Event Medicine Company Ltd

Event Medicine Company

Quality Report

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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.

Ratings

Overall rating for this ambulance location	Good
Emergency and urgent care services	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

The Event Medicine Company is operated by The Event Medicine Company Ltd. The Event Medicine Company provides medical and paramedical services to events of all types and sizes, which includes emergency and urgent care, including some conveyance of patients to acute hospital settings.

The CQC does not have powers to regulate medical and paramedical care and treatment provided at events.

This report details our findings about the care and treatment provided to patients when conveyed from event sites to acute hospital settings.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 3 July 2019.

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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

We last inspected this service in December 2017 but at the time we did not have the legal duty to rate independent ambulance services.

The regulated activity provided by this service was emergency and urgent care.

We rated this service as **Good** overall 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. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and managers monitored the effectiveness of the service and competence of staff. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for event organisers to give feedback. People could access the service when they needed it and did not have to wait for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- There were some lapses in attention to cleaning arrangements and waste management.

Summary of findings

- There were no safety straps in the ambulance to ensure children were secure on the stretcher during transfer to hospital.
- The service had very few complaints, but they should respond within the timescales written in the complaints procedure, and provide information regarding making a complaint on the ambulance.

Following this inspection, we told the provider they should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services	Good 	The Event Medicine Company provides medical care for events, which the CQC do not regulate. The service does however provide emergency care for patients and transfers to hospital from events when necessary, which CQC does regulate. The staff are employed on zero hours contracts and sign up to provide care when available. The service works with event organisers to provide the correct level of cover, staff and skill mix to ensure the safety of the attendees. We found that the service provided safe effective care with good organisational leadership.

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Background to Event Medicine Company

The Event Medicine Company is operated by The Event Medicine Company Ltd. The registered manager, Dr Brian Robertson, founded the service in 2002. The Event Medicine Company was registered with the CQC in October 2015. The service headquarters is in Aldershot Hampshire; however, the service have healthcare professionals on their books providing an independent medical and paramedic service all over the United Kingdom to adults and children. The service covers a range of events from small village fetes and corporate entertainment events, to large-scale sporting events such as triathlon and equestrian events and major air shows. The service did not have any substantive contracts, they sourced work by tendering for contracts for individual events or a group of events. The service included emergency and urgent care and some conveyancing of patients to acute hospital settings.

The CQC does not have powers to regulate medical and paramedical care and treatment provided at events.

The service has had a registered manager in post since October 2015.

The service was last inspected in December 2017 at which time the CQC did not have the legal duty to rate independent ambulance services. Following the 2017 inspection we told the provider to address some areas of concern where the service was not meeting regulations. The issues raised related to assurances that all staff have the required skills and competencies and were suitable to work in a health care environment. Staff must be up to date with their mandatory and essential training from their main place of work; assurance that staff had completed appropriate safeguarding training for adults and children and young people; assurance that staff provide care and treatment to children and young people that meets national guidance; and assurance that all staff followed infection prevention and control processes and used personal protective equipment appropriately.

The provider supplied an action plan to address these concerns.

Our inspection team

The team that inspected the service comprised a CQC inspector and a specialist advisor who was a registered paramedic with experience and knowledge of emergency ambulance services. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

Our ratings for this service

Our ratings for this service are:

Detailed findings

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

Emergency and urgent care services

Safe	Good
Effective	Good
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

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 provider's headquarters at Aldershot and spoke with the registered manager, and four other members of the team including one administrator. Following the inspection, we had email communication with six event organisers to which The Event Medicine Company had provided a service. We inspected the vehicle used for patient transfers and we reviewed infection control practices, medical gas storage and medicine storage. We reviewed vehicle cleaning records and policies and procedures relating to the running of the service. There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Activity

The Event Medicines Company provided medical cover for 200 days per year on average. The service did not keep exact figures for the number of patient journeys to hospitals because they operated throughout the United Kingdom and always worked with other CQC registered ambulance services to facilitate transfers when required.

The service maintained one ambulance at their headquarters in Aldershot which was used for local events as required. We were told that this vehicle made an average of one transfer per month, and figures showed that for a large international event in 2018 there had been eight transfers to hospital in the vehicle.

The provider told us that children and young people under the age of 18 had been transferred within the last 12 months, but they did not keep data on transfer numbers.

Track record on safety

There were no reported never events in the 12 months preceding the inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.

There were no reported clinical incidents or serious injuries in the 12 months preceding the inspection.

There was one complaint received by the service in the 12 months preceding the inspection. This complaint was not related to the transfer of patients to hospital.

When demand required it, the provider contracted with other CQC registered independent ambulance providers to ensure delivery of contractual agreements.

Emergency and urgent care services

Summary of findings

We found the following areas of good practice:

- Staff could report incidents to the managers who addressed concerns and shared any learning.
- The service provided statutory and mandatory training and made sure staff completed it
- Safeguarding procedures were embedded, and staff always had local authority contact details available to them at each event.
- Vehicle maintenance was managed well, and staff had access to all the equipment they required at events and on the ambulance.
- The service provide care to adults and children according to national guidance and best practice.
- Leaders and staff understood risk and worked to minimise or eliminate it. They managed medicines safely and effectively.
- The service ensured staff were competent for the activities they undertook, and managers monitored the care they provided.
- Leaders worked well with event organisers to make sure they provided the correct level of care for all people who attended the events.
- The service had embedded governance procedures and the registered manager had oversight of all activities and any issues of concern were understood and addressed in a timely way.

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

- There were some lapses in the vehicle cleaning program and management of clinical waste.
- There were no security straps for children in the ambulance.
- The service didn't always respond to complaints according to their own procedure.

Are emergency and urgent care services safe?

Good

We rated it as **good**.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support.

- The service had an incident reporting policy, the most recent review was in December 2017 and the document detailed the date of the next review for 2020. This covered types of incidents that needed to be reported, how to report an incident, actions staff needed to take following reporting of an incident, including investigating the incident. The policy detailed feedback processes to staff and other stakeholders, in order to share learning from incidents.
- Staff were clear on their roles and responsibilities to report untoward incidents
- There were no patient safety incidents reported during the 12 months prior to our inspection. However, should an incident occur, a senior member of the team would be allocated to investigate and provide a report. It was clear from the minutes of management meetings we reviewed that such an event would be shared with all staff.
- Staff attending events were provided with a briefing pack; the packs contained any service changes made as a result of learning from the debriefing at previous events.
- The service had a Duty of Candour Policy which was issued in 2015, reviewed in May 2017 and due for further review by December 2020. The Duty of Candour is a regulatory duty that relates to openness and transparency, it 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 patient. The directors of the provider demonstrated a good understanding of the Duty of Candour legislation. They reported there had been no incidents where the Duty of Candour legislation needed to be followed.

Mandatory training

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

- Most of the staff who worked for the provider worked in NHS organisations as their main employment and completed their mandatory training there. Staff were required by managers of the service to provide evidence of their training, details were recorded on the staff database which we were able to view. The service also provided some online training. The service had a policy which detailed the expectations for staff regarding the training required and provision of evidence.

Statutory training

Fire safety, Health & Safety including COSHH and RIDDOR, and moving and handling were completed once; with equality and diversity completed every 3 years

Mandatory Training

Basic Life Support and AED, conflict resolution, infection prevention and control, Mental Capacity Act, safeguarding adults – level 1 and safeguarding children – level 3 were completed every 3 years. Consent was completed just once.

- The database of staff records detailed the training records of staff along with expiry dates for each element of their training. The data base was set up so that only staff with the appropriate completed training could be selected for an event.
- The records also showed extra training that staff had received such as, water safety awareness for staff who attended events that included water activities, which could be triathlons or open water swimming competitions. This e-training was sometimes provided in house.

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 provider had a safeguarding policy which was issued in 2013 and reviewed in 2017 with a further review due in 2020. The policy was written by the medical director for the service and detailed types of abuse and actions staff should take if abuse is suspected.
- All staff completed the electronic safeguarding training provided in house which we were told was at level 2. This was as extra to the level of training provided as part of each member of staff's NHS training. Following our previous inspection the provider had written a policy for the management and care of children attending events.
- At the last inspection we required the service to ensure staff had completed appropriate safeguarding training for adults and children and young people; in particular that staff provided care and treatment to children and young people that met national guidance. Safeguarding minimum training requirements are set out in the 'Safeguarding children and young people: roles and competences for health care staff Intercollegiate document third edition: March 2014'.This document states that all clinical staff working with children, young people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person where there are safeguarding/child protection concerns, should be trained to level three. However, the intercollegiate document is a guidance document and while the level of safeguarding training is a good indication as to how well the provider responds to safeguarding concerns, it is not the sentinel indicator of good child safeguarding arrangements in an organisation. The organisation needs to demonstrate that they have a 'comprehensive safeguarding system' underpinned by policies, effective risk assessments, and high-profile leadership as well as quality assured training and that they know that these are consistently in place.
- We asked the service leads if they were now making sure that events which included children were attended by staff with level 3 safeguarding training; they told us that they did include this requirement in the resource

planning, however, nationally paramedics were not generally required to achieve the level 3 training and they could not always ensure that they were providing paramedic staff with level 3 safeguarding qualifications. There were leaders and executives within the organisation who were trained at a higher level and available to support the team at events and advise clinical teams if there were any circumstances staff were unsure about.

- We saw that prior to each event, the registered manager obtained the relevant local authority safeguarding contact details for both adults and children. This information was provided to all staff attending that event in a briefing pack. This meant all staff could quickly access relevant contact details for making safeguarding alerts and enquiries whilst treating or conveying patients.
- The service also used a paediatric safeguarding checklist. This was attached to the records of all children staff attended in order to highlight potential safeguarding concerns.

The checklist included;

Concern around explanation for/circumstances of injury

Subject to Child Protection plan

Bruise/head injury in pre-ambulant infant

Unexplained delay in presentation

Cleanliness, infection control and hygiene

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

- The provider had an infection control and prevention policy issued in April 2014, reviewed in April 2017 with the next review date indicated for December 2019.
- The service provided personal protective equipment (PPE) such as disposable gloves, aprons, facemasks and safety eyewear. We saw supplies available at the headquarters and on the vehicles. The provider felt assured that staff used PPE at large scale events; one of the directors attended these events and observed the practices of staff.
- Following the previous inspection in December 2017 we told the provider they must ensure all staff follow infection prevention and control processes and use personal protective equipment appropriately. Since then the service have introduced a hand hygiene audit tool for use when staff are at events. The tool includes all infection prevention and control (IPC) measures the staff must adhere to. We reviewed the results of audits undertaken with 26 staff at seven events; these demonstrated staff were 100% compliant with IPC standards.
- Review of equipment on the ambulance, and stored at the headquarters, showed equipment was visually clean, and consumables were in date.
- There was clear guidance about the disposal of clinical waste. We saw clinical waste bags available on the ambulance for return to headquarters where it would be placed in a designated secure bin. The provider had a contract with an appropriate contractor to remove clinical waste on a regular basis. On the day of the inspection we found some clinical waste was still in the bin from the previous event, this was removed straight away.
- The service provided clear guidance about cleaning regimes for vehicles, which included six monthly deep cleaning, monthly cleaning and the cleaning staff had to carry out before each deployment. Staff recorded their cleaning activity on vehicle inspection forms after each event.
- The service contracted six monthly deep cleaning of the ambulance to a specialist cleaning company. The vehicle displayed a certificate which detailed the last deep clean was carried out in December 2018. This was outside the policy guidelines of six months; the provider had recently recruited a new support services manager as the previous one had left in April. The deep clean date was missed in the interim.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe.

- The provider headquarters had sufficient storage space for equipment. There were suitable administration facilities, including IT facilities and secure storage for records.

- The vehicles were kept behind locked gates at the headquarters and authorised staff could access the vehicles via a key safe.
- The service held a large stock of equipment. All paramedic bags were set out in the same format and with the same equipment, which supported staff to access equipment promptly. The director of operations was accountable for the support services and held responsibility for ensuring equipment was available and in working order. There was a log of all equipment available and records showed all equipment was frequently checked. This included opening and checking the equipment within the paramedic bags.
- The registered manager explained that packs of duplicate back up equipment was provided for all equipment required at events. This reduced the risk of staff not having the required
- equipment to provide care and treatment in the event of any equipment failures. The packs included equipment to care for children; for example, bag valve masks, airways and paediatric intravenous cannulas.
- The service had a process to monitor the expiry dates of all equipment. Records were maintained electronically which allowed the service to track product purchasing. All equipment and other items for clinical use we looked at were in date and in good condition.
- Event organisers we contacted, who contracted services from the provider said they felt assured that the Event Medicine Company always had patient safety as their main priority; they told us that they had used this provider for previous events and they had an excellent reputation.
- The service had one ambulance and two response cars. A fleet manager was responsible for ensuring the vehicles were serviced and had current MOT tests. Records showed all vehicles had up to date MOT certificates and had been serviced within the vehicles' recommended guidelines.
- The service had a process for contracting with other ambulance providers, which included obtaining assurance that the ambulance provider's vehicles were serviced and had current MOT certificates.
- In the circumstances when the provider used sub-contracted ambulance vehicles, the provider paramedic always used an Event Medicines Company paramedic bag. This provided assurance that appropriate, in date, working equipment was always available to a consistent and previously agreed standard.
- We inspected equipment kept on the ambulance and found that items such as the suction equipment, the vital signs monitor and automated external defibrillators (AEDs) were serviced with the next service date indicated.
- The stretchers and carry chair had safety straps present and in good condition.
- There were no safety straps available to secure a child on the stretcher, whilst the transfer of children was very rare, it may be necessary and such children need to be secure during their journey to hospital.

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments.

- The registered manager told us risk assessments were completed prior to the crew being sent to any public event. Risk assessments considered; how many people were at the event, what was the risk and the number of paramedics and vehicles required.
- The risk assessment also identified where the nearest specialist centres for stroke, cardiac and trauma services were. This meant that patients were transported to the most relevant acute health care provider in a timely manner in order to reduce any further risk to the patient.
- Assessment for patients were carried out and recorded on patient report forms (PRFs). The documentation assisted staff in undertaking a rapid assessment and making the decision to convey to hospital. The forms were detailed and included, a record of the incident, clinical assessments including vital signs and consciousness, and any medicine interventions. The PRFs had a carbon copy, so that one copy could be left with the patient once they had arrived at the hospital.
- Patients were monitored to identify early detection of deterioration whilst in the care of the service. This information was recorded on the PRF.

- The service used a national screening tool for sepsis and the National Early Warning Score 2 (NEWS2) which enables staff to recognise a deterioration in a patient's condition.

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.

- At the time of our inspection the provider had 330 frontline clinical staff on their database with eight administrative members of staff employed at their headquarters (four whole time equivalent).
- The data base included 17 ambulance assistants, 22 ambulance technicians, 18 medical technicians and 88 paramedics, as well as control staff, doctors, first aiders, logistics staff, nurses, operating department practitioners, a physiotherapist, a sports therapist, and two welfare staff.
- The registered manager determined staffing levels (numbers and skill mix) for each event, dependant on the type and size of the event and whether the contract included conveying patients from the event to acute hospital settings. The event dates and staffing requirements were detailed on the electronic system. Staff accessed this system and allocated themselves into relevant roles and dates, dependant on their availability and relevant skills. There were enough staff available around the country to cover all eventualities.
- Where additional ambulances were needed to cover an event, including conveyance of patients, the provider sub-contracted with other CQC registered ambulance providers. The staffing of these vehicles always included an Event Medicines Company paramedic or doctor.

Records

Staff kept detailed records of patients' care and treatment.

- The service had a policy for the management of patient's records in line with the General Data Protection Regulation (GDPR) that staff complied with. Staff stored patient paper records in secure cabinets at the provider's headquarters.
- Samples of report forms we reviewed were legible and comprehensive.
- The provider followed national guidance about the length of time records were held for and disposed of records in a secure manner.
- The director of operations conducted an audit of all patient report forms returned to base between January and June 2019. The audit showed most records were accurate with appropriate observations, examinations and detailed clinical findings recorded. It was identified that the records of examinations by two members of staff was inadequate at times. The line managers addressed this directly with the staff concerned.
- Paper records relating to management and running of the event, were stored securely at the event and returned to the headquarters for destruction.
- We found that patient report forms were kept in the lockable cupboard in the ambulance cab.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

- The service had a process for the ordering, receipt, storage of medicines and medical gases. The registered manager ordered medicines from a pharmaceutical wholesaler. Records maintained by the service provided a clear audit trail for medicines received into the headquarters, distributed into the paramedic bags, administered to patients and returned to headquarters for disposal.
- The registered manager was the accountable officer for controlled drugs (CDs). The service had a home office licence that allowed them to order and receive controlled drugs. We did not observe any administration of medicines, because there was no activity taking place at the time of the inspection. We saw patient report forms that detailed medication administered and found them to be completed properly.
- Controlled drugs were stored in appropriately locked cabinets when on the vehicles. All vehicles were individually alarmed.

Emergency and urgent care services

- Medical gases, such as oxygen were stored securely on the vehicles, and empty and full cylinders were stored in separate areas in the headquarters in line with national guidance and staff monitored expiry dates.
- During the inspection we saw an O2 cylinder on the ambulance which had an expiry date of 2 June 2019. The service removed this and were able to replace it.

Are emergency and urgent care services effective?

Good

We rated it as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.
Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

- The service provided care and treatment based on national guidance, such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines and the National Institute for Health and Care Excellence (NICE) guidelines. This included management of conditions such as hyper and hypothermia and concussion.
- The provider had a set of policies that they reviewed on a three yearly cycle. We reviewed a sample of the policies. Policies referred to national guidance. For example, the management of medicines policy referenced the Medicines and Healthcare products Regulatory Authority (MHRA) guidance.
- Event leaders monitored staff adherence to policies during events. The registered manager monitored overall staff adherence to policies during debriefing sessions following events and subsequent conveyancing of patients to acute hospitals. The provider maintained records of these debriefing sessions.
- At the time of the previous inspection in 2017 the service did not have a separate policy to outline the regulations for the treatment of children. Following the inspection the provider developed a policy which references nationally approved paediatric pathways. Corporate aide memoir cards used by staff were updated to include specific guidelines for effective management and treatment of children in pre -hospital care.

Response times and patient outcomes

- The service did not measure response times for the patient transfers to hospital but did have some data on the response times of the paramedics on bicycles within the event site.
- Due to the nature of the service, staff only treated patients once and as a result, patient outcomes were difficult to obtain.
- The service did not participate in any local or national audits to provide a benchmark against similar services. Instead, the service used client feedback to measure performance.

Competent staff

The service made sure staff were competent for their roles.

- The provider had a recruitment policy which was issued in 2015 and reviewed in 2018. The registered manager said the recruitment policy was followed to ensure staff had the necessary skills and experience and to carry out their specific roles in the organisation.
- The registered manager told us that applications usually came from people who had heard about Event Medicines Company through colleagues in their NHS employment or because they had attended an event where the provider was the medical cover.
- As part of the recruitment process, the provider required prospective staff to produce evidence they had a recently completed Disclosure and Barring Service (DBS) check. The provider accepted enhanced DBS checks carried out by the member of staff's main place of employment, and the staff had to provide evidence of this which was then recorded on the electronic file
- New applicants and contracted staff were required to complete and sign a form every three years which declared their status regarding criminal convictions, sanctions imposed by regulatory authorities relating to working with vulnerable adults or children and their

registration status with the DBS. The details were entered into the electronic staff record and anyone who did not have a current DBS registration would not be able to work for the provider.

- We were able to view the event scheduling programme during the inspection which demonstrated the status of staff professional registrations, DBS registrations and qualifications and skills. The senior management allocate staff who had the necessary registrations and skills for the required tasks and reminded any staff with expired certificates to renew before they would be allocated any work at events.
- Staff completed an induction process before they commenced working for the provider. This included completing essential on line training, such as safeguarding and reading the staff handbook, which referred to working practices and the organisations policies and procedures.
- Staff working for the provider were line managed by one of the professional leads in the senior team.
- Senior management attended the large events during which they actively monitored staff practice and undertook informal appraisals and gave staff feedback. Staff were encouraged to update the provider when they had undertaken new qualifications and training which ensured the database was always up to date and they could be allocated appropriate work. For example, an increasing number of staff on the provider database were trauma risk management (TRiM) practitioners.
- At the previous inspection we found that appraisal processes were not fully developed and implemented. Since then the service has considered this and developed ways to ensure that staff can develop professionally in line with service needs. At the time of this inspection the team had an ambulance technician who was training as a paramedic and a number of first aiders were accessing first response emergency care (frec) training, with ten staff achieving level 3 and level 4 certificates.
- Managers appraised the work of staff when they were working alongside them at events; this was not always possible due to the nature of the work and the availability of the managers.
- The provider had begun to develop their own courses, such as wound closure, to further develop the skills of the team.
- The organisation's procedures ensured driving checks were completed for all staff employed to drive emergency vehicles. This included holding a copy of the staff member's driving licence on their personal file to identify they had the qualification for the correct level of vehicular driving. Staff produced their Institute of Health and Care Development (IHCD), or equivalent, driving certificates from their employer or own portfolio.
- Event organisers that contracted the services of the provider told us they were always confident the service provided staff who had the skills and experience to provide the contracted service.

Multi-disciplinary 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.

- As part of contract agreements, the registered manager agreed with event organisers whether the Event Medicines Company was providing an emergency conveyance service or whether the event relied on the local NHS ambulance service for that service.
- The provider did not sub-contract with NHS ambulance trusts, however they did contract with other independent ambulance providers.
- We saw samples of the patient report form that was handed over to staff in the emergency department. The form was clear and detailed, and the provider audited them for completeness and accuracy.
- Prior to working on an event staff received a briefing paper, or if a large event attended a briefing meeting. Facilities and working relationships with other providers at the event, and other organisations such as the police and fire service where appropriate, would be discussed.
- The provider had processes to escalate concerns about the service provided by these contracted independent ambulance services.
- The provider did not refer patients to other services, other than advising patients to contact their own GPs if conveyance to hospital was not required.

Emergency and urgent care services

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- The service provided staff training on consent processes, as well as protocols for following the terms of the Mental Capacity Act (2005), through the induction training and annual mandatory training up dates.
- The provider had mental capacity assessment forms staff used to support and document assessments of patient capacity to consent to specific care and treatment. Any patient without capacity in an emergency situation would be treated under best interest guidance.
- The provider did not convey section 136 patients. This is when patients with a suspected mental health problem are conveyed to a place of safety for assessment, rather than being detained in police custody.
- The patient clinical notes prompted staff to assess patients' mental capacity before assessment and treatment took place. The Forms were audited and showed this took place in 100% of contacts.
- Discussion with the registered manager and the member of staff showed they was a good understanding about consent and their responsibilities.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

We were unable to give a rating for this domain as we did not see any patient interactions.

We were not able to inspect this domain as at the time of our inspection we did not observe care being delivered.

Compassionate care

- As we do not have the scope to inspect events, we were unable to observe any interactions between staff and patients, or speak to patients who had used the service.
- We were, however, able to review feedback from companies that had used the provider at events. Feedback was positive and described staff as 'professional and polite' 'staff treated people with dignity and respect'
- We saw examples responses from patients who had accessed the service such as, 'helpful friendly staff' and 'very nice staff, I felt well looked after'.
- The service provided support for an event to celebrate the birthday of a 90 year old war veteran and his peers, after which the organisers praised the team for their compassionate care.
- The Event Medicines Company sometimes provided a service for 'fun days' for children and adults with disabilities. One of the senior managers described one such event when one of the paramedics was the only person who could persuade a person with complex needs to come off the bouncy castle.

Emotional support

- The service employed welfare support to staff to provide immediate emotional support to patients and their relatives during larger events. The service employed a paramedic, who was also a minister of religion. This member of staff provides guidance to the staff about managing the emotional needs of patients.

Understanding and involvement of patients and those close to them

- The registered manager told us that patients were encouraged to complete a patient satisfaction questionnaires following their episode of care at the event site. These were collated and reviewed post event. The questionnaire did not include specific questions about transfer to hospital.

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

Good

We rated it as **good.**

Service delivery to meet the needs of local people

Emergency and urgent care services

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.

- The registered manager planned staff numbers and skill mix in response to the type and size of contracted events. This took into consideration whether the contract included emergency conveyance of patients to acute hospital settings.
- The key stakeholders for this service were the event organisers. Many of the events had been covered on a regular basis. A full risk assessment of the event was completed by the provider and given to the event organiser for agreement prior to accepting the job. We saw an example of a tender document presented to an event organiser by the provider.
- The provider and event organiser discussed the planned needs of the event including the nature of the event, expected number participating, expected number of spectators and any special considerations or hazards.
- The service did not have access to local patient records or any alerts for patients who may require additional resources or may present a risk to the safety of staff. To mitigate the risk of this lack of information, the provider contacted the local health care providers and authorities prior to events to seek information about the local population and any risks they needed to be aware of. Any information they received was provided electronically and in paper format to all the staff working at the particular event. This made them aware of any risks or special situations they might come across when treating and conveying patients to acute health care providers.

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 accessed on line interpretation tools on their personal mobile devices to assist communication with people whose first language was not English. The registered manager had considered whether there was a need to provide a formal interpretation tool for staff when attending events, but found that this would not be necessary as there was very little need for it.
- The Event Medicines Company regularly provided medical cover at a large public school for sports event when 26 football and rugby pictures were in constant use. The provider carried medical equipment suitable for children of all ages and size and the medics at the school were confident in the decision making of the provider paramedics.
- A local university had contracted the provider to deliver out of hours cover to look after vulnerable students during freshers week in order to take the pressure of the security staff and keep students safe.

Access and flow

People could access the service when they needed it, in line with national standards, and received the right care in a timely way.

- Patients could access the service any time while at an event. Patients with health concerns accessed the provider's paramedics for initial assessment and treatment to avoid hospital attendance if possible.
- At geographically larger sporting events, the service had paramedic on bicycles who were able to locate and attend a patient in difficulty, providing first response care very quickly and before the local ambulance service arrived.
- Staff only transferred patients to hospital in an emergency capacity. There was therefore, no monitoring of response times, or communication with NHS ambulance trusts.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service investigated complaints and shared lessons learned with all staff, including those in partner organisations.

- The service had a complaints policy issued in 2015, reviewed in November 2017 and due for further review by December 2020. The policy set out the actions and time scales for investigating responding to complaints.

Emergency and urgent care services

- The registered manager told us the service received very few complaints. Information provided by the provider showed that the service had received one complaint in early 2019 and no complaints in 2018. The complaint was received from an event organiser, not a patient. The complaint related to service at the event and not the treatment and conveyance of patients to hospital.
- The complainant was sent an acknowledgement on the same day the provider received it, and a full response was sent just outside of the complaints policy of 25 days (26 days).
- There were no leaflets for patients on the ambulance informing patients how they could make a complaint about their care.

Are emergency and urgent care services well-led?

Good

We rated it as **good.**

Leadership of service

Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

- A board of directors, a chairperson and a team of managers led the service. The registered manager was also the chairperson of the board of directors, which included a medical director, an operations director and a business development manager. The registered manager was the owner of the business and a retired general practitioner. The operations and business development directors were registered nurses.
- The management team included; a nurse manager, paramedic manager and a support services manager.
- There was a duty manager rota, which ensured staff could contact a manager or director at all times for support and advice.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services.

- The provider strived to deliver a high quality professional medical services to events of all types and sizes throughout the United Kingdom, reducing the impact on local NHS resources.
- The service worked with event organisers to provide the correct staffing skill mix to provide best practice clinical care to avoid unnecessary trips to hospital for the patients they looked after.

Culture within the service

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- Staff had open access to the registered manager and directors whenever they needed support or advice and all staff members had access to a professional line manager
- The provider employed a paramedic who was a chaplain with skills to support staff with any welfare issues; and to support staff to deal with welfare concerns they may face in the course of their work at events.
- The leadership of the service promoted a positive culture that supported and valued staff. The staff were respected and loyal resulting in a low turnover of employees at the service.
- Discussion with the directors and staff indicated there was a culture of openness and honesty. Staff understood the Duty of Candour legislation and the need to be open and honest with patients if mistakes were made.
- The provider acknowledged the need to provide emotional support to staff. The provider employed a paramedic who was also a chaplain. The skills of this member of staff were used to support members of staff who experienced stressful or distressing experiences during their work.

- During the inspection we saw the whistleblowing policy which was issued in September 2018. The policy encouraged staff to report any wrong doing, whilst protecting staff who raised legitimate concerns which may require investigation.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had opportunities to discuss and learn from the performance of the service.

- The provider had invested in an electronic system to record all staff recruitment details and enable staff to book work duties on available events. The system had a facility to block the allocation of work to staff if their recruitment process had not been fully completed. For example, if the induction and the company's mandatory training had not yet been completed. During the inspection we were able to review the system and see some event scheduling. We saw that for an event in the near future each of the 20 plus personnel allocated had the correct skills for the event and that one of the staff was blocked from the event and issued with a reminder that their Disclosure and Barring Service (DBS) had expired.
- The electronic database included the details of the directors as they were all health professionals and worked at events alongside the staff.
- At the time of our previous inspection the provider did not have a dedicated policy for treating children. Since then the director for business development who was also a paediatric nurse had written and issued one for the service which was based on national guidelines for the care and management of children in emergency settings.
- The provider used regular minuted management meetings to support monitoring and safeguarding of the quality of the service provided. We reviewed records from four of the monthly management meetings. This showed safety issues, current and future business contracts, human resources, risks to the business, fleet issues, training, succession planning and planning for sustainability of the service were kept under review. This meant the registered manager had a good oversight of all activity and there was an audit trail of all activity happening.
- The provider had no set key performance indicators to measure the overall service they delivered, nor of any other independent ambulance providers they worked with. However, at the end of each event, in partnership with the event organiser, the provider reviewed the performance of the service against the contract requirements. This included, when part of the contract, conveyancing of patients to acute health care services. Feedback we received from event organisers who contracted with the provider, confirmed reviews of events were carried out including whether the provider met their contractual agreements.
- The registered manager told us that when the service contracted another patient transfer service to support events they only used providers who were registered with the CQC.

Management of risk, issues and performance

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

- The provider had a system for identifying risks and planning to eliminate them or reduce them. We reviewed the services' risk register. This detailed risks, level of risk, actions taken to lessen the risk, plans to further to reduce the level of risk and the dates when action was completed, and the risk closed. The document showed the board of directors reviewed the risk register. At the time of the inspection there were 15 ongoing risks identified, and graded, with actions to reduce or eliminate the risk.
- The risk registered was reviewed at management meetings and mitigation actions agreed with a nominated lead for progressing the area of concern.
- Since the previous inspection in 2017 the provider had introduced audits to improve quality, for example,

audits of clinical documentation and infection prevention and control audit. The audits were conducted during events or by retrospective review of documentation.

Information Management

The service collected reliable data and analysed it. The electronic system was secure.

- The service ensured the accuracy of data by keeping complete and accurate records of patients report forms and patients' clinical notes. It ensured further accuracy by auditing staff completion of the documentation.
- Access to electronically held records and information was password protected. This meant only authorised members of staff had access to the information.
- The service used data collected to plan for future events and to provide feedback to event organisers about the activity performed at the event.

Public and staff engagement

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

- The service engaged with local organisations to plan and manage the service.
- The provider had a patient satisfaction questionnaire that staff gave to all patients at the event sites. However we did not see any available on the ambulance for those patients who were transferred to hospital.
- The provider received thank you letters from patients that they had assisted, including those conveyed to acute hospitals. Messages from patients demonstrated a high level of satisfaction with the service provided.
- We contacted organisations the provider had delivered medical cover for, all of them were extremely satisfied with the service.
- The registered manager told us that previous attempts to receive results from a staff satisfaction survey had been unsuccessful. Staff communication was through working with directors and managers at events and via newsletter which all staff received in their e mail boxes.

Innovation, improvement and sustainability

The service was committed to improving services by learning from when things went well or wrong, promoting training.

- The provider included a full debrief meeting with event organisers as part of their tender process for work.
- Audit and appraisal of staff performance had become a regular activity since the previous inspection in December 2017.
- The service provided activity in the field that was over and above the usual expectation, such as research into the management of hot and cold patients and the lost and found children welfare.
- The registered manager told us they often step in to provide a service when event organisers have been let down by companies booked to provide first aid.
- The service had been retained by event organisers to provide event cover for many years and the manager believed this would continue to be the case in the future, though the registered manager expressed concerns that the majority of the service remained unregulated.
- The service collected data which demonstrated the impact of their provision on NHS services by reducing unnecessary trips to hospital emergency departments.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve
The service should:

- Monitor the cleaning arrangements for vehicles and ensure the staff remove clinical waste after each event.
- Arrange for the ambulance deep clean according to the vehicle cleaning and maintenance policy.
- Provide safety straps in the ambulance for the transfer of children.
- Provide information regarding making a complaint on the ambulance.
- Consider or explore enhancing their oversight of performance for their own service provision and that of other providers they contracted to transfer patients.