

Medicare EMS Group UK Limited

Head Office

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

We inspected the emergency and urgent care service using a focused framework. Our inspection was announced (staff knew we were coming) with short notice to ensure that everyone we needed to talk to was available. Throughout the inspection, we visited ambulance stations in Chelmsford, Newbury and Aylesbury.

The purpose of this focused inspection was to follow up whistleblowing concerns referred to Care Quality Commission (CQC) between the months of December 2022 and May 2023.

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept safe care records. Records were regularly audited.
- The service provided mandatory training to staff and made sure everyone completed it. The service provided an emergency response driving Certificate in Emergency Response Ambulance Driving (CREAD) to support staff who did not have the qualification.
- Ambulances and ambulance stations were well equipped. The design, maintenance and use of facilities, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. Areas and equipment we viewed were visibly clean.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- There was a stable executive leadership team in place. Local leaders were visible, and staff felt supported.

However:

- Systems and protocols in place for medicines management were not consistently applied across the services.
- Staff told us that whilst they felt supported and valued by their local leaders, they did not believe their opinions mattered to senior leaders. Staff we spoke with had not had an appraisal and did not have one planned.
- Not all staff felt respected, supported, and valued by the senior management team. Some staff felt they could not raise concerns.

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Rating

Good



Summary of each main service

This service was previously inspected 23/02/2022 and 01/03/2022. We rated it as good overall. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Head Office

Page

5

Information about Head Office

6

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Head Office

Head Office is operated by Medicare EMS Group UK Limited. It is an independent ambulance provider based in Chelmsford, Essex.

The service was established in 2003, providing medical cover and emergency transfers to hospitals for large event organisers. As the service developed, the events included, horse racing, concerts, large stadium events and football arenas.

The main location for the service is in Chelmsford, however they have seven satellite ambulance stations based in Hartlepool, Coventry, Aylesbury, Newbury, Ipswich, Norwich, and Braintree.

Events are not within our scope of regulation and therefore we do not inspect events. However, at some events, the service provided emergency transport and this falls into our scope of regulation.

In 2013 the service registered with Care Quality Commission (CQC) for the regulated activities of:

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

The registered manager has been in post since December 2013.

During the COVID-19 pandemic the service diversified to provide support to NHS emergency frontline ambulance services. Following on from this the service commenced frontline emergency response services crewed by paramedics, emergency medical technicians (EMT) and emergency care support staff (ECA) for the NHS Trust.

The emergency response part of the service developed with the COVID-19 pandemic and the service now has contracts with three NHS Trusts.

The service has been through a period of growth. Between November 2022 and February 2023, the service acquired a failing ambulance provider. In December 2022 and February 2023 negotiated a contract with a second independent ambulance provider, who was in the process of going into administration. This included the transfer of 200 staff members who were TUPE across, of which 34 were trainee (EMT) apprentices, plus 30 ambulances and some of the ambulance stations. TUPE stands for the Transfer of Undertakings (Protection of Employment) Regulations and its purpose is to protect employees if the business in which they are employed changes hands. Its effect is to move employees and any liabilities associated with them from the old employer to the new employer by operation of law.

The service was inspected in February 2022 where it received an overall rating of good, with well-led rated as outstanding.

We carried out a focused inspection on 4 and 5 July 2023 which did not include all the key lines of enquiries (KLOEs). The purpose of this focused inspection was to follow up whistleblowing concerns received by the CQC between the months of December 2022 and May 2023.

Summary of this inspection

We highlighted our findings and concerns to the registered manager and the executive directors over the course of the inspection process.

At the inspection we identified regulatory breaches, we issued three requirement notices.

How we carried out this inspection

We carried out a short announced focused inspection of the service on the 4 and 5 July 2023 at the location based in Chelmsford and visited two of the satellite ambulance stations at Newbury and Aylesbury.

We spoke with staff members in various roles including the executive team, ambulance operational managers, the medicine management team, paramedics, emergency medical technicians, emergency care assistants, ambulance fleet assistants and human resources staff. We reviewed 10 patient records, the personnel files of 10 members of staff. Post-inspection we reviewed the training records of 12 members of staff and policies and procedures for the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

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

Action the service **MUST** take to improve:

- The provider must ensure that systems and processes to safely transfer, administer, store, and prescribe medicines is consistently applied across the service (Regulation 12(2)(g)).
- The provider must ensure that processes in place for appraisals and supervision are consistently applied and demonstrate that staff are competent for their roles (Regulation 18 (2)(a)).
- The provider must ensure that an effective governance framework is in place (Regulation 17(2)(a)(e)).

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

- The service should ensure all eye wash stations solutions and first aid kits solutions and sterile packs are within date and with documented evidence (Regulations 12).
- The service should ensure all equipment is labelled to show when it was last calibrated or serviced, to show staff it is safe to use (Regulation 15).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Inspected but not rated	Not inspected	Not inspected	Requires Improvement	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Requires Improvement	Good

Emergency and urgent care

Safe	Good 
Effective	Inspected but not rated 
Well-led	Requires Improvement 

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training which included but was not limited to moving and handling, infection prevention and control (IPC) and life support training. Mandatory training compliance exceeded the services target of 85%.

The mandatory training was comprehensive and met the needs of patients and staff. Training was a combination of online and face to face for practical aspects. All clinicians (paramedics, emergency medical technicians and emergency care assistants) were appropriately trained for emergency response driving (blue light). We viewed evidence of accredited driving courses in staff files.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia. Part of the commissioning contract for paramedics to retain their registration with the NHS trusts was the completion of mandatory training annually. The NHS trusts followed safer recruitment practice checks monthly to ensure all aspects of staff employment requirements were current.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse.

The service had a named safeguarding lead who was trained to level three in safeguarding for both adults and children.

A manager and an external safeguarding consultant lead were trained to level four safeguarding, this ensured that staff had access to advice and support when required.

Emergency and urgent care

Compliance rates for adults and children level 3 level safeguarding across the workforce within a rolling calendar year (January to December) of 71% for face-to-face training and 91% for eLearning up to July 2023 against a compliance target of 85%.

This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018) and Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (2019).

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had contracts with three NHS trusts and safeguarding referrals were made through the referral system at each trust.

The service followed an effective recruitment process and completed employment checks to ensure staff recruited were safe to care for adults and children. An application form was completed and references of last employment, right to work in the UK and photographic identification was obtained. All newly recruited staff had an advanced Disclosure and Barring Service (DBS) check completed before commencing employment. Staff signed up to the DBS update service to enable the service to check DBS records annually to ensure they remained current.

The DBS is a national agency that holds information about criminal records. The employment checks were compliant with Schedule 3 of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Cleanliness, infection control and hygiene

Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

Areas and equipment we viewed were visibly clean, we saw documentation of daily cleaning checklists for vehicles and equipment this was completed appropriately.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was enough PPE available both in the ambulance station and ambulance vehicles for crew access. The service provided staff with a uniform, we observed staff were wearing the appropriate uniform, shoes and any long hair was tied back.

Staff undertook daily internal cleaning of the vehicles before leaving the service. Disposable linen, and body fluid spillage kits were available for use, as were cleaning agents for staff to clean their vehicle at the ambulance stations after a call had been completed. We observed staff checking their vehicles before commencing their shift, ensuring they were visibly clean, and equipment and sterile items, were stored correctly.

The garage cleaning stations followed the national infection prevention and control (IPC) guidance for colour coding of cleaning items. Colour coding is a visual reminder system to warn, inform and guide employees' specific meanings to certain colours. Equipment such as mop handles, buckets, dustpan and brush are use in accordance with the colour coding system, for example blue for general lower risk areas and yellow for clinical areas. The service used disposable mop heads.

We viewed a purpose built wash station with hot and cold water and a filtered sluice. Within this was a mixing station which measured the appropriate amount of detergent to water. All detergents available were full and appropriate for use, for example vehicle exterior grime and grease remover, de-icer, and internal vehicle cleaner.

Emergency and urgent care

There was a cleaning solution storage cupboard with information data sheets relating to control of substances hazardous to health (COSHH).

The service had a schedule six-week vehicle deep clean, provided by an external provider. If an emergency deep clean was required, the vehicle was taken off road until the deep clean could be completed.

Information boards displayed clinical information, telephone numbers of the emergency spill team and where the spill kits and oil granules were located.

Staff completed infection prevention and control training as part of their mandatory training.

Post inspection the service submitted the IPC compliance rate it must meet to maintain the NHS contracts, which is to audit 100% of the workforce across the calendar year. Currently the service had achieved 27% completion rate across the workforce for hand hygiene and 64% completion rate for uniform audits. We were told the variance between the two audits is explained by the nature of their role. A manager can carry out a uniform audit on each clinician that is working from their station prior to the start of the shift. The hand hygiene audits can only be carried out when the manager is observing the clinician in practice.

Environment and equipment

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

The service at the Chelmsford site was based over two floors, the entrance door was keypad protected. Upstairs was a large open plan area which housed the administration teams. Downstairs was a meeting room, staff kitchen and various store areas including a medicine storage room. As part of the security system the service had installed an alarm which was linked to the local police station and closed-circuit television (CCTV), there were information notices displayed on walls in line with legislation.

A corridor led from the office area into a secure ambulance station where ambulance vehicles were garaged in clearly marked bays. Fire doors separated the areas for safety. The garage area had a dedicated highlighted pedestrian walkway which was free of trip hazards.

Placed within the garage area were several information boards. Information included but was not limited to safeguarding processes, management of domestic and sexual abuse referrals, management of contaminated equipment and information relating to the Mental Capacity Act.

Staff accessed vehicle keys using a personal keycode access which identified the user accessing or returning the keys. The key code system allocates only vehicles that are ready for use and will only allocate keys for a vehicle that are specific to the skill set of the individual. This system is new to the provider and is not implemented in all ambulance stations.

When vehicles returned to the service at the end of the shift they went through the 'make ready' system. Two staff (make ready operatives) ensured the vehicles were restocked, clean and ready for deployment. Any shortfalls or mechanical defects were reported and addressed. The next ambulance crew taking out the vehicle then completed their daily safety checks of specialist equipment.

Emergency and urgent care

Staff carried out daily safety checks of specialist equipment both inside and outside the vehicle. We checked equipment including oxygen cylinders for level of oxygen, automated external defibrillators (AED) which had been calibrated and were in good working order, suction, and paediatric equipment. All specialised equipment viewed within the Chelmsford and Newbury stations were calibrated, up to date with servicing, functional and stored securely.

We found 3 items (ventilator, AED, and portable suction unit) at the Aylesbury site that did not have labels indicating they had been calibrated, when questioned the crew were not assured that the equipment was safe to use. Post inspection, the service submitted evidence which showed the equipment had been calibrated in September 2023. [HC1]

At the Aylesbury site we found out of date solutions (2021) at the eye wash station and in the first aid kit (2022). When we highlighted this the out of date items were removed and replaced prior to the inspection team leaving the site.

The service had enough suitable equipment to help them to safely care for patients.

Post inspection we reviewed the vehicle fleet safety and service record which recorded Ministry of Transport (MOT) tests where applicable and service history and found these to be current. Faulty vehicles were effectively managed, we viewed records relating to repairs including the vehicle repair log and garage invoices demonstrating repairs had been carried out.

All vehicles were owned by Medicare EMS Group and had the appropriate insurance. Staff told us the vehicles were in an excellent condition. We looked at five vehicles, all less than three years old that had been checked regularly by crews. We viewed externally including lights and internal cleanliness, we found all to be fully functioning and ready for deployment.

Staff disposed of clinical waste safely. The service contracted out the disposal of clinical waste to an approved external company. There was a clinical waste bin at the depot, which was locked and stored appropriately. There were sharps bins available on the vehicles, they had been signed and dated in line with regulation.

Fire safety checks were conducted on the building and the garage area which included correct signage, fire doors and detection system and fire extinguishers. Each vehicle carried fire extinguishers and we saw these were checked and secured safely.

The service provided break rooms with designated seating and dining areas; shower facilities were provided for staff to use.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient, using recognised tools, and reviewed this regularly, including after any incident. Staff received training on conducting risk assessments for emergency response calls.

Staff knew about and dealt with any specific risk issues. Staff completed regular simulation training which included, for example, major trauma assessment and cardiac arrest.

Emergency and urgent care

The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health). The executive team and senior managers provided an on-call system to support staff. There was a clinical line the crew could call to speak with appropriately qualified staff including paramedics, registered mental health nurse, registered general nurse, doctor or senior paramedic.

Staff shared key information to keep patients safe when handing over their care to others.

Shift changes and handovers included all necessary key information to keep patients safe.

Staffing

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

The service had enough staff to keep patients safe. Staff were allocated 12-hour shift times and were available 24 hours a day, seven days a week. To meet contractual requirements, the service must inform the trusts two weeks in advance if they are unable to meet these requirements.

Most staff were employed on a permanent contract, further supporting the NHS contracts, the service also employed staff on zero-hour contracts or self-employed contracts.

Since January 2023, the service had accepted the resignations from 10 clinicians, two of the 10 moved to event contracts, 3 of the 10 moved to either zero hours or self-employed contracts due to the need to work more flexibly because of commitments outside of work. Three clinicians left the company completely. Two of the clinicians left due to the travel time to the base after Rayleigh base closing in December 2022.

Staff were required to maintain a valid UK driving licence. This was verified during the recruitment process and the status was checked every 6 months with the Driver and Vehicle Licensing Agency (DVLA).

All clinicians were registered with the NHS trusts to facilitate people on vehicles and when compliant with their training they were given a personal identification number (PIN) with the trusts. Part of the ongoing employment process was to ensure clinicians were registered with the Health and Care Professions Council (HCPC). We reviewed ten staff recruitment and training records, nine had been completed correctly and were up-to-date.

The provider had recently opened a new training academy. We were told the service was in the process of supporting the completion of 16 emergency medical technicians' apprenticeships by August 2023.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Staff completed a comprehensive patient record form (PRF) assessment sheet for each patient which included personal details, mental capacity, communication, initial observations, and a list of any medicines the patient was taking if appropriate. Sections of the form related to the monitoring of the patient's condition including pain assessments, patients conscious state. The crew documented any treatment, observations and medicines administered.

Emergency and urgent care

When patients were transferred to the hospital team, there were no delays in staff accessing their records. A copy of the PRF assessment was given to the hospital staff for their records.

Records were stored securely. When the handover was completed, the copy of the PRF was placed in an envelope and sealed. No personal details were written on the front of the envelope. The envelope was then stored securely in a section of the vehicle and upon reaching the service was placed in a locked post box in the office.

In line with the NHS contractual requirements, daily reviews of the PFR were undertaken to ensure they were completed correctly and accurately.

Medicines

The service did not have an effective system and process in place to prescribe, administer, record and store medicines.

The service did not have a safe and effective processes in place when transferring controlled drugs (CD's) from the location to satellite stations. From January 2023 to July 2023 the CD register at the Chelmsford location showed four entries totally 200 ampules of controlled drugs which did not appear to directly correspond with issue entries in three of the satellite ambulance stations' CD registers. At the time of the inspection the service was unable to evidence that the controlled drugs were received at the satellite stations. Post inspection, the service submitted digital images which correlated the transfer of the controlled drugs ampules to the satellite stations.

The service did not have effective processes for the oversight and management of controlled drugs within the location and its satellite stations. The controlled drug record at the Aylesbury location contained a single entry for stock issued directly to a satellite station, we were unable to verify this as the service informed the inspection team on their arrival that they were unable to locate the register. The following day the provider located the controlled drug register, digital images were submitted as evidence. Following the concerns raised the service reviewed its current processes and designed a transfer form which sits within an encrypted security platform. The operating environment is limited to select staff, requiring a two-factor authentication. The completion of the form is auditable, and time stamped to provide evidence of the form being completed in real time and not retrospectively, at each stage of the given process, the service implemented these four days post inspection.

The service reviewed its current processes when transferring morphine from one location to another. The service has identified designated individuals within the company to have the authority to transport controlled drugs across its locations. In addition to the designated managers, a second person must be present when signing controlled drugs out of the controlled drug safe to verify that the entire consignment is present before departure. At the receiving site, there must be another manager present, designated to accept the consignment and verify that all the vials have been received (confirmed receipt).

Staff did not complete medicines records accurately and kept them up to date. Staff did not follow the providers medicine management policy and processes. The control drug register at the location was not completed in line with the provider's medicines management policy. From February to June 2023 the CD register at the Chelmsford location showed the witness's name and signature entry on the CD register was missing on 27 occasions, batch numbers were missing, and retrospective corrections were added to the registers.

Following the inspection, the service reviewed their processes and responded to these concerns by ensuring a managerial presence on site during the shift times to oversee the workforce signing the controlled drugs in and out of

Emergency and urgent care

the safes. The service sent all clinicians an updated medicine management policy detailing the correct procedure when signing controlled drugs in and out of the safes, common errors made within the registers, the feedback from the recent inspection and the steps that will be taken should no improvement be seen through an increased audit cycle. In addition to the documented audits within the controlled drug registers, an electronic audit was introduced which must be completed by the auditing manager at the time of the audit. The purpose of the audit was to check the number of vials of morphine in the safes, the accuracy of the register at the time of the audit, what errors had been identified and what actions had been taken.

Medicines were stored in a dedicated locked room. Medicine stocks were in a key fob secure storage unit with controlled drugs (CDs) stored separately. The temperature of the room was recorded, and we noted that it was within the recommended range.

We checked a sample of paramedic medicine bags and verified stock quantities, drug batch numbers and expiry dates. We checked the stock medicines including controlled drugs and they tallied with the electronic medicine management system, being 100% correct. Each medicine we checked was documented clearly on the dashboard including batch numbers, expiry dates and the amount of stock left. The service used colour coded control measures on the dashboard highlighting when stock had reached the pre-determined minimum stock level.

We observed staff at the Newbury satellite station carrying out the drug signing process in a locked medical room. Crew signed out three drug bags, the bags were tagged and numbered appropriately.

We reviewed stock levels in the CD cupboard and the CD register both counts corresponded. Staff were able to talk us through the transfer process from controlled drug cupboard to ambulance safe.

Post inspection the service submitted medicine administration audits and controlled drugs audit from January to June 2023. The audits showed they were complainant; however, this was not reflected in our findings on the inspection regarding the safe and effective processes when transferring controlled drugs to satellite stations and completion of the CD registers.

Medicines that are disposed of are placed in blue lidded pharmaceutical bins and disposed of in a separate clinical waste bin which is collected by the approved providers. Denaturing kits used for destroying controlled drugs on site are held for a period of 24hrs before they can be disposed of in the blue lidded pharmaceutical bins and collected by the clinical waste providers. The clinical waste and pharmaceutical waste remained on site until collected by the clinical waste providers.

Medical gases were stored safely within the garage area in a metal cage which was locked and fixed to the rear wall.

Staff stored medicines safely. Medicines stored in the vehicles were in a locked cupboard. Only paramedics had access to CD drugs, and they were stored securely on their person.

Staff learned from safety alerts and incidents to improve practice. We viewed a presentation relating to an incident and the lessons learnt that the registered manager had prepared as part of a teaching session for staff.

Incidents

Emergency and urgent care

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with provider policy. Information submitted post inspection showed from January 2023 to June 2023 the service had recorded 27 incidents, of which three were near misses, three were low harm and eight were no harm.

The service had no never events. Never Events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Staff knew how to report a serious incident clearly and in line with NHS trust policy and the commissioning contract. The service had commissioning contracts with three NHS trusts and reported incidents through the national reporting and learning system (NRLS).

Some staff we spoke with told us they had not received any feedback from incidents reported. However, others told the team they had received feedback from incidents they had reported.

Staff met to discuss the feedback and look at improvements to patient care. Safety meetings were held on a weekly basis and attended by operational and management personnel.

The executive team held a daily safety huddle where highlighted concerns of the day for example, staffing levels, sickness and absence levels were discussed.

Managers investigated incidents thoroughly. The registered manager told us how incidents were managed and investigated in partnership with the NHS trusts. They described the end-to-end process.

Managers debriefed and supported staff after an incident. A staff member shared with the inspection team an incident that had taken place, they described how compassionate and understanding the registered manager had been and described other supportive actions they had put into place to accommodate them.

The registered manager told us they were currently arranging a 'Perfect Patient report form' CPD (Continuous Professional Development) session as part of a learning from incidents exercise.

Is the service effective?

Inspected but not rated 

We did not rate effective.

Competent staff

Emergency and urgent care

Managers did not always appraise staff's work performance and provided clinical supervision to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. We reviewed 10 clinicians' personnel files, we found 1 member of staff whose intermediate life support training had expired in August 2022. Post inspection we reviewed a further 12 personnel files which showed all staff had completed their mandatory training.

All new staff received an induction, however clinicians that had been transferred across from previous providers appeared to not have received a current induction from the service. Following a review of the 10 personnel files seven clinicians had a completed induction checklist from the previous employer, two had completed the providers induction checklist and one record was not completed.

The service checked staff driving licences prior to employment and a copy of each employee's driving license was kept within their employee records. The service gave staff clear guidance on driving license checks and maintaining the required driving standards. Driving license checks were completed every six months. All records reviewed showed up-to-date driving license records.

Managers provided support to staff to develop through yearly, constructive appraisals of their work but it was limited. Staff we spoke with had not had an appraisal or one booked, or one-to-one meetings with their managers, three out of the ten personnel records reviewed had received clinical supervision.

Information submitted post inspection showed that overall, 27% of employees had received an appraisal or clinical supervision. Within the ambulance stations we visited 15% of Chelmsford employees, 46% of Newbury employees and 0% of Aylesbury employees had had an appraisal or clinical supervision.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff could access team meetings remotely either by video conferencing or via a secure application.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff spoke of the informal meetings they had with their local managers where they could discuss their wellbeing as well as any training requirements.

Managers made sure staff received any specialist training specific for their role. The service provided an emergency response driving Certificate in Emergency Response Ambulance Driving (CREAD) to staff who did not have the qualification. They had qualified driver trainers to provide emergency response (blue light) training and ongoing compliance assessments. The service also offered this training commercially to other ambulance providers both in the public and private sector.

When we viewed staff training files, we saw they had received specialist training for example on the Lund University Cardiopulmonary Assist System (LUCAS) device which provides mechanical chest compressions to patients in cardiac arrest.

The Chief Operating Officer (COO) was the education lead for the service. The service had recently opened its new academy and was currently in the process of supporting sixteen emergency medical technicians' apprenticeships completion by August 2023. Within the academy is an immersive suite to aid the learning environment and to give staff a realistic learning experience.

Emergency and urgent care

We spoke with staff who had recently attended a study day on ECG interpretation arranged by the provider as part of their continuous professional development (CPD). An electrocardiogram is a picture of the electrical conduction of the heart. By examining changes from normal on the ECG, clinicians can identify a multitude of cardiac disease processes. An electrocardiogram is a picture of the electrical conduction of the heart. By examining changes from normal on the ECG, clinicians can identify a multitude of cardiac disease processes.

Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for staff. However, leaders did not manage the priorities and issues the service faced such as supporting staff to develop their skills and take on more senior roles.

Leaders had the integrity, skills, and abilities to run the service. There was a triumvirate structure of leadership within the service with defined roles and responsibilities. The Chief Executive Officer (CEO) and the registered manager have a long and established working relationship. The Chief Operating Officer (COO) joined the company in September 2022, both the COO and the registered manager are practicing paramedics and have an excellent understanding of the challenges currently facing the NHS trust ambulance services.

The day-to-day running of the service was overseen by the senior management team which consisted of a Head of Operations supported by ambulance operational managers based at each station.

The service had clinical advisers including a registered medical doctor and pharmacist for key oversight roles.

All staff we spoke with talked very highly of the executive team and felt they were always approachable and actively involved in all aspects of the service.

Staff told us that whilst they felt supported and valued by their local leaders, they did not believe their opinions mattered to the senior management team. Staff we spoke with had not had an appraisal and did not have one planned. Subsequent to the inspection, the provider told us that have implemented monthly meetings with the senior team to address any challenges they are having at a local level and implement improvement plans across the company. They also told us that they had set up road shows again to speak with the workforce in order to understand any concerns or improvement ideas they may have, that they don't feel have been listened to or acknowledged.

The executive team acknowledged the rapid expansion of the service coupled with a large influx of additional staff in a very short time had been particularly challenging for everyone but felt that systems and processes were beginning to become embedded within the new teams.

Emergency and urgent care

They acknowledged that some of the local managers were relatively new in post and needed support. They had developed a management and leadership course with objectives, key themes and topics including incident management, complaints management and risk management to run over a two year period, but this had not yet been implemented.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Part of the services vision and strategy was the expansion of the new accredited academy which would provide in-house training for staff and external training for personnel from other companies. The academy had a skills laboratory on-site to enable students to develop their practical skills before treating patients. The skills laboratory would also provide an area for simulation training for qualified staff. The service had recently added an immersive suite to aid the learning environment and to give staff a realistic learning experience.

Culture

Not all staff felt respected, supported, and valued by the leadership team. Some staff felt they could not raise concerns.

Some staff we spoke with told us they enjoyed working for the service and described it 'as a family.' Some staff told us they felt unable to discuss their concerns with the executive team but others spoke highly of the executive team and the registered manager. They said they found them approachable and encouraged an open culture.

Prior to the inspection and during the inspection process, CQC received several whistleblowing concerns from staff. The concerns raised by the whistle-blowers included allegations of inappropriate behaviour by senior management team, staff feeling bullied by the leadership team and concerns relating to the management of controlled drugs.

Staff told us they found some members of the senior management team to be rude, abrupt and unapproachable. They were more inclined to raise their concerns to an executive team member.

The provider has decided, following receipt of the draft report to appoint a Whistleblowing Guardian who is also their external safeguarding lead. They have also shared the content of the draft report with local and senior managers, to allow the managers to understand how the workforce is feeling and consider how best to repair the relationships.

Some staff had found the transfer from other organisations through the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) process difficult; they spoke of salary delays and loss of accrued holiday. When raised with the executive management team this was not addressed. However, other members of staff told us they had experienced no problems and that the TUPE process had been a smooth transition for them. Following receipt of the draft report the provider explained the salary payment arrangements during his period and could evidence them with pay records.

The provider also showed that nobody had lost accrued leave but had not been able to carry leave over from one year to the next, in line with their policy. The staff concerns were not related to TUPE but about the transition from one provider's policy to the other.

Emergency and urgent care

Some local managers had received one to one training for their role in terms of systems and mapping a management course. However, others did not feel so supported and had not had one to one support. Many spoke of not having any peer support or contact and often were on the vehicles when they should be on a management day.

Clinical staff spoke highly of their local managers, how supported they felt, and some had received clinical supervision.

Staff could access an employee assistance programme, which included face-to-face counselling sessions, open to their families and family support.

Governance

Leaders did not operate an effective governance process. Staff at all levels were clear about their roles and accountabilities and but did not have regular opportunities to meet, discuss and learn from the performance of the service.

Management and staff were clear about their roles and responsibilities. There was a clear management structure which ensured all departments had executive oversight.

The service had an audit programme to monitor quality, operational processes, and systems to identify where actions should be taken. To meet the NHS trust contractual requirements audits were undertaken daily, weekly, monthly and quarterly and shared at the contractual meetings. We reviewed the weekly (CD) medicines audits and medicine administration audits from January to June 2023. The audits showed they were compliant; however, this was not reflected in our findings on the inspection regarding the safe and effective processes when transferring controlled drugs to satellite stations and completion of the CD register. Therefore, we were not assured the service had an effective governance process to monitor, safe and effective management and transfer of controlled drugs.

During our inspection we were told that daily, weekly and monthly scheduled cleaning of equipment, vehicles and the garage area was undertaken. Following the inspection, we requested the audit data to evidence the services' cleaning compliance, however this was not provided. Although the environment and equipment were visibly clean, clinical and internal audit processes were inconsistent in their implementation.

We were told the service had regular executive meetings where quality and risk information about the service was reviewed during these meetings which included financial information, risks, and key performance indicators (KPI's) against the NHS contractual requirements. The registered manager had oversight of the service. Post inspection we requested the minutes of the meetings, but they were not provided.

Staff told us that communication was poor with no planned meetings and ad-hoc digital meetings. We were told there were no face-to-face meetings all communication was via an app.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Managers for the service held contract meetings with their commissioners to discuss key performance data, such as infection prevention and control, uniform audit, medicine management, incident reporting, disclosure and baring checks compliance and vehicle cleaning to ensure they were compliant.

Emergency and urgent care

The service had regular executive meetings where they discussed the service's performance and feedback from the departmental audits. The registered manager had informed oversight of the service.

The service had a risk register which detailed risks associated with the service and business continuity. Risks, actions, mitigations, and designated responsibilities of staff were recorded. We saw that the risks identified were recently reviewed and any mitigations recorded. The service had acknowledged the risk relating to the compliance with the safer recruitment standard. They also had a risk around the sudden increase in staff from the previous providers to the service and what actions they had put into place to mitigate this risk. All risks were rated according to likelihood and impact, and actions to reduce risks were documented.

Information Management

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

Staff had access to the organisations computer systems and could access latest guidance and communication about changes for the service.

Staff knew how to report a serious incident clearly and in line with NHS trust policy and the commissioning contract. The service had commissioning contracts with three NHS trusts and reported incidents through the national reporting and learning system (NRLS).

The provider had arrangements to ensure the availability, integrity, and confidentiality of identifiable data, records, and data management systems, were in line with data security standards.

Data systems were secured and monitored.

Engagement

Managers did not openly engage with patients and staff, to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service worked closely with the NHS trusts for frontline services and had regular communication with their commissioners as well as monitoring safeguarding concerns, patient feedback, and monthly checks by the NHS for paramedic registrations.

The executive team had arranged several digital meetings and continued professional development days but shared with the inspection team that they were not well attended by staff and were looking at innovative ways to engage with staff.

The executive team told us they had arranged several executive roadshows of which one had been booked for the day of the inspection and cancelled. The purpose of the roadshows was to travel to each ambulance station, to meet and talk with staff and to be more accessible.

Management engaged with patients through responding to emails and feedback forms.

Emergency and urgent care

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had a dedicated educational lead. The service had recently opened its new academy and is one of a few that has given opportunities for staff to complete apprenticeships. Within the academy is an immersive suite to aid the learning environment and to give staff a realistic learning experience.

Staff participated in regular simulation training both for frontline NHS emergencies and specialist care.

The service produced clinical updates which provided current guidance for staff on clinical care practices.