

Medics UK (North East) Limited

Medics UK (North East) Limited

Quality Report

30 Unit 7
Limerick Road
RedcarCleveland
TS10 5JU
Tel: 01642487929
Website: www.medicsuk.net

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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

Medics UK (North East) Limited is operated by Medics UK (North East) Limited. The service provides mainly event cover and off shore medical assistance, which is not a regulated activity. The service provides transport of patients from event sites, which falls within CQC registration.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 30 January 2018.

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 take regulatory action as necessary.

We found the following issues that the service provider needs to improve:

- The service had limited systems to monitor the quality and safety of the service.
- Governance arrangements to monitor the quality and safety of the service were not robust.
- The service did not carry out any audits to measure the quality and effectiveness of the service delivered. There were potential risks to staff and patient safety, through lack of observation and monitoring of performance.
- The service did not have systems to ensure all staff were up-to-date with mandatory training requirements.
- The managing director did not know if staff remained competent after their induction as mandatory training was not monitored and there was no evidence staff had appraisals.
- The medicines management policy delegated the procurement, management and storage of medicine to the paramedics. However, the provider did not have an effective system to monitor the use of controlled drugs.
- The service did not have an effective recruitment policy. Appropriate criminal records checks through the disclosure and barring service (DBS) had not been carried out.
- Appraisals had not been carried out.
- The service did not have evidence to show staff had completed safeguarding training to an appropriate level. This was a concern because this was not reflective of national guidelines for safeguarding, specifically the safeguarding children: roles and competences for health care staff – Intercollegiate Document (2014).
- The service did not have a system in place for Infection control audits to be carried out to ensure that cleaning was effective, any contaminants were removed and appropriate action taken to reduce the risk of cross infection.
- Not all staff had received training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
- The service did not engage with service users to monitor the quality of services

However, we found the following areas of good practice:

- The service had an effective accident reporting and investigating procedure and ensured that the learning from any accidents was shared with staff.
- There was a standardised form for recording information related to each patient that had been transported on the ambulance. These forms were completed well and included the time taken to transport each patient.
- The service had a safeguarding policy which included the legal requirement for reporting incidents of female genital mutilation (FGM) and the 'PREVENT' strategy for identify and preventing terrorism.
- Staff adhered to relevant national and local protocol for their role, when assessing and providing care for patients of all ages, including children.

Summary of findings

- Staff told us they were able to make dynamic assessments of the needs of patients prior to transfer and make adjustments where necessary.
- Staff were committed to providing the best quality care to patients. Staff displayed a caring and compassionate attitude and took pride in the service they were providing.
- Staff took time to engage with patients.
- Staff maintained patients' privacy and dignity.
- The service had policies and procedures for patients with learning disabilities and dementia.
- Staff had access to a communication handbook and an emergency phrasebook for service users who had difficulty communicating.
- Staff were well supported by the management team; they told us the management team were friendly and approachable.
- The leadership structure was clear and staff knew who was responsible for co-ordinating the work of the ambulance crew.
- The process for checking driving licences was robust. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check.
- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. The driving assessment was provided by an external provider. We saw records which showed the outcome of the assessment was discussed with the drivers.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with four requirement notices that affected patient transport services. Details are at the end of the report.

Ellen Armistead Deputy Chief Inspector of Hospitals (North of England) on behalf of the Chief Inspector of Hospitals.

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

Medics UK (North East) Limited provide mainly event cover and off shore medical assistance, which is not a regulated activity. The service provides transport of patients from event sites, which falls within CQC scope of registration.

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities that it provides.

We found practice the provider needed to improve in relation to recruitment, risk management and governance processes.

However, we also found:

- There was a positive culture within the service to learn and improve.
- The leadership structure was clear and staff knew who was responsible for co-ordinating the work of the ambulance crew.
- There was a standardised form for recording information related to each patient that had been transported on the ambulance. These forms were completed well and included the time taken to transport each patient.
- Staff adhered to relevant national and local protocol for their role, when assessing and providing care for patients of all ages, including children.

Medics UK (North East) Limited

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to Medics UK (North East) Limited

Medics UK (North East) Limited is operated by Medics UK (North East) Limited. The service opened in 2016. It is an independent ambulance service in Redcar, North Yorkshire. The service primarily serves the communities of North Yorkshire.

Medics UK (North East) Limited provides mainly event cover and off shore medical assistance which is not a regulated activity. The service provides transport of patients from event sites, which falls within CQC

The service has had a registered manager in post since 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and one specialist advisor with expertise in governance and patient transport services. The inspection team was overseen by Sandra Sutton, Head of Hospital Inspection.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

- No complaints

Medics UK (North East) Limited provide mainly event cover and off shore medical assistance, which is not a regulated activity. The service provides transport of patients from event sites which falls within CQC scope of registration.

The service is open Monday to Friday 9:00am - 5:00pm.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the base in Redcar, North Yorkshire. We spoke with five staff including; a registered paramedic, ambulance technician, maintenance staff and management. During our inspection, we reviewed two sets of patient records that were transferred in the last 12 months.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has not previously been inspected by CQC.

In the period January to December 2017 there were two patient journeys undertaken.

The service had a pool of bank staff which consisted of nine ambulance technicians, eight paramedics and 37 first aiders. The accountable officer for controlled drugs (CDs) was the managing director.

Track record on safety from January to December 2017. The provider reported:

- No never events
- No serious injuries

Emergency and urgent care services

Summary of findings

We found the following issues that the service provider needs to improve:

- The service had limited systems to monitor the quality and safety of the service.
- Governance arrangements to monitor the quality and safety of the service were not robust.
- The service did not carry out any audits to measure the quality and effectiveness of the service delivered. There were potential risks to staff and patient safety, through lack of observation and monitoring of performance.
- The service did not have systems to ensure all staff were up-to-date with mandatory training requirements.
- The managing director did not know if staff remained competent after their induction as mandatory training was not monitored and there was no evidence staff had appraisals.
- The medicines management policy delegated the procurement, management and storage of medicine to the paramedics. However, the provider did not have an effective system to monitor the use of controlled drugs.
- The service did not have an effective recruitment policy. Appropriate criminal records checks through the disclosure and barring service (DBS) had not been carried out.
- Appraisals had not been carried out.
- The service did not have evidence to show staff had completed safeguarding training to an appropriate level. This was a concern because this was not reflective of national guidelines for safeguarding, specifically the safeguarding adults: roles and competences for health care staff – Intercollegiate Document (2014).
- The service did not have a system in place for Infection control audits to be carried out to ensure that cleaning was effective, any contaminants were removed and appropriate action taken to reduce the risk of cross infection.
- Not all staff had received training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

- The service did not engage with service users to monitor the quality of services

However, we found the following areas of good practice:

- The service had an effective accident reporting and investigating procedure and ensured that the learning from any accidents was shared with staff.
- There was a standardised form for recording information related to each patient that had been transported on the ambulance. These forms were completed well and included the time taken to transport each patient.
- The service had a safeguarding policy which included the legal requirement for reporting incidents of female genital mutilation (FGM) and the 'PREVENT' strategy for identify and preventing terrorism.
- Staff adhered to relevant national and local protocol for their role, when assessing and providing care for patients of all ages, including children.
- Staff told us they were able to make dynamic assessments of the needs of patients prior to transfer and make adjustments where necessary.
- Staff were committed to providing the best quality care to patients. Staff displayed a caring and compassionate attitude and took pride in the service they were providing.
- Staff took time to engage with patients.
- Staff maintained patients' privacy and dignity.
- The service had policies and procedures for patients with learning disabilities and dementia.
- Staff had access to a communication handbook and an emergency phrasebook for service users who had difficulty communicating.
- Staff were well supported by the management team; they told us the management team were friendly and approachable.
- The leadership structure was clear and staff knew who was responsible for co-ordinating the work of the ambulance crew.
- The process for checking driving licences was robust. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check.
- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs'

Emergency and urgent care services

by a driving assessor. The driving assessment was provided by an external provider. We saw records which showed the outcome of the assessment was discussed with the drivers.

Are emergency and urgent care services safe?

Incidents

- The service had an accident and incident reporting policy. The policy described how accidents and incidents should be reported, investigated and the learning shared with staff. Incidents were risk assessed into categories of low, medium and high in line with guidance issued by the Health and Safety Executive. Staff could report incidents using a reporting form.
- There was an internal system for reviewing incidents in order to identify learning points that could prevent a recurrence. Once the investigation was completed the accident reporting form had a section for recording the action proposed to prevent recurrence. The managing director told us any learning would be shared by email and posted on the staff noticeboard.
- The service had not reported any incidents or serious incidents from January to December 2017.
- The service reported that there were no never events in the last 12 months. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The service had a procedure for the duty of candour. 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 we spoke with understood the duty of candour regulations and the requirement to be open and honest.

Mandatory training

- The managing director told us they provided induction and mandatory training for all staff.
- The managing director told us mandatory training included infection prevention and control (IPC), basic life support, the use of oxygen, moving and handling and safeguarding training. We saw records of the programme for each training and the date the training was delivered.

Emergency and urgent care services

- The service did not have an effective system to monitor compliance with mandatory training requirements. The services used an external provider for mandatory training courses. However, the service had a larger pool of 54 bank staff and the managing director did not have evidence to show how many staff members had completed the mandatory training courses.
- The service provided staff training to undertake vehicles safety checks. This ensured staff were competent to undertake the vehicle checks required.
- Managers told us that all drivers had their driving licence and eligibility to drive vehicles checked prior to employment and on an ongoing basis by the Driver and Vehicle Licensing Agency. We saw evidence of these checks.
- There were arrangements for ongoing checks for driver competence, such as spot checks or 'ride outs' by a driving assessor. The driving assessment was provided by an external provider. We saw records which showed the outcome of the assessment was discussed with the drivers.
- The managing director showed us that the quality of driving was monitored through the use of a global positioning system (GPS) that was present on all vehicles.

Safeguarding

- The service had a policy for safeguarding children and protecting vulnerable adults from abuse. The policy gave clear guidance to staff on how to report urgent concerns and included contact information for the appropriate local authority safeguarding children or adult teams. However, we noted the policy was generic and had not been adapted for the service.
- The safeguarding policy included the legal requirement for reporting incidents of female genital mutilation (FGM) and the 'PREVENT' strategy for identify and preventing terrorism.
- The managing director told us there had been no reported safeguarding incidents in the last 12 months.
- A safeguarding flowchart was available on each vehicle, including the contact information for the appropriate local authority safeguarding children and vulnerable adult's team.
- The manager director told us staff had received safeguarding training. We checked staff training records. The service did not have evidence to show staff had completed safeguarding training to an appropriate level.

This was a concern because this was not reflective of national guidelines for safeguarding, specifically the safeguarding children: roles and competences for health care staff – Intercollegiate Document (2014). These concerns were fed back to the management at the time of our inspection. Following our inspection the provider sent us an action plan which showed that staff were registered to attend safeguarding training.

- The staff we spoke with did not understand what constituted a safeguarding concern and were not able to describe the reporting process.

Cleanliness, infection control and hygiene

- The service had an infection prevention and control policy (IPC) which was updated annually. The policy stated staff should follow rigorous guidance on hand hygiene, personal protective equipment and environmental cleaning. Staff we spoke with were aware of their responsibilities related to IPC.
- The managing director told us the crew ensured their vehicle was clean and fit for purpose, before, during and after they had transported a patient. The staff assigned to the vehicle completed the day to day cleaning of the vehicle. A daily checklist was used to record the cleaning of the vehicles and station. Decontamination cleaning wipes were available on the ambulances.
- An internal deep cleaning procedure was in place for the ambulances. A deep clean involves cleaning a vehicle to reduce the presence of certain bacteria. We saw records which showed a deep cleaning checklist was used to show when and what area of the vehicles were cleaned. Staff we spoke with told us a deep cleaning was undertaken every six weeks.
- We observed hazardous spillage equipment was available on the ambulances.
- Personal protective equipment was available on the ambulances; this included disposable gloves.
- The ambulance base had a storage area for storing cleaning products. A colour coding system was used which separated equipment that was to be used in different areas.
- There was no system in place to monitor cleanliness. The service did not have a system in place for Infection control audits to be carried out to ensure that cleaning was effective, any contaminants were removed and appropriate action taken to reduce the risk of cross infection.

Emergency and urgent care services

- We were informed that the service did not complete hand hygiene audits. This meant the service could not be assured that staff were compliant with infection control practices. The service did not have a nominated IPC lead.
- The service did not have records to show the number of staff members that had completed training in infection control.

Environment and equipment

- The service had a fleet of 15 vehicles including five ambulances. The managing director told us all 15 vehicles were not used at the same time and there were reserved vehicles which would allow the service to continue in the event of the ambulance breaking down
- The ambulance station premises were clean and tidy with adequate space to safely store the vehicles. In addition the unit provided a suitable environment for the control centre. There was a training room, office space, facilities for staff, cleaning and separate storage areas.
- The store room was clean and tidy with stores clearly labelled. There was evidence of good stock rotation and all consumables were in date.
- The station had bathroom and toilet facilities for staff to use during their shifts. These were well maintained.
- The station had security in place which included a key coded outer door. We found that vehicle keys were stored securely to ensure only staff within the service could access them.
- Staff told us they had adequate equipment and stores.
- Hazardous substances were stored in a locked room. There were appropriate Control of Substances Hazardous to Health (COSHH) assessments in place.
- The service kept a record for vehicle maintenance which clearly showed when vehicles were last maintained and when the Department for Transport safety test certificates were undertaken and next due. Records were kept for each vehicle which included the vehicle log book, service history, insurance and road tax payments.
- The managing director told us the service had two custom built vehicles that could accommodate stretchers.
- There was a variety of equipment on the vehicles that ensured the safety of patients. This included carry chairs and standard safety belts. These were observed to be in good working order.

Medicines

- The service had a medicine management policy. The policy stated the procedure for the safe handling and dispensing of medicines. The managing director had overall responsibility for the safe handling of medicines.
- Medical gases were stored securely in a locked storeroom. Gases were obtained directly from an external supplier.
- Staff we spoke with knew about their responsibilities when administering oxygen. Staff had received training in oxygen administration and told us they referred to guidelines issued by Joint Royal Colleges Ambulance Liaison Committee (JRCALC).
- There were no controlled drugs on site. One paramedic told us they ordered controlled drugs which were stored at their residence in a locked safe. They were responsible for transporting the drugs to the events site. The medicines management policy delegated the procurement, management and storage of medicine to the paramedics. However, the provider did not have an effective system to monitor the use of controlled drugs. Following our inspection the provider sent us confirmation that a process had been implemented to monitor the safe use of controlled drugs.

Records

- There was a confidentiality and data protection policy.
- We saw records which showed that staff had training in confidentiality and data protection.
- Staff we spoke with understood the need to review and hand over any service user information. During shifts, the service user records were held on a clipboard in the back of the ambulance and updated by the crew member. At the end of the shift these records were taken back to the ambulance base and stored securely.
- We observed that all identifiable information was stored securely in a locked cabinet, in a locked room to protect confidentiality.
- We reviewed a sample of service user records that had been completed within the past 12 months. We found that these had all been fully and clearly completed.

Assessing and responding to patient risk

Emergency and urgent care services

- The ambulance crew we spoke with had a clear understanding about what to do if a patient deteriorated during a journey. They told us they would pull over their ambulance and dial 999 for emergency assistance.
- Basic risk assessments were undertaken during patient transport. Staff told us that one crew member sat with patients being transported in the rear of the vehicle. This meant they could directly observe the patients throughout the journey and respond if they witnessed any decline in the patients' condition.
- The service had undertaken a risk assessment to ensure the safe moving and handling of patients.
- The ambulance that was in operation for urgent patient transportation was equipped with an automatic external defibrillator (AED) and oxygen that could be used in the event of an emergency. This equipment was checked daily by staff and we observed that they were in good working order on the day of the inspection.
- The managing director told us all staff received first aid training as part of their induction. This included providing cardiopulmonary resuscitation (CPR) and the use of oxygen in an emergency situation. However, the service had a larger pool of 54 bank staff and the managing director did not have evidence to show how many staff members had completed training in first aid and CPR.

Staffing

- The service had a manager, a training provider, two administrators and a vehicle maintenance technician. The service had a pool of bank staff which consisted of nine ambulance technicians, eight paramedics and 37 first aiders.
- Two ambulance crew were required for each patient transport.
- Staff did not raise any concerns about access to time for rest and meal breaks. The service did not use agency staff but utilised the existing pool of bank who worked additional shifts on overtime or flexibly where required.
- The managing director showed us the online system for managing staff availability. We saw that staff were able to complete their availability online and managers had a view of the calendar.

- The managing director told us there always sufficient number of staff to cover shifts because of the large pool of bank staff. Staff were available to work on the ambulance on an ad hoc basis to cover sickness absence and holiday leave.

Anticipated resource and capacity risks

- The managing director told us the long term plan was to expand the service and make it more diverse. This included increasing patient transfers and possibly emergency and urgent care services. A complete strategy was to be developed in the next financial year.
- The service had a business continuity plan which could operate in the event of an unexpected disruption to the service. This included the steps to be taken if there is potential disruption, such as severe weather, flooding or a fire.

Response to major incidents

- The managing director told us a response to major incidents was detailed in a plan for each event cover. We reviewed the plan and found it included the procedure to follow for a deteriorating patient, the most appropriate hospital to refer to and how to contact the hospital.
- The managing director told us a duty medical doctor was present at each event and staff could seek advice where necessary.
- The managing director told us the service was not involved with their local hospital NHS Trust regarding supporting and assisting other services in the event of a major incident.

Are emergency and urgent care services effective?

Evidence-based care and treatment

- A range of pathways were used that complied with the National Institute for Health and Care Excellence (NICE) guidelines and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- The service had a range of policies which reflected national guidance. The managing director told us policies were regularly reviewed and updated. We

Emergency and urgent care services

reviewed policies and procedures and found they had been updated. Staff had access to the policies and procedures which were stored in the administrative office.

- Each ambulance had a folder containing guidance on safeguarding vulnerable adults and child protection, hand hygiene, the disposal of clinical waste and blood spillage.
- Policy updates were posted on the staff notice board. We saw example of updates which were posted for staff to review. The managing director told us updates were also sent to staff by email.

Assessment and planning of care

- Patients had their needs assessed and their care provided in line with evidence based practice. If patients did not require transport to hospital then crews would 'see and treat' and additional support or advice would be given if necessary.
- Staff adhered to relevant national and local protocol for their role, when assessing and providing care for patients of all ages, including children.
- Staff told us they were able to make dynamic assessments of the needs of patients prior to transfer and make adjustments where necessary.
- Staff did not transport a patient if they felt they were not equipped to do so, or the patient needed more specialist care.
- Staff told us patients would always be transferred with the support of a paramedic or doctor.
- There were processes in place to ensure crews were aware of local protocols for the transportation of patients who required specific hospitals. For example, if a patient had a suspected heart attack or stroke, they would take the patient to the appropriate centre for the treatment of that condition. This may require bypassing the local hospital to go to a tertiary centre.

Competent staff

- Staff were given an induction. The induction included an awareness of relevant guidance, policies and procedures.
- Staff had a training passport which was stored in their human resource file, along with all copies of training certificates for courses which they had completed.
- A staff handbook was provided for all staff. This contained general employee information such as

appearance and attitudes, human resources policies, and information on health, safety and environment. The handbook also contained the safeguarding and infection control policies.

- The process for checking driving licences was robust. These checks were completed prior to commencement of employment. We found staff had a record of the completion of a driving licence check.
- The managing director told us they regularly met with staff. However, there were no formal staff meetings which would include bank staff.
- There was no evidence that staff had an appraisal. The managing director told us staff had informal appraisals.
- The managing director did not know if staff remained competent after their induction as mandatory training was not monitored and there was no evidence staff had appraisals.

Coordination with other providers

- The majority of the service related to the provision of event cover. The managing director gave us an example of working with a local NHS ambulance trust. The service provided additional ambulances and crews for an event.
- The provider had good working relationships with partners and stakeholders. The managing director told us they worked in a multi-disciplinary manner with event partners. We saw records of contracts which stated the provider's responsibility when transferring patients and how concerns should be escalated.
- Staff we spoke with told us they had good coordination with managers based at the hospitals they transported patients to.
- Due to the small number of transfers undertaken by this service there was limited information available at the time of inspection regarding working with other agencies.

Access to information

- Staff could assess information on the service's policies and procedures. Any updates were communicated to staff through email and also on the ambulance station staff notice board.
- There was a staff handbook containing some key policies. For example, there were policies related to patient dignity and respect, driving safely, and the procedure for escalating any concerns.

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- The managing director told us the service had recently updated the satellite navigation and compliance systems.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy for mental capacity, consent, best interest decisions and deprivation of liberty.
- The managing director told us staff received training on consent and Mental Capacity Act (MCA) as part of their induction. The service did not have records to show the names of the staff that had completed training.
- There was no evidence of training in relation to the Mental Capacity Act (2005). These concerns were fed back to the management at the time of our inspection. Following our inspection the provider sent us an action plan which showed that staff were registered to attend mandatory training courses.
- Staff that we spoke with had some knowledge of mental capacity, best interest decisions and deprivation of liberty safeguards.

Are emergency and urgent care services caring?

Due to the limited number of feedback from patients, there was limited evidence to complete this key line of enquiry. We were unable to speak with patients during our inspection as the service did not provide any direct care or treatment during this period.

Compassionate care

- All of the staff we spoke with during the inspection showed a commitment to providing the best possible care.
- Staff told us they took the necessary time to engage with service users. They told us they communicated in a respectful and caring way, taking into account the wishes of the patient at all times. Staff we spoke with told us they maintained patients' privacy and dignity.
- Staff were also concerned about continuity of care after patients' transfers were completed.
- We reviewed feedback from service users who said they were impressed with the service. Staff was described as pleasant and supportive.

Understanding and involvement of patients and those close to them

- Service users were involved in decisions about their care and treatment. Ambulance crews gave clear explanation of what they were going to do with service users and the reasons for it. Ambulance crews told us they checked with service users to ensure they understood and agreed. This was documented in the records we checked.
- Staff demonstrated an awareness of involving service users, and their relatives or carers, in any decisions that were made about their care.

Emotional support

- Staff understood the impact that they could have on patients' wellbeing and acted to emotionally support their patients during transfers.
- Staff we spoke with told us they checked on patients, in terms of discomfort, and emotional wellbeing during any patient transport journey.
- Staff we spoke with told us they understood the need to support family should a service user become unwell requiring transport to hospital and during a journey.

Are emergency and urgent care services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- The service provides mainly event cover and off shore medical assistance which is outside of the scope of CQC regulation. However, the service provides transport of patients from event sites within its contracts with providers.
- The managing director told us bookings were responded to quickly via telephone. At the inspection we observed staff making bookings.
- The staffing levels, shift patterns and availability of vehicles were maintained in line with the demand for event cover.

Meeting people's individual needs

- The service had communication aids, to support patients who were unable to speak due to their medical condition. This would assist patients in explaining what was wrong and enable staff to understand.
- Staff had access to a communication handbook and an emergency phrasebook for service users who had

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difficulty communicating. The communication book had guidance for visual impairment and hearing loss. This included photographs and symbols. The service did not have access to interpreting services.

- The service had policies and procedures for patients with learning disabilities and dementia
- The Accessible Information Standard (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The AIS was made into legislation in 2016. Medics UK did not fully meet AIS legislation as they did not have access to translation services. Staff had access to a communication handbook and an emergency phrasebook for service users who had difficulty communicating.

Learning from complaints and concerns

- The service had a system for handling, managing and monitoring complaints and concerns. The policy outlined the process for dealing with complaints including an investigation and response within 14 days.
- Staff knew how to advise a patient if they wished to complain and written information of how to make a complaint was present on the ambulances.
- The managing director was the complaints lead. The service did not have any complaints in 2017.

Are emergency and urgent care services well-led?

Vision and strategy for this core service

- The managing director told us the service had a five year business plan.
- The service did not have a formal vision and strategy. However, the managing director was able to articulate their key priorities for the service, which included developing the workforce and improving the reputation of the service.
- The ambulance crew worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The provider did not have a robust governance framework to monitor the quality and safety of the service.
- The service did not carry out any audits to measure the quality and effectiveness of the service delivered such as cleanliness and infection control. There were potential risks to staff and patient safety, through lack of observation and monitoring of performance.
- The service did not carry out appraisals and had not developed robust mandatory training updates and monitoring.
- The service had a recruitment procedure. The managing director told us that, as part of the staff recruitment process, they carried out appropriate background checks. This included a full Disclosure and Barring Service (DBS), proof of identification, references, check as well as driving license checks.
- Appropriate criminal records checks through the disclosure and barring service (DBS) had not been carried out for each member of staff. We reviewed eight staff files and found that the service had accepted DBS checks carried out by another provider. These concerns were fed back to the management at the time of our inspection. Following our inspection the service provided assurances that DBS checks had been carried out for all staff.
- We reviewed eight staff files including those for three paramedics, three technicians and two first aiders. Records we reviewed did not contain all the required evidence to show appropriate recruitment checks were undertaken prior to employment.
- Proof of identification had not been obtained and retained in four of the staff files we checked. This was not in line with requirements to have proof of identity including a recent photograph. The managing director told us these checks had been undertaken. However, evidence of these checks could not be provided. These concerns were fed back to the management at the time of our inspection. Following our inspection the service sent us confirmation the recruitment policy had been reviewed and updated.
- Staff told us that the managing director and all the managers were supportive and approachable.
- The managing director told us learning was cascaded to staff. Updates were communicated to staff through email and also on the ambulance station staff notice board.

Emergency and urgent care services

- The service had carried out risk assessments for hazardous substances, manual handling, the use of oxygen and fire safety. We observed that following each risk assessment an action plan was implemented to mitigate any identified risks. For example, the fire risk assessments made recommendations for improved fire exit signs and the storing of combustible materials. These actions had been carried out.

Leadership of service

- There was a lack of awareness around the gaps in assurances, the need to monitor risks or measure quality.
- The leadership team consisted of the managing director who was the registered manager, an information technology manager and a training provider. The managers we spoke with were aware of their roles and responsibilities, and staff we spoke with knew who the different leads were and what they were responsible for.
- The service had an administrator who was responsible for updating policies and procedures and undertaking risk assessments.
- We observed members of staff interacting well with the leadership team during the inspection.

Culture within the service

- The managing director was positive and showed a willingness to improve the service. The managing director responded promptly to the concerns raised at the inspection and took immediate action to rectify the concerns.
- Managers we spoke with during the inspection had a clear understanding of the concerns we raised and how they would address these to ensure compliance.
- Staff we spoke with were positive about their engagement with the managers of the service.
- Staff told us the management team were responsive to their feedback and they were comfortable raising concerns as they arose.

- There was a whistleblowing policy to provide assurance to staff who wished to provide feedback about aspects of the service.
- The service had also received feedback from its customers such as staff being attentive, pleasant and supportive.

Public and staff engagement (local and service level if this is the main core service)

- The service's publicly accessible website contained information for the public in relation to what the service was able to offer.
- The managing director told us staff were invited to attend four to six courses each year. At these sessions staff would have discussions about the service. However, there were no formal minutes for these discussions.
- We asked the managing director how they sought feedback from service users. They told us that they did not currently have a formal process to collect feedback with a view to monitoring the quality of the service. The managing director showed us feedback from its partners. The service received positive feedback

Innovation, improvement and sustainability (local and service level if this is the main core service)

- The service took prompt action where issues were found at the announced inspection. Following our inspection the managing director sent us an action plan which detailed actions taken to improve the service. This included updating the recruitment policy, carrying out DBS checks and arranging safeguarding training.
- The managing director told us about plans to develop the workforce. There were new online training courses from a local college which were accessible to all staff. The courses included medicines management, common health conditions, equality and diversity and infection control.

Outstanding practice and areas for improvement

Areas for improvement

Action the Independent Ambulance provider MUST take to improve

- The provider must ensure they have undertaken all of the required employment checks, including enhanced disclosure and barring service checks, to comply with the fit and proper person's requirement.
- The provider must ensure that an up to date record of training, skills and competence is kept for all staff members, particularly if they are responsible for providing care and treatment to patients.
- The provider must ensure a range of policies are implemented to support operations within the regulated activity. Policies need to be reviewed effectively and updated.
- The provider must ensure staff are supported in their roles by effective supervision and appraisal systems and ongoing training.

- The provider must ensure all staff are appropriately trained in safeguarding according to the requirements of the Intercollegiate Document.

Action the Independent Ambulance provider SHOULD take to improve

- The provider should consider improving the monitoring of the use of controlled drugs.
- The provider should consider completing infection control and hand hygiene audits to make sure staff are compliant with infection control guidelines and policies.
- The provider should consider updating the safeguarding children and vulnerable adult's policy including a named safeguarding lead.
- The provider should consider having a documented consent procedure which would include the Mental Capacity Act, best interest principles and deprivation of liberty.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: • Not all staff had received safeguarding training that was relevant to their role • Staff were not aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. 13 (1) (2)
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There was no system of governance in place that effectively assessed the quality and safety of the service, identified, monitored and mitigated any risks relating to the service. • There were no ongoing audits in place to monitor compliance in all aspects of service provision. This meant there was no effective way to measure the quality of the service being delivered against the required standard and to make improvements where required • The provider did not have systems and processes to ensure that staff were complying with mandatory training requirements • The provider did not have an effective system for monitoring the use of controlled drugs. 17 2(a)(b)(c)(f)

This section is primarily information for the provider

Requirement notices

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met

The provider did not have effective systems and processes in place to record appraisal, supervision and professional development of staff members.

Regulation 18 2(a)

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

Regulation 19 HSCA (RA) Regulations 2014. Fit and proper persons employed

How the regulation was not being met:

- The service did not have a recruitment policy. The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role.
- The service did not establish and operate effective systems to ensure that persons employed are of good character, have the appropriate qualifications, competence, skills and experience to undertake a voluntary role. This information was not readily available.

Regulation 19, 2(a)(b) 3(a)(b) 4(a)