

UK Medical and Event Services (UKMES) Ltd

UKMES UK Medical & Event Services (UKMES) HQ

Quality Report

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

Ratings

Overall rating for this
ambulance location

Good



Emergency and urgent care services

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

UKMES is operated by UK Medical and Event Services (UKMES) Ltd. The service provides emergency and urgent care and a patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 12 and 13 February and 1 March 2019.

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

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

We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Care and treatment were delivered safely and effectively with good risk assessments in place.
- Professional guidelines were in place to support staff.
- The service was pro-active in ensuring the safety of patients.
- Staff delivered care and treatment with care and compassion and treated patients as individuals.
- Staff had a good understanding of the Mental Capacity Act (2005) and how this may affect patients they treated.
- Staff were trained to meet the needs of patients and their competencies were regularly assessed.
- The service was responsive to the needs of patients as a community and individually.
- The service was well-led, and the culture was open and inclusive.
- The service had developed quality and sustainability and was now ready to grow as an organisation.

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

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

- Continue with application to CQC to change the Registered Manager.
- Continue with application to CQC to add the activity - Treatment of Disease, Disorder or Injury.
- Encourage innovation and improvements.

Ann Ford

Deputy Chief Inspector of Hospitals (area of responsibility), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating

Good



Why have we given this rating?

The service provided safe effective care which was responsive to the needs of the patients.

Care and treatment were delivered with compassion, dignity and respect.

The service was well-led, and the culture was open and inclusive.

The service had developed quality and sustainability and was now ready to grow as an organisation.

Good



UKMES UK Medical & Event Services (UKMES) HQ

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to UKMES UK Medical & Event Services (UKMES) HQ

UKMES is operated by UK Medical and Event Services (UKMES) Ltd. It is an independent ambulance service in Stafford in Staffordshire. The service primarily serves the communities of the Stafford area although some events can be held in other areas.

This was the service's first inspection since they opened in 20 July 2016.

The service has had a registered manager in post, but the provider was in the process of application to change the registered manager.

The service is registered for the following activities: Transport services, triage and medical advice provided remotely. The provider was applying to CQC to add the following activity: Treatment of Disease, Disorder or Injury.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in paramedic services.

Facts and data about UKMES UK Medical & Event Services (UKMES) HQ

The service provided a range of event and pre-hospital care services across the UK. This could range from emergency ambulance services to first aid provision and training.

The service's primary role was to provide medical and first aid cover for many different types of events. The service provided full support, from the pre-event planning, medical plan creation, liaison with other agencies, all the way through to post event support and medical reports.

The service provided immediate assistance to members of the public who required first aid or additional support to help them with their injury or condition. For some

events the service provided an ambulance which may be required to transport patients to hospital. However, in the event of emergency (blue light) situations the staff would ring 999 for an emergency ambulance.

The service had a range of vehicles and equipment including a 4x4 rapid response vehicle, a quad bike, a cycle response unit, an ambulance and pop up medical centres.

During the inspection, we visited the office/base. We met with two registered paramedics and both of the directors. We spoke with the registered manager and the

Detailed findings

safeguarding lead person over the telephone. We also spoke with two users of the service over the telephone. During our inspection, we reviewed two sets of incidents/ patient records.

This was the service's first inspection since they registered with CQC on 20 July 2016.

Activity (February 2018 to February 2019)

In the reporting period February 2018 to February 2019 there was one emergency and urgent care patient journey undertaken.

Three registered paramedics, one paramedic technician and two patient transport drivers worked at the service, which also had a bank of temporary staff that it could use. The accountable officer for controlled drugs (CDs) was the registered manager.

The service had 24 staff on their list whom they could call upon for events five of these staff were ambulance compliant and 11 were event compliant.

Track record on safety:

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

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Emergency and urgent care services

Safe	Good	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●
Overall	Good	●

Information about the service

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Activity (February 2018 to February 2019)

Emergency and urgent care services

Summary of findings

We found the following areas of good practice:

- The service was well-led and managers were accessible to staff.
- Directors promoted opportunities for staff to develop their skills and expertise.
- The service provided safe, effective care which was responsive to the needs of patients both locally and individually.

Are emergency and urgent care services safe?

Good



Incidents

The service managed patient safety incidents well.

Staff recognised incidents and reported them appropriately. 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 First Aid Policy in place. This documented that the service endeavoured to put in place safe systems of work to prevent incidents occurring. In the event that an incident did happen the details were recorded so that the cause of the incident could be reviewed and measures put in place as far as reasonably practicable to prevent it happening again.

The First Aider would record the details of an accident/injury and enter the details into the Company Accident Book as soon as was practical.

A director reported two 'Vehicle Near Miss' incidents from one of the events where vehicles were directed by traffic management into their lane of traffic whilst in a transport vehicle. The director had discussed this with the event organiser and the company and completed the reporting forms. Learning was shared, a staff discussion was held about the incident.

Staff we spoke with knew the procedure for reporting incidents and near misses.

Mandatory training

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

Each member of the team was inducted using the service's 'Core Competency Record' this ensured that new team members could demonstrate the skills required and any further training required could be identified. Staff were also required to sign an understanding of the service's core policies. Further Continued Professional Development (CPD) took place each year with many staff opting to do external CPD development.

Emergency and urgent care services

All core staff were trained in Infection Prevention Control. The service conducted a CPD session annually before the start of each event season to ensure that all team members were up to date with their knowledge.

Nominated employees were also trained First Aiders and their training was updated every three years which was monitored and organised by the company.

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.

As the service was an event medical company they did not visit people in their houses or place of work. If there was a reason to suspect a safeguarding requirement they would look to obtain information, firstly from the individual then outwards to parents, guardians, carers and chaperones. There were telephone numbers of the local authority safeguarding team displayed in the office.

All staff who took part in regulated activities were trained to at least level two safeguarding. The 'safeguarding lead' had completed further training to level three as part of their 'Assistant Practitioner Qualification' which they completed this year.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

There was an ambulance vehicle cleaning checklist in place centred around general cleaning of the vehicle. The service had access to a sluice room at the office which contained mops, buckets and cleaning products for general cleaning.

The service also undertook a monthly cleaning audit of vehicles.

There were arrangements for the deep cleaning of vehicles to take place and this service was provided by an external cleaning company.

We found the ambulance to be generally clean, but in need of a deep clean. A director of the service arranged for this to

take place and when we returned to inspect the ambulance again this had been carried out effectively by an external cleaning company. The director intended to use the cleaning company as and when required.

An 'emergency ambulance cleaning schedule' was in place and completed after every patient use.

Clinical waste was managed and disposed of appropriately. The service also undertook a monthly clinical waste audit to identify any areas for improvement.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

The service had a 'Management of Medical Devices Policy' in place which staff were required to read. This policy recognised that there were varying levels of training needed to use medical devices, ranging from familiarity with the device that could be undertaken supported by a bulletin, to complex end-user education requiring assessment and / or certification prior to use. We saw where staff had received training and certificates in the use of medical devices.

The service had an 'ambulance vehicle checklist and vehicle check policy' in place. This covered all areas that would be expected when checking vehicles were road worthy and ready for use.

The service undertook a DVLA check as part of their recruitment procedure ensuring they had the correct categories on their licence. They checked this on a regular basis to ensure compliance. They also had a policy in place for Driving Standards.

The service would transport patients to hospital from events if required and had the use of blue lights if required. If a patient was too unstable to transfer the provider would contact an emergency 999 ambulance to facilitate this transfer.

The providers conveyance of patient's policy outlined how and when restraint equipment should be used when conveying patients to hospital.

The service had a contract in place with a clinical waste company to collect clinical waste and sharps and waste was stored securely.

Emergency and urgent care services

British Compressed Gases Association guidance was followed in respect of medical gases and these were stored securely and safely.

Assessing and responding to patient risk

The service planned for emergencies and staff understood their roles if one should happen.

The service had an 'Incident reporting and first aid policy' in place. This document detailed the company's policy for ensuring that qualified first aiders were available to assist with injuries resulting from incidents and that all incidents were recorded and monitored.

The provider also had a conveyance of patient's policy. This was based on national guidance and explained clearly under what circumstances patients could be transferred to hospital, when to use emergency lights and how pre-alerts and handovers should be undertaken. This policy also outlined what assessments and actions should be taken in the event of a patient becoming unwell and listed the actions required at all stages of the journey.

Ambulance risk assessments specific to events were conducted before the event season commenced.

Nominated employees were trained first aiders and their training was updated every three years which was monitored and organised by the service.

The service had put in place safe systems of work to prevent incidents occurring. For example, details of events were discussed well ahead of the event to enable the service to undertake risk assessments and to help minimise risks. There was a 'calculation of risk' matrix in place for each event.

An event organiser who used the service told us the service was "really pro-active in ensuring risk assessments were discussed and completed prior to events".

Staff told us that prior to events they had an 'event briefing' prior to the event.

Directors ensured all staff attending the event were up to date with the required training.

If an incident did happen the details were recorded so that the cause of the incident could be reviewed, and measures put in place as far as reasonably practicable to prevent it happening again.

The service was required to report 'near miss' incidents by emailing the Health and Safety Representative with the details of what happened.

We saw where a near miss had occurred involving the flow of traffic at an event. Clear details of what had happened were documented and a risk assessment and further action documented to help prevent this happening again.

The service had a policy to ensure restraint equipment was used appropriately when transporting patients and the service ensured all ambulance staff were inducted on the safe operation of these devices.

The 'Conveyance of Patients' policy aimed to provide an overarching framework to enable patients to remain on scene or be referred, as appropriate, to other services or health and social care professionals. The policy was based on the transfer of patients, medical and clinical personnel, equipment and associated records, as appropriate including from one healthcare facility to another as well as the initial journey from the scene.

The service had a sepsis screening tool which met with national guidelines on sepsis management and was compatible with the NHS screening tool. This was in place and included an action tool. Staff we spoke with were familiar with this document and in its use.

Staffing

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

The provider explained that they only booked work (events) when they were sure that they could provide enough staff. For example, ensuring there were enough numbers of first aiders and other staff to cover event tents and transfers if required.

The service had 24 staff on their list whom they could call upon for events. Five of these staff were ambulance compliant this meant that they could transport patients in ambulances if required and 11 were event compliant, these staff would man the tent or event area for first aid purposes.

Emergency and urgent care services

The service had a system in place to identify staffing shortfalls as soon as they occurred. For example, where a member of staff could not attend an event the system identified this, and another team member would be brought in.

The service aimed to have all events filled at least one month before the commencement date and all staff were contacted seven days before a shift, to confirm their attendance.

Recruitment in the event industry was challenging because there were a number of individuals who applied and then either failed to provide references or certificates. This was the reason the service ensured they inducted and assessed all staff because they understood that a certificate did not always mean competency. To overcome this, they had recruited where required based on recommendation. The provider was clear that they rarely had to cancel events as they planned so far ahead but were clear that if they needed to cancel an event for safety reasons they would.

There was a low turnover in staff and there had been no staff members leave in the last 12 months.

Core staff who worked for the service on a substantive basis included two directors, one nurse (who was also the registered manager) and three paramedics (one of whom was the safeguarding lead). This ensured oversight of the management of the business and ensured continuity.

Records

Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

Every time the service treated a patient the staff recorded the relevant details and used information about the nature of the patient's illness or injury to ensure they were sent the right medical help.

Records were kept both electronically and paper copies and were completed comprehensively and contemporaneously.

We saw two incidents/patient records both of which contained detailed information about the care and treatment provided. For example, there were two sets of observations, pain scores, pain management and contained detailed extensive clinical notes.

Before each event and as part of the risk assessment, the service identified what documentation would be required for each event. These would then be made available. The provider also completed post event reports after each event and were then kept on file.

Medicines

There was a robust medicines management in place ensuring medicines were handled safely.

The service had a 'Medicine Management Policy' in place which was intended as a working document for all individuals dealing with medicines. It offered a framework of processes for all aspects of medicines management including supply, administration, storage, disposal and adverse incident reporting.

The directors had devolved responsibility for the day to day management of medicines to an appointed medical director.

The directors and company's medical advisor were responsible for ensuring a risk assessment was completed when a new drug related product was introduced. We saw these were in place.

A standard operating procedure was in place to manage adverse drug reactions, this was clear and followed national guidelines.

Medicine administration followed the advice detailed in the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) Guidelines. This was used by all trained ambulance staff in the pre-hospital treatment of patients. These guidelines were easily accessible to all staff.

Monthly audits of drugs included audits of the 'red drugs pack', drugs held on the ambulance and a drug's safety audit.

The service had not applied for a Controlled Drugs (CD) licence. Paramedics were responsible for their own CD drugs and were paid an enhanced rate to cover this liability.

The service monitored drugs carried by paramedics as part of the 'paramedics drug audit log' before the start of each event. These were audited by one of the directors.

Medicines were stored securely at the office/station. There was a secure office with a security code in place. Access was restricted to appropriate persons. Key codes for paramedics were held by directors and changed regularly.

Emergency and urgent care services

Medicines were ordered via the pharmacy at a local hospital with a tag system in place. The area where medicines was in a clean tidy area with all consumables in date. Medicines stored within the ambulance were found to be all in date.

There were spreadsheets in place ensuring stock rotation was completed and minimising the risk of out of date stock being in use. Medicines which needed to be returned were stored in a locked safe and returned to pharmacy to be disposed of.

Medicine incidents would be reported using an incident report form to the Medicines and Healthcare products Regulatory Agency.

Medicine administration followed the advice detailed in the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) Guidelines. This was used by all trained ambulance staff in the pre-hospital treatment of patients. The guide detailed the procedures for the use of medicines by trained and registered paramedics and in restricted circumstances by other staff.

Most medicines used in the ambulance service were Prescription Only Medicines. The ambulance paramedics were able to administer certain POMs due to the exemptions SI 2004 No 1189; and SI 1997 No.1830. In addition, paramedics could also administer POMs, Pharmacy Medicines and General Sale List medicines under the directions of a prescribe for example an advanced practitioner or doctor.

The provider followed the Medicines Act 1968 and ensured that certain injectable products were only administered by way of parenteral injection for saving life in an emergency; and these drugs could be administered by persons other than a paramedic or nurse in these circumstances.

Are emergency and urgent care services effective?

Good



Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness.

Managers checked to make sure staff followed guidance.

Staff had ready access to numerous national evidence-based guideline such as those provided by the National Institute for Health Care Excellence (NICE) and JRCALC.

In respect of NICE guidelines, staff said that any pre-hospital guidelines were included in their google drive which was accessible to all staff. A staff member gave an example of a patient who had tripped and sustained a laceration to their head and was in atrial fibrillation and on anti-coagulants. The staff member said they would admit the patient to hospital according to NICE head injury guidance.

Policies were based on evidence-based guidance, for example the conveyance of patient's policy followed the national JRCALC guidelines. The medications management also followed these guidelines and relevant legislation. Another example was the sepsis policy and pathway which followed national guidelines on sepsis management and was compatible with the NHS pathway which ensured continuity of care.

Staff told us that policies or guidelines they needed could be easily accessed on an electronic drive.

In the event of major incidents aide memoire cards were used for staff to follow and these followed national major incident planning guidelines.

The service had a mental health policy and would use this to deliver appropriate care to anyone experiencing mental health crisis and ensure that they were signposted or directly referred into an appropriate service.

Pain relief

Staff assessed, and managed patients pain effectively.

Pain levels were assessed in line with a universal pain assessment tool. These were the recorded in patients records.

Pain relief medication was provided in response to these pain levels and the effectiveness of this was reassessed.

Ambulance staff were able to provide pain relief in line with legislation including controlled medication. Pain relief medication such as paracetamol and morphine were available and used effectively.

Emergency and urgent care services

The service also used Entonox (gas and air) to alleviate patients' pain and again they would reassess how effective this was and tailor their pain management in response to this.

Response times

The service undertook very few journeys which fell under regulated activities. However, they reviewed each case to check response times were timely.

The service reported that they had undertaken very few regulated activities (less than five) this year but the core team was strong in its ability to provide patient care. They reviewed each activity, and this included reviewing the response time to each case. They were confident that their response times were quick and met the needs of patients.

Due to the small numbers of cases which fell under regulated activity the provider was unable to collect any meaningful data to assess response times in any detail.

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 monitor the effectiveness of the service.

The service kept records of how competent their staff were by assessing core competencies of staff. These included an assessment of staff knowledge, observations of practice and treatments and advanced skills.

Annual revalidation forms were completed to supplement the providers new starter policies, and these were used annually to revalidate each member of staff. These were used in conjunction with annual staff qualification revalidation and were completed before any staff member started a new season of events.

All staff had annual appraisals and appraisal rates for the service were 100%.

We saw a record of Continual Professional Development (CPD) for four of the staff who had completed Safeguarding, Mental Health and Capacity and Consent training in June 2018.

The service had recognised that their next CPD training needed to include basic life support (BLS) for two of the key

staff and a general clinical update. Attendance would be recorded on the staffing sheet. A staff member confirmed that they had attended two CPD sessions within the last 12 months.

A director planned to complete Safeguarding training and aim for Level 3 to enhance the service's regulatory compliance with Safeguarding.

The provider had a comprehensive induction policy and program for new staff which was completed consistently for all new staff.

There was also a driver's standards policy in place which assessed and ensured driver competency.

Multi-disciplinary working

Staff of different kinds worked together as a team to benefit patients. Paramedics, first responders, nurses and other healthcare professionals supported each other to provide good care.

The service worked with patients in a pre-hospital environment to ascertain the best course of action to minimise their discomfort, promote rapid recovery and avoid journeys to hospitals that were not required. For example, the service had signposted patients to their GP after successfully bringing their condition under control, whereas they would otherwise have presented to a local Emergency Department (ED).

Other patients were also signposted to a walk-in centre or pharmacy as appropriate. The service ensured that their teams had a list of local ED, walk in centres and pharmacies at the event tent to ensure patients accessed the right service for care.

Staff worked well with other disciplines and organisations such as emergency paramedic crews, hospital staff and other event staff.

The service had a policy for the handover and communication with receiving hospitals and this covered pre-alert procedures.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Emergency and urgent care services

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 (MCA). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

The service had a policy in place for gaining consent and staff were familiar with gaining consent before care and/or treatment. Records of patient care and treatment identified that staff asked for consent and this was documented. For example there was a consent/capacity box to complete on each patient incident form.

MCA/Capacity training formed part of mandatory training for staff.

Staff were knowledgeable about consent/capacity and a staff member gave an example of how they had acted with implied consent and with best interest principles. The patient would have failed at the first stage of MCA due to temporary or permanent disturbance of mind. When the patient made a neurological recovery, the staff member then obtained consent for treatment and assessment.

The local arrangements/protocols were in place for responding to patients detained by the police under Section 136 of the Mental Health Act 1983 (MHA). The service would contact police if required for Section 136 MHA detentions as this activity was outside the scope of their event work and they did not have a contract in place for frontline work with any NHS trust.

If in future this was to take place the service told us that they would contact the local mental health trust and talk to them to establish their best practice and ensure they could provide to their requirements.

Are emergency and urgent care services caring?

Good



Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Due to the low number of cases which fell under regulated activities we were unable to observe any care provided to patients.

However, when we spoke with staff their language when talking about patients was caring and compassionate. Staff described examples where they had been caring towards patients.

Records were written in a dignified and compassionate way and did not contain any derogatory language.

The service tried hard to seek feedback on their service and they had received 40 pieces of feedback on event related services for the 12-month period prior to the inspection. Information from this feedback was used to improve the service offering to provide feedback to the team where applicable. This applied to both positive feedback and any issues which needed improving. The service was averaging 9.8 out of 10 on their feedback metrics (10 being the best score possible).

Quotes from people and patients who had used the service included, “very professional”, “They were a perfect mix of relaxed and friendly and speedy in treating me”, “They always get to where they are needed quickly” and “The medical are always amazing at events”.

Emotional support

Staff provided emotional support to patients to minimise their distress.

A staff member explained how they often had to calm distressed relatives especially when they would see their loved ones in pain.

A person had written to the service as part of the feedback to say they were accompanying a friend whilst they was attending the medical tent and was expecting to be asked to wait outside but instead the medics recognised that their presence was helping them. They also said how they were able to stay with their friend the entire time which really made a difference to the patient and the situation.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care and treatment.

Emergency and urgent care services

Staff would try their best to involve patients and their families for example by inviting them into the tent and offering them to accompany their relative on the way to hospital if possible.

Staff described to us how they would involve patients and their relatives in every stage of the patient's journey.

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

Good



Service delivery to meet the needs of local people

The trust planned and provided services in a way that met the needs of local people.

Due to the nature of the service the service did not serve just their immediate locality and could be called upon to serve events throughout the country.

If communication was a barrier they would consider the use of a translation service, and or visual aids, or gain consent for a friend or relative to act as a guide. A paramedic showed us a translation app on his mobile phone which he said was very effective in translating to any language and gave us a demonstration.

the service would undertake a pre-event assessment to ensure that the service they were providing would meet the needs of the local population. For example, this assessment included where the nearest local hospital was and details of local services where patients could be directed to if needed.

The service would ensure that a list of local services such as GP's, pharmacies and walk in centres was available on site so that they could effectively direct patients to the most appropriate service. This ensured that undue stress was not placed on other local services such as emergency departments during large scale events.

Meeting people's individual needs

People could access the service when they needed it. The service took account of patients' individual needs.

By forward planning and risk assessment of events the service prepared to meet the needs of the public. For example, at battle re-enactments people were more likely to incur certain injuries, therefore the team at the event would be prepared for these events.

Directors explained how they tended to send the same staff to the same events each year for continuity. Staff knew some of the people who attended these events and what their needs were.

For example, a person with epilepsy often attended a certain event and the staff had come to know the person and knew their specific needs and how they might be called upon to treat the person.

Staff were prepared and equipped to deal with patients with specific needs such as a learning disability or lacking mental capacity. Staff received training in these areas and were able to describe how they would adapt their service to meet the needs of these patient groups.

Learning from complaints and concerns

The service had not received any complaints at the time of the inspection. However, we saw evidence that the service treated concerns and complaints seriously, had processes to investigate them and learn lessons from them.

The provider had a complaints policy in place and this outlined that the service aimed to respond to all complaints within 48 hours to acknowledge the complaint and within seven days to form a baseline opinion and reply.

Learning from complaints was distributed via email to team members and discussed at event site briefings. An example of a result of learning followed a comment from a patient in their event work which, whilst unregulated, highlighted the fact that they needed to be more aware of the use of pronouns and gender identity. In this instance the service user was wearing a badge saying they/them rather than he/him or she/her. They made sure that all staff attending that event in future where these badges were common the relevant pronoun was used.

The service also contacted complainants to attempt to establish if they were satisfied with the complaints process and the outcome.

The service actively sought feedback and made patients aware of how to give feedback.

Emergency and urgent care services

Are emergency and urgent care services well-led?

Good



Leadership of service

The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

The leadership team was led by two directors whose responsibilities included event operations and booking, clinical and HR Policies management, HR Compliance, finance, legal compliance, company secretarial and quality management. They were supported by a registered manager who oversaw regulatory compliance and assisted with the sign off of clinicians and skills checks.

The registered manager ensured policies and procedure were up to date and they were contactable on the telephone. They were not in day to day management of the service and said they usually attended the office every two months. Following discussions with the registered manager it was identified that they were not regularly physically present at the service to support staff. Following further discussions with director a decision was made for them to cancel the current RM and apply for this position themselves as they were in day to day management of the service.

In addition, the service also had a safeguarding lead, and ambulance services manager, training services manager and event medical services manager.

The leadership team had many different skills and worked well together to ensure these skills were used in the best way possible.

The service had a 'Fit and Proper Persons' policy' (FPPR) in place. This policy outlined the service's commitment to ensuring that all persons appointed as directors satisfied the requirements (set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the Regulated Activity Regulations").

There was an expectation on senior leaders to set the tone and culture of the organisation, which led to staff adopting a caring and compassionate attitude and added weight to the importance of the objectives of the FPPR.

Both directors and the registered manager had signed to confirm that they conformed to the FPPR policy. This was completed annually.

Vision and strategy for this service

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

The service had a mission statement which was to provide outstanding, safe, effective, person centered healthcare. This was supported by a vision which was to provide unbeaten, innovative and responsive care for all.

In addition, the service had a set of values which underpinned this vision.

The directors and staff we spoke with were aware of the vision for the service which included.

Culture within the service

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

The service promoted an open culture within the business where any team member could discuss concerns with either a team leader or director if required. This was promoted by the business directors being open about the business and its operation and a personal "no secrets" commitment from the directors.

Staff said this was a 'very good culture' and that they felt supported and had social events together. The working environment was 'inclusive', and equality and diversity were taken seriously.

Directors said they wanted to develop a culture based around my patient, my responsibility. They wanted to develop a culture which was open, transparent, cautious and open to the right kind of innovation.

Governance

The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

Emergency and urgent care services

The service directors together with the registered manager who was a trained nurse were responsible for overseeing clinical governance framework and were assisted by the clinical knowledge and expertise of the paramedics on the core team.

Clinical governance arrangements included medical and clinical policy sign off, clinician authorisation, prescription medicine authorisation and clinical audit.

The service had a governance structure in place which worked effectively. This structure ensured that the flow of information from the senior team to frontline staff and vice versa was seamless and effective.

Governance Board meetings were held quarterly or more often and were attended by core managers and staff. We spoke with the Registered Manager who confirmed that they attended the board meetings.

Management of risk, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Staff collected safety information and shared it with staff, patients and visitors.

The service used information around risks to improve the service. An example of this was that the service had a 'Business Continuity Plan' in place to provide a robust framework and set of operational practices to enact when normal business continuity and operations within the service were reduced to below acceptable levels of service by external or internal events. This plan included:

- Adverse weather, loss of staff, loss of equipment/ equipment failure, loss of vehicle/s, a major incident plan and partnership working.
- The service was starting to measure quality and performance, this included a monthly compliance dashboard audit of finance, booking, risk, safeguarding, infection prevention and control, equipment and resources.

The service had an up to date risk assessment which reflected the risks the service faced. This assessment was updated regularly and included achievable actions with deadline dates. There was evidence that this was reviewed as part of the governance board meetings.

There were no major pressures for the service, at the time of inspection.

Staff knew that there was a Major Incident Plan in place. Staff would triage and manage patients until emergency staff from the local trust arrived then they would work under their instructions. Staff would work under the 'Joint Emergency Services Intercompatibility Principles' (JESIP).

The directors wanted to work towards JESIP for staff briefings which would encompass information, intent, method, administration, risk assessments, communications and any other information.

Information Management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

The service recognised the rights of patients relating to their personal data and acknowledged the control patients should be able exercise over how it should be used. The service respected these rights and were committed to safeguarding the privacy of patients.

Information about patients was assessed by staff, to determine the most appropriate response for the patient's care.

The service used data effectively and had appropriate information sharing protocols for patient safety purposes.

Public and staff engagement

The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

The service engaged with other professionals such as event organisers, before events, to ensure that people's needs would be met in a safe way. We spoke with an event organiser who had used the service several times before. They said the service was "really, really good" and that the service was "very approachable, reliable and responsive".

Staff felt very engaged and supported by the service and felt like they were a member of 'one big family'. They always knew what events were coming up and when they were needed.

Emergency and urgent care services

The service had developed innovative ways of obtaining feedback from the service users using Facebook and the internet. This had produced good results with over 40 respondents providing feedback on last year's events.

The service was active in encouraging event organisers they worked with to promote the opportunity to provide feedback on their services from a patient / visitor perspective. The service provided an online form at www.event-medical.co.uk/feedback as well as written option available in larger print if required. The service also publicised their contact details to enable multiple options for feedback.

Innovation, improvement and sustainability

The service was committed to improving services but had no evidence of innovation and learning. The service was sustainable and had contingency plans in place.

The directors had developed the service slowly, ensuring quality and sustainability and were in a position to start growing the service.

The directors were aiming to develop the way forward for the service as 'continuous and never-ending improvement'.

The service had a business continuity plan in place to ensure the service was sustainable. Regular business meetings were held to assess the sustainability of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- Continue with application to CQC to change the Registered Manager.
- Continue with application to CQC to add the activity - Treatment of Disease, Disorder or Injury.
- Encourage innovation and improvement.