.
- The pharmaceutical advisor was responsible for obtaining the medicines required by the service and ensuring the safe storage when delivered. An annual medicines audit was conducted.

Emergency and urgent care services

- We saw that medicines and medical gases were stored in an exceptionally clean and organised cupboard which remained locked at all times aside from when medical kits were being restocked.
- The company had a standard operating procedure in place, which stipulated an end of month check of all medicines to ensure none were approaching the expiry date. Checks were conducted by one of the company's paramedics and confirmation they had been completed was documented.
- Stock levels of over-the-counter, general sales list and prescription-only medicines were recorded in bound ledgers, and staff updated records whenever stock was removed to replenish kits or stock was delivered. This was better than the recommendations of the World Health Organisation's Guidelines for the Storage of Essential Medicines and Other Health Commodities 2003.
- We saw that controlled drugs, which require special storing and records, were stored in accordance with best practice guidelines and were accounted for with the use of log books which were checked daily.

Records

- A records management policy was in place for the creation, storage, security and destruction of patient records.
- We saw that records were stored securely with protocols in place for staff to leave them securely in a locked metal document box when they returned to the base. The records were then reviewed and filed appropriately.
- Two records audits had been completed in the twelve months prior to the inspection. Staff told us that as a result of the first audit highlighting areas of non-compliance with documentation, specific training had been completed by all staff. A follow up audit was completed with significantly improved results.

Safeguarding

- The service had policies in place for Safeguarding Adults and Children and Young People. Although the Safeguarding Children and Young People policy was up to date, the Safeguarding Adults policy had been due for review in July 2015.

- Staff demonstrated good understanding of their responsibility to report safeguarding concerns and the protocol to follow in order to do so.
- We saw 85% of staff had completed Level 2 safeguarding adults training. This was part of the Emergency Care Assistant (ECA) training provided by the service.
- In March 2014, the Royal College of Paediatrics and Child Health published the Safeguarding Children and Young People: roles and competence for health care staff, Intercollegiate Document. The document defines the level of child safeguarding training that is required for various staff groups. It states that all clinical and non-clinical staff who have any contact with children, young people and/or parents/carers should have completed Level 2 Safeguarding Children and Young People training. We saw that 78% of staff working for the company had completed this and that additional training was booked for 2017.

Mandatory training

- The service had a mandatory training programme in place for first aiders and emergency care assistants. This included basic life support training. We saw records evidencing all of the staff employed had completed this training.
- The service had conducted assessments of all drivers and found all to be competent.
- Disclosure and barring service (DBS) checks for staff were refreshed every three years in accordance with national requirements and staff confirmed this.

Assessing and responding to patient risk

- There were clear policies in place based upon Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines to outline processes for assessing and responding to patient risk.
- All staff we spoke with had good awareness and understanding of when it would be appropriate to call an NHS ambulance and when a patient should be transported to an emergency department.
- Staff had completed conflict resolution training. They discussed examples of dealing with disturbed or violent patients, and were aware of the best action to take when in these situations.

Emergency and urgent care services

Staffing

- The service employed 38 staff in total. Of these, 15 were registered paramedics, one was a student paramedic and two were ambulance technicians. There were 10 first aiders, nine ECAs and one doctor.
- The company used an electronic system to generate an email to all staff when an event required staffing. Staff could respond to the email to offer to cover the event.
- Staff told us there were no issues with fulfilling the demand of staffing. The managing director informed us that where there were concerns that they would be unable to staff certain events adequately they would not accept the contract.
- Some events ran into the early hours of the morning or were over eight hours. Staff told us that in these circumstances, shifts were often split amongst staff to ensure safety could be maintained. The managing director was available out of hours to provide advice and support.
- All of the registered paramedics at the company also worked for an NHS ambulance trust. Upon employment their registration was checked with the Health and Care Professions Council (HCPC). Paramedics' HCPC registration requires renewal every two years. The managing director told us each paramedic's registration was rechecked at its renewal date, and that spot checks were also completed.

Response to major incidents

- Staff told us they had completed training in responding to major incidents at events. Data provided showed that 76% of staff had completed this training in 2014 and refresher training was on the schedule for 2017.
- One staff member had completed training for chemical, biological, radiological and nuclear (CBRN) operational command, through the NHS National Ambulance Resilience Unit training centre.
- We saw the company had an up to date and comprehensive business continuity plan.

Are emergency and urgent care services effective?
(for example, treatment is effective)

Summary

We do not currently have a legal duty to rate independent ambulance services

We found the following areas of good practice:

- Staff used evidence based treatment whilst caring for patients and followed up to date guidelines.
- Audits of patient records highlighted where improvements in practice could be made. When improvements were identified, the service provided specific training for staff then performed another audit to evidence improvements.
- Induction and comprehensive training were provided for staff to ensure that competencies were maintained.

However, we also found the following issues that the service provider needs to improve:

- At the time of the inspection, no staff had participated in an appraisal.
- We saw that there was a lack of understanding of the Mental Capacity Act 2005 amongst first aid trained staff; although the service had arranged training for this specific topic to be completed in 2017.
- The Mental Capacity and Deprivation of Liberty policy required review and update to ensure it reflected current national guidelines.

Evidence-based care and treatment

- The service had an up to date patient pathway policy in place that outlined the processes for staff to follow when treating patients who could not be discharged on scene.
- We saw from patient records that staff worked to National Institute of for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. The director of clinical governance ensured that staff were aware of any changes to guidelines.

Assessment and planning of care

Emergency and urgent care services

- We saw from patient records and staff told us that they followed JRCALC and NICE guidelines to assess patients and plan their care.
- Staff told us they followed the company's pathways including conveyance to an appropriate hospital or gaining support from the NHS ambulance service.
- Staff told us they conveyed patients to hospital from events, but did not convey critically ill or injured patients. If they dealt with a seriously ill or injured patient, they would call for assistance from an NHS ambulance service.
- The managing director explained this was because of the law not allowing for ambulances other than those operated by NHS ambulance services to be driven with blue lights on public roads. However, the Road Vehicles Lighting Regulations 1989 includes 'ambulances' in its definition of 'emergency vehicles', therefore allowing them to have blue lights fitted, and includes 'when it is necessary or desirable either to indicate to persons using the road the urgency of the purpose for which the vehicle is being used' as an exemption for using blue lights on a road. By not doing so on occasions when their ambulances are crewed by suitably-qualified staff, although the staff would remain with patients and continue to treat them as appropriate and therefore keep them safe, it may delay treatment for patients who are critically ill or injured and require conveyance to hospital.
- When staff suspected a heart attack or stroke they would follow protocols to gain support from the NHS ambulance service.
- New staff received an induction comprising of mandatory training and familiarisation with the service's policies, procedures and systems. New staff would always work with more experienced members of the team for their first shifts.
- For paramedics, registration with the Health and Care Professions Council was required. The managing director informed us that he checked the register regularly.
- Staff told us the availability of training provided by the company was very good. All staff had access to weekly training sessions and would be involved in decisions regarding the topics covered.
- Staff told us competencies were checked during the weekly training sessions.
- At the time of the inspection, no staff had participated in an appraisal. There was a new policy in place for this and the managing director informed us that appraisals were due to start in February 2017.
- Staff told us that although there was no formal appraisal process in place they felt that issues were dealt with as and when required directly with the managing director. We were given an example of when staffing issues had been managed by directors and quickly resolved with informal discussions.

Coordination with other providers

- The service worked with local ambulance trusts and emergency departments when a patient required treatment outside of the remit of the event cover.
- Staff and managers described positive working relationships with the staff working for NHS ambulance trusts.

Multi-disciplinary working

- When transferring a patient to hospital, staff told us they worked with staff at emergency departments and provided comprehensive handovers with the required information, and would remain with the patient until hospital staff took over their care.
- The service worked closely with local councils and events organisers. The managing director of the company attended Safety Advisory Group meetings with events organisers.

Access to information

Response times and patient outcomes

- The service provided first aid services for the public and staff at events. When they were contracted to provide this service at an event, staff were always on site to ensure that a quick response was provided. Due to this, response times were not monitored or audited.
- The service used feedback received from patients and their relatives and event organisers to monitor the quality of care they provided.
- The service was not currently participating in national audits. Local audits of patient report forms had been completed that focussed on whether patients had been treated in accordance with guidelines.

Competent staff

Emergency and urgent care services

- For each event, documentation was provided to staff which included a laminated copy of the address of the location and information including the nearest hospital and maps of entrance and exit routes and other key areas where necessary.
- Policies and procedures were available for staff at the office at all times. If they required information from these whilst at events the staff would contact those based at the office for guidance. Otherwise, staff relied on their working knowledge of these policies.
- Satellite navigation systems were available for all vehicles when required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated clear understanding of the procedure to follow when obtaining consent from patients.
- The service had a policy in place with regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). We saw that this was clear and comprehensive however had been due for review July 2015 and therefore required updating.
- We saw that staff employed as first aiders had limited understanding of the MCA and DOLS and were unsure of the assessment process.
- Staff who were registered paramedics had received training with their main employer and demonstrated a good understanding of how to assess a patient's capacity to consent.
- We saw the company's training plan that showed these topics would be covered for all employees during 2017 and this was confirmed by directors and the managing director.
- Staff demonstrated good understanding of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders and how to check if they were valid. Staff were clear of the appropriate action to take if a patient presented with a DNACPR.

Are emergency and urgent care services caring?

Summary

We do not currently have a legal duty to rate independent ambulance services

We found the following areas of good practice:

- We saw positive feedback from patients and event organisers which showed staff were compassionate.

Compassionate care

- Staff gave examples of where they had intervened with patients being treated and stopped members of the public taking photographs or videos to ensure that the patient's privacy and dignity was maintained.
- We did not see any examples of patient care during the inspection however, we reviewed feedback provided by patients and relatives. One thank you card said "thank you for looking after me".
- Another example of feedback described staff as "going about their jobs very professionally and showed compassion and concern for the patient."

Understanding and involvement of patients and those close to them

- Feedback provided by users of the service included an example where "the decision making and lead on the situation was exceptional."

Emotional support

- We did not observe any direct care during the inspection.

Supporting people to manage their own health

- We did not observe any direct care during the inspection.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Summary

We do not currently have a legal duty to rate independent ambulance services

We found the following areas of good practice:

- We saw comprehensive planning took place by the service to ensure sufficient cover for each event.
- Staff within the service had completed training to assist with meeting the needs of individuals including patients living with dementia and learning disabilities.

Emergency and urgent care services

However, we also found the following issues that the service provider needs to improve:

- There was a lack of information available to patients and their families regarding raising complaints or concerns with the service.
- The complaints policy, although clear and well-written, was out of date and required review.

Service planning and delivery to meet the needs of local people

- We saw there were processes in place to ensure sufficient first aid cover was provided for each event the service attended.
- The managing director attended each new location prior to an event to risk assess and put plans into place with regards to the number of staff and vehicles required.
- There were clear plans in place for the service to call for support from the NHS ambulance service when required.

Meeting people's individual needs

- Data provided showed that 84% of staff had completed dementia awareness training.
- The data also showed that 71% of staff members had completed training in treating people with learning disabilities. One staff member was trained in the use of Makaton, a sign language, which assisted with communication.
- Staff told us of an example of a patient with learning disabilities who had been provided with first aid care. Staff told us that time had been taken to ensure full explanations were given to the patient and carer and that the staff member reassured them throughout the treatment.
- Staff told us that due to the type of service provided it was difficult to arrange translation services for patients whose first language was not English. They told us that where the patient required immediate treatment if they had an English speaking friend or relative with them they would usually ask them to translate.
- The service's emergency care assistant course included equality training.

Access and flow

- We saw there were processes to ensure that the correct number of staff attended each event, to ensure sufficient cover was in place to treat expected numbers of patients promptly.

Learning from complaints and concerns

- The service told us they had not received any complaints since it had started operating in 2014.
- We saw they had a clear and well written complaints policy and staff were aware of how to manage concerns raised. However, the policy had not been updated and had been due for review in July 2015.
- There were no information leaflets or posters available on vehicles for patients who may wish to raise concerns. There was a 'contact us' section on the website so patients could inform the service of any feedback through this although the complaints procedure was not clearly outlined.

Are emergency and urgent care services well-led?

Summary

We do not currently have a legal duty to rate independent ambulance services

We found the following areas of good practice:

- We saw processes in place to ensure risks were monitored and improvements made where required.
- There was a positive culture within the organisation.
- Staff told us leaders were visible, approachable and motivating to work with.

Leadership / culture of service related to this core service

- The managing director was the registered manager for the service. There was also a medical director along with three further directors who had specific responsibilities for clinical governance, resources, and the company secretary. A pharmaceutical advisor took on responsibilities for medicines management and advice. There was also an auditor and a health and safety officer.

Emergency and urgent care services

- Staff told us that leaders were all visible, especially the managing director and they could request support at any time.
- Staff told us there was a very positive culture within the organisation. They all said they enjoyed working for the service and some staff did voluntary work for them in addition to paid employment.
- Staff met for training on a weekly basis and described this as being a friendly and very social environment.

Vision and strategy for this core service

- The managers of the service told us the importance of the future strategy was focussed on sustaining their current commitments at a safe and high quality level.
- We spoke with the managing director who told us that there were limited opportunities for the growth of the company due to the staffing levels and commitments of staff to other employers. Therefore, the plan was to gradually increase staffing levels and equipment prior to considering any further work over the course of the following year.

Governance, risk management and quality measurement

- The service had a risk register in place. Key areas of risk were identified and actions set for mitigating and reducing potential harm from them. Examples of risks identified included the potential failure of decontamination processes and incidents of violence towards staff.
- The managing director was responsible for ensuring actions were completed and we saw they had awareness and understanding of the key risks to the service.
- The policies for infection prevention and control, safeguarding for adults, incidents, Mental Capacity Act and Deprivation of Liberty all required review and update.

- Staff told us governance meetings were held quarterly and attended by the managing director, directors, pharmaceutical advisor and where possible the auditor and health and safety advisor. We saw minutes from these meetings where there was opportunity to discuss concerns and risks, training and audits.
- Staff told us that when driving, they would not use blue lights on rapid response vehicles (RRV) unless this was a paramedic in an RRV on private land. This complies with the Road Traffic Regulation Act 1984 section 87 as amended by the Deregulation Act 2015, section 50.

Public and staff engagement

- Staff were involved with decisions made about what training would be useful and worked with managers to put together a schedule to meet their needs.
- There were weekly meetings held at the base where various topics were discussed and staff were involved in training and the organisation of the service.
- Patients were encouraged to provide verbal feedback following receipt of care at events but there were no formal processes in place to do so. This meant that not all feedback may be recorded or considered by the service and opportunities for improvements may be missed.

Innovation, improvement and sustainability

- The managing director informed us that sustaining a safe and high quality service was the main objective for the future. There was opportunity for expansion, however, the current plan was to build upon the existing workforce prior to committing to further contracts.
- Staff demonstrated a focus on the patient and a drive to complete training in order to develop and continue to improve services.

Outstanding practice and areas for improvement

Outstanding practice

- We saw that the management of medication was over and above the recommendations of the World Health Organisation's Guidelines for the Storage of Essential Medicines and Other Health Commodities 2003.
- We saw an extremely positive culture within the company and staff supported well by management. Staff told us they were involved with decisions made with regards to training and changes to the service. We saw that staff met weekly to take part in training sessions and update competencies.

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure that a comprehensive policy to guide staff with incident reporting is in place.
- The provider should ensure that all its policies are reviewed regularly and updated when necessary.
- The provider should ensure that staff have an understanding of Duty of Candour.
- The provider should ensure staff complete training to improve understanding of the Mental Capacity Act 2005.
- The provider should ensure information is available for users of the service who may wish to raise concerns.
- The provider should ensure there are formal processes in place for gathering patient feedback about the service.