

MR Emergency Medical Services Ltd

MR Emergency Medical Services

Inspection report

Unit 15 First Stage Business Park
Brimington Road North
Chesterfield
S41 9BE
Tel: 07596438949
www.mrems.co.uk

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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 effective?

Good 

Are services caring?

Insufficient evidence to rate 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated this service 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 good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. The manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Urgent and emergency services	Good 	

Summary of findings

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Summary of this inspection

Background to MR Emergency Medical Services

MR Emergency Medical Services Ltd is operated by MR Emergency Medical Services Ltd. The service registered with the Care Quality Commission in September 2017. It is a small independent ambulance service which provides medical cover to public events. The service is based in Chesterfield, Derbyshire and serves the population in the areas where MR Emergency Medical Services Ltd provides event medical support. At the time of our inspection this was in the Midlands and northern part of England.

The service is registered to provide the following regulated activities:

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

MR Emergency Services also provides first aid training. However, this is not a regulated activity and was therefore not included in our inspection. The service has had a registered manager in post since September 2017. The registered manager was also the company director.

We inspected this service using our next phase inspection methodology. We carried out a short notice announced inspection on 12 May 2021. We conducted this inspection as the service has not been operational during the Covid-19 pandemic and has recently changed location. The service has not been inspected at the new location.

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. During this inspection it was not possible to rate caring as the service had been inactive over the preceding year due the Covid-19 pandemic.

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

How we carried out this inspection

During the inspection we spoke with four members of staff, looked at one vehicle five staff records and four patient records.

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

Outstanding practice

We found the following outstanding practice:

The training package was extensive with all modules aligned to the Core Skills Framework for Health. This ensured patients would be treated by staff with an understanding of emergency medicine.

Summary of this inspection

The service policies and procedures were extremely comprehensive including consideration of potential changes to crowd behaviour as a result of the Covid-19 pandemic.

The service provided an information pack which included a communication booklet which could be used to aid understanding for patients whose first language was not English and for patients living with any kind of disability.

The company director was passionate about providing the best care for patients. This was replicated by his staff who were all extremely proud to work for MR Emergency Ltd.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Urgent and emergency services

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

Are Urgent and emergency services safe?

Good 

We rated this service as good for safe because:

Mandatory training

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

Training was face to face; compliance rates were 100% for all staff. The provider's mandatory training programme related to 18 modules aligned to the skills for health UK core skills training framework. Training courses included manual handling, infection prevention and control and deteriorating patients. Staff told us training was useful and relevant for their roles. Staff feedback identified training as excellent.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had processes in place to monitor staff compliance with mandatory training. The registered manager was a City & Guilds Level 3, first aid assessors' trainer with an advanced life support qualification who delivered face to face training and ad hoc training.

The frequency of the training varied from annually to three years dependent upon the module. For example, training in life support, health and safety and the use of an automated external defibrillator (AED) was scheduled to occur annually. We saw evidence this had occurred within staff records and the training needs analysis. All members of staff had undertaken the required mandatory training in May 2021 prior to this year's events season.

We saw evidence of staff who had completed level three training for emergency response ambulance driving. This entitled them to drive the ambulance in blue light conditions. If blue lights were required when the member of staff was not on duty at an event the registered manager called the local ambulance service via a 999 call. The registered manager had blue light training planned for completion during 2021.

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.

Urgent and emergency services

MR Emergency Services Ltd had safeguarding policies and processes in place to protect adults and children. This included the systems in place for frontline staff to report safeguarding incidents when they went to other providers such as an emergency department at a local hospital. The policy contained specific elements such as female genital mutilation (FGM), modern slavery and the risk of being drawn into terrorist activity.

Staff received training specific for their role on how to recognise and report abuse. At the time of our inspection 100% of staff had received level 3 safeguarding adults and children's training. The organisation lead who was trained to safeguarding children and adults' level 4 was available for staff to go to for advice if needed.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with during the inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so. The registered manager provided an example; during an event it was identified a parent appeared to be suffering from the effects of excessive alcohol intake and unable to safely look after their child. The police were immediately contacted, and the child was safeguarded.

Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. We saw all staff working had a current DBS check recorded. The service also had a policy and procedure for assessing risk related to any previous convictions should this arise.

Cleanliness, infection control and hygiene

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

The provider had an up to date infection prevention and control policy in place. There were review dates and version control in place for all policies. All policies contained relevant guidance in relation to Covid -19 according to current government guidance. The policies were set to be reviewed in line with the "government road map".

A comprehensive uniform policy was in place which reflected the need for operational staff to be bare below the elbow when on duty whilst giving patient care and not to wear wrist watches.

All staff were advised to receive vaccinations for Tuberculosis, Rubella (German Measles) Poliomyelitis, Hepatitis B (HBV), Tetanus and Influenza. The provider had a vaccination exemption record for staff that preferred not to be vaccinated. Compliance with this was monitored and we saw evidence in a member of staff's file.

We checked one ambulance which was mostly clean and well maintained. The vehicle had undergone a deep clean a few days prior to our inspection. We noted some dust on surfaces as a result of the doors to the vehicle being left open. Regulated activity was not due to take place and we were assured a further deep clean would take place just prior to the first event.

There was a schedule and guidance in place for cleaning vehicles, including deep cleaning each vehicle every twelve weeks. Staff carried out cleaning between all patients and an enhanced clean at the end of the day.

Laundry was exchanged at the local hospital in the event of transporting a patient. Infectious linen bags were available on the vehicle if required.

Urgent and emergency services

Staff had access to appropriate personal protective equipment and there were procedures and guidance in place to manage patients who may be identified as Covid-19 positive. There were adequate handwashing facilities available with hand gel available in the vehicle. The registered manager conducted hand hygiene and uniform compliance audits at each event. An annual audit was then completed to identify any actions required. We saw evidence of the previous audit post the 2019 season. No regulated activity was carried out during 2020 due to the Covid-19 pandemic.

Environment and equipment

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

The service had health and safety policies in place which were in line with current health and safety legislation and the manager was responsible for ensuring these were followed. The manager was also responsible for liaison with the health and safety leads for events they were present at and we saw evidence of planning in relation to health and safety procedures. Equipment including fire extinguishers and compressed gas outlets had been serviced and were in date.

Ambulance staff completed a comprehensive paper-based daily vehicle checklist and equipment checklist prior to using the ambulance vehicle. We reviewed completed daily vehicle checks and these were complete and up to date.

The vehicle was serviced according to road safety laws and the service had contracts in place for maintenance, servicing and repairs. The service had a spare vehicle fully serviced should there be any problems with the main vehicle. Equipment could be removed and replaced as necessary. There was a system in place to monitor when the vehicle needed to be serviced and we were provided with evidence of service details from May 2021.

The service also had an external contract for equipment servicing which was completed yearly. If there were any concerns about any equipment they were taken out of use and repaired through this contract. Any faulty equipment was labelled as out of service and repaired according to local procedure.

On inspecting the vehicle all consumables were checked and found to be in date. The registered manager had also introduced a stock management system to the service which monitored how much stock was available on the vehicle at base and what the reorder level was. Consumables on the vehicle were stored in secure cupboards tagged with a green dated tag to identify they were complete. Should equipment be used from them a red tag was secured in order that the specific cupboard could be restocked as soon as back at base. Both adult and child harnesses were available and were seen to be in working order.

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.

There was a deteriorating patient policy with an accompanying process which was easy for staff to follow. Staff we spoke with knew what to do in the event of a patient deteriorating during the journey.

Staff assessed patients against protocols in the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidance. The service gathered information about the patients, including any previous medical history and inputted the information on the patient report form (PRF). This included their name, age, known medical conditions, current medication and presenting problem.

Urgent and emergency services

The provider used the national early warning score (NEWS 2) to identify a deteriorating patient. NEWS 2 involves taking a series of physiological observations, such as blood pressure, heart rate, temperature and level of consciousness to determine the degree of illness of a patient and prompt any intervention that is required. It can be used by any healthcare worker who has been trained to use it and can interpret the results. NEWS 2 was not just used initially on attending a patient, it was used over their period of treatment to determine whether a patient was deteriorating or improving; this was evidenced in the PRF's.

The registered manager, a registered nurse who had worked in emergency departments for over 18 years, had a good awareness and understanding of how to manage a deteriorating patient. If required, they explained they would transport a patient to the nearest emergency department (ED) or request urgent assistance from the local NHS ambulance trust via a 999 call. We saw all staff used by the provider had received training in emergency first aid.

Policies had been updated to reflect the potential change in public response due to the Covid-19 pandemic and the lockdown rules being lifted. In order to meet a sudden increase in patient demand, the company used the Manchester triage tool, to help liaise and coordinate appropriate resources to several patients at a time at an event. The Manchester triage tool is a systematic approach in assessing patients to reach the appropriate priority for treatment. It is used in many emergency departments in England. All staff were trained in the use of the triage tool.

All staff attended conflict resolution training and understood least restrictive methods of restraint. There had been no incidents of restraint in the two years prior to our inspection. The manager told us how they would use reassurance and de-escalation techniques for patients who might be unsure of what was happening to them. The service did not transport anyone detained under the Mental Health Act, 1983.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service employed one staff member at the time of our inspection (the registered manager/company director). There were 10 self-employed staff members who were paid for the events they attended. The service had enough staff to ensure all events were covered according to the event risk assessment. The registered manager attended all events and was able to challenge event organisers if it was felt the amount of medical cover needed to be amended to ensure patient safety.

The service provided one ambulance vehicle for transportation from site to hospital as required. Not all events required an ambulance. As more contracts become available the registered manager had a recruitment policy in place to recruit extra staff as necessary.

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.

Patients were seen at events as self-referrals or call outs from other areas of the event. All patient's information was documented on a patient report form (PRF). These forms recorded observations, medical history and the presenting complaint.

Urgent and emergency services

All patients were assessed with a view to potential off-site transportation to a hospital as necessary. In the 2019 season, nine patients were transported to hospital. We reviewed four PRF documents. They were all fully completed and included full handover information given to the receiving hospital. All treatment was fully documented including any medications the patient may have taken on site.

Patients' individual care records or patient report forms (PRF's) were well managed and stored appropriately in a secure facility in accordance with the Records Management Code of Practice for Health and Social Care (2016). Which only the registered manager had access to. The registered manager reviewed the PRF's at each event and completed an audit at the end of each season. The 2019 audit identified no concerns with documentation. However, it did identify an average on scene time of 11 minutes; the provider had actions in place to improve this time in order to attend to patients across event sites more quickly.

Medicines

The service followed best practice when administering, recording and storing medical gases.

During our inspection visit we found oxygen and nitrous oxide was stored in line with the British Compressed Gases Association Code of Practice 44: the storage of gas cylinders. Oxygen in the ambulance we inspected had been serviced and was in date.

Staff had training in how to administer oxygen and nitrous oxide; records showed that 100% of staff had received the training.

There were no other medicines used in this service.

Incidents

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

The service had an incident reporting and investigation policy. Due to the Covid 19 pandemic there had been no incidents reported during 2020. The policy had been updated for the 2021/22 events season and all staff had signed to say they had read and understood the revised policy.

The registered manager was responsible for investigating any incident and ensuring that they were dealt with effectively and appropriately.

Staff would receive learning from incidents through a private social media group and at team meetings or the debrief at the beginning of an event.

The registered manager was responsible for duty of candour within the service. Duty of candour is a statutory (legal) duty to be open and honest with patients or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

Urgent and emergency services

Are Urgent and emergency services effective?

Good 

We rated this service as good for effective because:

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.

Policies that we reviewed referenced legislation and were based upon sector appropriate national guidance. Any updates to policies were identified through the registered manager and cascaded down to the service. All staff had signed to accept they had read and understood the policies.

The registered manager attended all events in his capacity as a registered nurse and was available to give advice and guidance to all staff.

The company had an audit schedule that was completed by the registered manager. The staff were involved in these audits and received actions to improve performance. We saw evidence of action plans that had been completed following learning identified in audits.

At the time of our inspection the service did not transport patients subject to the Mental Health Act 1983.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff told us they had yearly appraisals. They told us this was a useful time for them to be able to reflect on their experiences and look for areas for growth. For 2020, 100% of staff had received their yearly appraisal, this year's appraisals would take place throughout the event season. Staff told us "we discuss progress over the year get feedback on skills levels and discuss the way forward and any updates we may need."

At the beginning of each event the team would meet to discuss the health and safety rules for the site and discuss any new or emerging risks

The service had comprehensive staff records. We reviewed five sets, and all contained for example; application forms, references, enhanced disclosure and barring system (DBS) and driving licence checks. All staff files had all the required information stipulated in the service policy.

Staff received an induction and ongoing training which was relevant to the service needs. Inductions included competency assessments, training courses, shadowing sessions where staff could observe experienced staff carrying out the roles and assessing staff competency in using the equipment on the ambulance.

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Staff who had experience of working in emergency and urgent care but were new to the service were supported to attend training delivered by the company to ensure everyone was working at the same standard and following the same guidance.

From the records we reviewed staff had the skills, knowledge, and experience to deliver effective care and treatment. The service had systems in place to manage effective staff recruitment process.

A pre-hospital skills matrix was in place for the organisation with level of competency for each level of staff. For example, the registered manager could respond to all emergencies and was trained in using a 12-lead electrocardiograph, automatic and manual electronic defibrillator, using the National Early Warning Score (NEWS2) and undertaking blood sugar monitoring. Other staff's skills varied according to their substantive role and experience. The member of staff we spoke with told us the registered manager used quiet times during events to ensure staff were always updated and ready to respond to emergency situations.

The training package was extensive with all modules aligned to the Core Skills Framework for Health. These involved taught and practical sessions. Feedback on training from staff was 100% positive.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Managers had regular contact with event organisers and health and safety staff to ensure they had the required information to transport the patient safely. This meant that support was in place to ensure that patients received the appropriate care. The service identified the relevant hospital for patient transfer according to the event location. The registered manager had also collated pre alert numbers for all relevant hospitals should they need to alert hospital staff of a certain type of patient for example a stroke patient needing time sensitive treatment. The crew would also call at the start of each day to ensure they were aware of any hospital divers in place locally to prevent delays to patients receiving on going hospital care.

The service worked with other agencies to enable patients with specific needs to be able to access the service. Where it was identified that the service could not meet the needs, they worked with other providers to ensure the patient received support for their needs. This included the potential attendance from the local NHS service.

We saw that the registered manager was always available to offer support and advice to his staff. In order to develop the service an office manager was to be employed to ensure continuity should the registered manager be unavailable.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff completed consent, Mental Capacity Act training and Deprivation of Liberty Safeguards (DoLS) training level as part of their yearly mandatory training. At the time of our inspection 100 % of front-line staff had completed this training. All

Urgent and emergency services

staff we spoke with understood how to support patients to make informed decisions and explained the process of gaining consent from a patient prior to transport. Staff reported how they would not take a patient if they did not want to go with them and would give them safety netting advice either to return later or to attend a GP for further assistance. We saw this was fully documented in the PRF's.

Staff also received mental health, dementia and learning disability awareness training as part of their induction and an update in their yearly refresher training. The service had a policy which included information on consent and mental capacity which was based on the Mental Capacity Act 2005 and contained information about gaining consent and supporting patients who lacked capacity.

Are Urgent and emergency services caring?

Insufficient evidence to rate 

Insufficient evidence to rate

Compassionate care

We were unable to assess if staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We did not see staff treating patients during this inspection and we did not speak with any patients or their relatives during this inspection.

Staff told us they were mindful of patients' privacy and dignity whilst providing care and treatment.

Staff prioritise getting patients into the ambulance if safe to do so, to prevent onlookers viewing what was going on.

We reviewed the patient feedback which the service had received since the previous inspection in January 2018. The service had received feedback from 14 patients. The feedback was overwhelmingly positive with all 14 patients (100%) stating they were satisfied with the treatment they received and that they were treated compassionately.

Emotional support

We were unable to assess if staff provided emotional support to patients, families and carers to minimise their distress. Or, if they understood patients' personal, cultural and religious needs. We did not observe any care and treatment during this inspection.

However, staff provided examples of where they had provided emotional support to patients and their families in previous events where patients were conveyed to hospital. One of the relatives who completed the feedback form for the service provided additional details about the emotional support the patient had received from staff. During the patients care and treatment, staff explained everything, were very kind and gentle. However, we were unable to identify if this feedback was related to a patient who was conveyed to hospital.

Understanding and involvement of patients and those close to them

Urgent and emergency services

We were unable to assess if staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

We did not observe any care and treatment during this inspection. However, the patient feedback received identified staff included patients when making decisions, if appropriate. Staff told us that if patients did not wish to be transported from the event site, they were provided with advice and reassured they could return at any time.

Are Urgent and emergency services responsive?

Good 

We rated this service as good for responsive because:

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service was planned and managed in line with the individual event agreements in place with the local authority Health and Safety team and event organisers. Managers told us the planning of the service was done through the contract agreements between themselves and event organisers.

The service had regular meetings to review progress and changes in legislation prior to events, in order to plan for a re-introduction post national lockdown. The registered manager had a strong relationship with event organisers and was able to discuss needs for extra medical resource as required according to individual risk assessments.

The service had planned the forthcoming events considering Covid 19 restrictions, social distancing and consideration of the general public potentially behaving differently in crowds due to the pandemic. Extra staff training was planned to be provided ahead of the first event to ensure all staff considered how the pandemic may affect behaviour.

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.

The service was tailored to each patient's individual needs and risk levels when transporting patients to hospital from an event.

The managers made sure staff, patients, loved ones and carers could get help from interpreters if needed. On the vehicle there was an information pack which included a communication booklet which could be used to aid understanding for patients whose first language was not English and for patients living with any kind of disability.

Staff described how they worked with other agencies to support patients with specific needs to access the service and provide alternative plans if they were not able to access the service.

Urgent and emergency services

All staff had received dementia awareness training.

Access and flow

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

The service operated during specific contracted events. Managers monitored the number of patients seen and transported at events and monitored on scene times. In order to ensure they were available in a timely way across site. The service worked towards all local and national guidelines specific to each site.

In circumstances where additional support was required or location challenges (rurality for example) the service had set processes for requesting support.

The service did not operate set working times. Staff worked the duration of the event being covered. The service was able to offer cover to events on any day of the week, and any time of the day

Learning from complaints and concerns

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

The service had a complaints, comments, concerns and compliments management policy, this included information for staff on their responsibilities and processes to follow. However, the provider had received no complaints during the 2019 event season.

The policy outlined the time frame for complaints to be acknowledged, investigated and responded to. The registered manager aimed to respond to complaints in full within 25 working days. With more complex cases the response time was 35 or 60 days.

We reviewed six patient feedback forms which were 100% positive.

Are Urgent and emergency services well-led?

We rated this service as good for well led because:

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Urgent and emergency services

The service was led by the registered manager/ nominated individual who was also the only director of the organisation. They had significant experience of working in accident and emergency departments and ran a medical training company across the UK.

Staff felt supported by the manager and told us he was approachable and passionate about providing “the very best care for all patients”. Staff felt able to raise concerns or discuss any ideas they had. We saw minutes from a group meeting where this had happened.

There was visible leadership, this supported staff to feel supported and able to easily raise any concerns. The registered manager held debriefs at the end of each event day and after any complex case. In addition, they were clear about their role and the registered manager was always present and visible at all events

Staff told us they felt supported to develop new skills and were actively encouraged to increase their skills to support the patients and the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

MR Emergency Limited had a vision clear vision underpinned by strong patient-centred values and behaviours. The registered managers purpose along with all the team was; “To provide high quality emergency medical care to everyone, wherever and whenever they need it.” Alongside this was the vision; “We strive to respond to the needs of our patients and to be trusted as the best independent ambulance provider.” Staff could describe the company’s values of;

- Caring – we will ensure high quality care is at the heart of everything we do.
- One Team – we will work together, support each other, and collaborate with other organisations.
- Respect – we will show value and respect for everyone and treat others as they would wish to be treated.
- Respond – we will respond to patient needs in the most appropriate way. With integrity, compassion, respect, professionalism, patient focus, innovation and working in partnership and displayed these in our interactions. These were printed onto staff ID badges

The provider described how they would like to increase the amount of work available to them, their fleet of vehicles and the number and expertise of staff. New contracts had already been agreed for this season.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff reported feeling respected, supported and valued both by each other and the manager.

Throughout our correspondence with staff they displayed how they were focused on the needs of patients and told us that the company were focused on patients.

Urgent and emergency services

The registered manager also stated they were always available for staff queries and concerns.

The manager made sure that development opportunities were open to all staff and that the process was clear and transparent. Staff described a culture where they were focused on delivering the best service for all patients and that they looked for innovative ways of working to ensure the service was available for patients with a wide range of needs.

Staff reported being able to raise any concerns or ideas and felt listened to. We also saw this in meeting minutes.

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 regular opportunities to meet, discuss and learn from the performance of the service.

There were clear lines of accountability throughout the service. Staff were aware of the roles and responsibilities and who they could go to for advice and support.

The service held a minuted governance and performance meeting and a site staff meeting during periods of regulated activity. The registered manager informed us they met with staff before an event to discuss any issues about the event and the way it had been organised which may influence patient care during the day.

Staff also used a private social media platform to share news ideas, policies and general support.

Any service level agreements the service had with external companies were monitored through the registered manager. For example: gas supplies, waste management and vehicle maintenance.

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. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The company had a risk register that was managed by the registered manager. Any new and emerging risks were identified and added to the risk register on an ongoing basis. The risk register was reviewed monthly to check on progress and the current level of the risk.

The manager had processes in place to manage foreseeable risks including the weather and the effect of Covid-19 on the potential behaviour of crowds. All staff were involved with the implementation of these plans to ensure the service could continue to run safely.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Urgent and emergency services

The provider had an up to date information governance policy in place. It applied to all staff and stated the manager had overall responsibility for information management.

The service held all training and policy information on an electronic system. The service also used patient report forms as paper records which were stored securely. Patient information was managed in line with data security standards.

The members of staff we spoke with were aware of how to handle patient identifiable information.

Engagement

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

During the pandemic the registered manager updated staff regarding any changes or service updates through the confidential social media platform. As they were providing no regulated activity due to events not taking place.

Since the recent changes and reopening of events the service had held meetings which included full updated mandatory training, vehicle maintenance and deep cleaning in order to be ready for their first event.

A further meeting was planned for the start of the first event to ensure all Covid-19 procedures were understood by staff on site.

There were patient feedback forms available on the vehicles. These were collated after each event and fed back to staff.

The registered manager had regular meetings with event providers and the health and safety representatives in order to prepare safely for events. There was also engagement with other event organisers to ensure future business opportunities.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The registered manager and staff we spoke with demonstrated an overwhelming passion to provide “the best quality service to all the patients it came in contact with”.

The staff were focused on developing and improving the service. Where gaps in the service provision were identified these were discussed and developments planned. The manager in the service involved staff to share learning and any new ideas.

Whilst inspecting the service they demonstrated a willingness to constantly improve and increase their knowledge and skills to provide a complete service for all patients.

The registered manager had plans in place to expand the business in order to provide safe care and treatment at several events locally and nationally. This had been on hold during the pandemic. However, addition of new contracts would ensure stability of the business and the staff team for the future. The majority of the staff had been with MR Emergency since its registration in 2017.