British Telecommunications Public Limited Company

Adastral Park (Martlesham)

Inspection report

Adastral Park
Martlesham
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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?	Outstanding

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- Staff collected safety information and used it to improve the service. The learning culture of the service was strong with a focus on learning and training each week. All incidents were discussed for learning each week and progress was formalised using a centralised learning log. Leaders undertook thorough investigations of incidents to maximise learning.
- The service controlled infection risk well and had made improvements in infection prevention and control since our last inspection. The service and its vehicle and equipment were visibly clean and audits were undertaken to assure leaders of the cleanliness of the service.
- 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. The service ensured that children were safeguarded during treatment.
- Staff were supported to develop their skill set and enhance their competency. There was a strong culture of competency progression.
- The service worked with partners to ensure the best care is offered to all patients. This included working with the local NHS ambulance trust to receive training and to support the local community as community first responders, and working with the retained fire service at Adastral Park to ensure any joint emergency responses were as effective as possible.
- Processes to review the effectiveness and safety of the service were established, with staff being informed of all KPI performance with a whole team approach towards meeting KPI's.
- The governance of the service was robust, with an established process that caught all aspects of governance for review, such as audits, incidents and training and fed back to staff.
- Staff provided good care and treatment based on current guidelines. Guidelines were updated and created in response to national updates and learning from other providers. The service met agreed response times. Managers continually monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, and respected their privacy and dignity. They provided emotional support to patients.
- The service planned care to meet the needs of the population it served, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for emergency care.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- Leaders were visible, and ensured there were robust governance, assurance and risk processes for the service and the staff. Risk assessments underpinned the work undertaken by the service.

However:

- There was no formal process for recording the additional service-required training alongside British Telecommunication's manual training package.
- The service had no completed labels on any sharps bins.
- The service had not been successful in obtaining patient feedback.
- The service did not have a formal vision or strategy.

Summary of findings

We rated this service as good because it was safe, effective, caring, responsive, and well-led.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	We have not previously rated this service. We rated it as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Adastral Park (Martlesham)

Adastral Park (Martlesham) is operated by British Telecommunications Public Limited Company. The service opened in 1977. It is an independent ambulance service in Ipswich, Suffolk. The service provides first aid support to those working in and visiting Adastral Park Business Park. Adastral Park is a business site located near Ipswich, Suffolk. It covers 350 acres with over 80 buildings housing around 5000 permanent and contracted staff and hosts approximately 50,000 visitors per year. All staff working for Adastral Park (Martlesham) were employed at Adastral Park Business Park and provided their skills to the ambulance service on a voluntary basis. All staff were trained in first person on the scene (FPOS) first aid and were qualified community first responders. The service had one vehicle.

The service has had a registered manager in post since 2017.

The regulated activity provided by this service is patient transport services, triage and medical advice provided remotely.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service was last inspected in October 2017 where several areas of good practice were identified, and one requirement notice was served around Regulation 17 (Good governance) of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

Activity (January 2022 to December 2022):

In the reporting period January 2022 to December 2022 there were 36 patients attended to. Five patients were transported in the ambulance.

Track record on safety:

No never events

No clinical incidents

No serious injuries

No complaints

There were 13 members of the rapid response team. Five members were first person on scene (FPOS) enhanced trained, 3 were FPOS intermediate trained and 4 people were FPOS basic level.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 16 November 2022. 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.

Summary of this inspection

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:

- There was an active learning culture in the service around incident reporting. Staff openly reported and discussed all potential incidents. Learning from incidents was open, transparent and structured, with set learning sessions taking place weekly using an accessible learning log. Leaders undertook thorough investigations of incidents to maximise learning, and actively sought learning from other providers.
- The service worked with partners to ensure the best care is offered to all patients. This included working with the local NHS ambulance trust to receive training and to support the local community as community first responders.
- The use of a make ready user interface provided a visual check reminder and supported the standard vehicle check, of what cupboards required restocking, review and cleaning. All audit data we reviewed showed that the interface was successful in ensuring the vehicle was cleaned and restocked in a timely manner.
- The leadership of the service was compassionate and effective. Leaders demonstrated high levels of experience and capability needed to deliver excellent care. Leaders supported staff to feel safe in their roles, their learning and to further their careers.
- Governance arrangements were proactively reviewed and reflected an established process that caught all aspects of governance for review, such as audits, incidents and training. The governance process ensured the service worked with other organisations to improve care outcomes.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly, and risk assessments underpinned the work undertaken by the service.

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 SHOULD take to improve:

- The service should ensure that there is a formal process for recording the additional service-required training alongside BT's manual training package.
- The service should ensure that labels on sharps bins, including those not used for patients, are completed.
- The service should consider ways of engaging patients to provide feedback.
- The service should ensure there is a formal vision and strategy.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Insufficient evidence to rate	Good	Outstanding	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Outstanding	Good

Good

Emergency and urgent care

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

Are Emergency and urgent care safe?

Good

We have not previously rated this service. 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. We saw records that showed all staff were up to date with their training modules.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training provided to staff gave a base line level of competence for their role within the team. The training was available electronically to all staff from the Learning Home system and compliance was recorded in each individual's learning profile.

All volunteers were employed by British Telecommunications (BT) and undertook the same mandatory training. The service ensured some additional training was added to the training package for its volunteers which included safeguarding, manual handling and health and safety training. All volunteers undertook the service's additional training together at the same time annually. The additional training for the service volunteers was sourced externally.

Managers monitored mandatory training and alerted staff when they needed to update their training. Whilst we saw records of staff all being within date for their mandatory training, there was no formal process for recording the additional service-required training alongside BT's manual training package.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service ensured that all staff had the required disclosure and barring service (DBS) checks. We saw that DBS checks were completed every three years and held in staff records.

Staff received training specific for their role on how to recognise and report abuse. The registered manager and the training lead of the service were trained to level 3 in safeguarding and were the dedicated safeguarding leads for the service. The remaining staff were trained in safeguarding level 2 for both vulnerable adults and children. All staff were compliant with their annual training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The operational policy contained clear guidelines on safeguarding standards and training requirements, as well as a process for staff to follow. Staff told us how they would manage and escalate a safeguarding concern which was in line with the policy.

Staff followed safe procedures for children visiting the service /department. The service's clinical policy contained a process to ensure electrocardiogram's (ECG's) on children were undertaken ina way that ensured children would be protected from abuse. For example, the policy states that in the service, an ECG on a child is considered a 2-person skill. This is to ensure a chaperone to be present either from another crew member, a first aid at work colleague, or a bystander of the same gender as the child.

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 the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The vehicle, re-usable equipment, trolley and mattress were visibly clean and intact on inspection. The service did not use sharps but had learnt that staff on site sometimes requested the service dispose of their personal sharps, and therefore the ambulance station and the vehicle held a sharps box each. The sharps boxes were collected and replaced monthly by an external company however they were not labelled and this was escalated to the registered manager.

Cleaning products were stored securely in the ambulance station, with colour coded cleaning tools including disposable mop heads and decontamination wipes. Clean linen was available on the vehicle.

Weekly cleaning challenges were set for the team with a specific area of focus. We saw the weekly challenge at the time of our inspection was centred around the floors.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Deep clean audits of the vehicle were undertaken every three months. We saw completed audit records for deep cleans.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was available on the vehicle along with decontamination wipes and hand gel. Staff were required to wear a uniform when carrying out training exercises and when on duty. The service provided uniform for staff in keeping with PPE requirements. For example, the uniform included a belt with a glove pouch attachment.

Staff cleaned equipment after patient contact by undertaking decontamination wiping of equipment.

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.

Staff carried out daily safety checks of specialist equipment. All equipment that we checked was electrical safety checked and within check date.

Checks of the vehicle were undertaken twice weekly. The checks were initiated by staff scanning a QR code and logging responses to a prepared checklist. The completed checks were sent automatically to the registered manager for review. There was a white board in the ambulance station which detailed vehicle check requirements as a failsafe if the QR codes were not working. The board detailed what equipment needed checking, when checks were due and who was responsible.

Equipment bags were also checked by QR code scanning. Guides were displayed on the station wall for staff when undertaking bag checks as a failsafe if the QR codes were not functional.

The vehicle had an electronic make ready user interface secured on the interior wall. This interface reflected all the named cupboards in the vehicle which were lit up green. Once any cupboard had been opened the light turned red to indicate that the cupboard needed checking, restocking and cleaning. The use of the interface provided an additional layer of assurance to the vehicle checks undertaken with the QR codes. Audit data we reviewed showed that vehicle stock checking and cleaning was consistently achieved in a timely manner.

The tail lift of the vehicle had an attached examination report secured on the vehicle that showed it had been serviced and was within date.

All equipment was physically secured in the vehicle to reduce the risk of injury to patients whilst the vehicle was in motion.

Responder bags in the vehicle were all secured with dated tags to ensure they had been checked recently and contained the appropriate equipment to treat patients.

Equipment and consumables were kept in locked cupboards in the ambulance station. Expired and broken equipment was quarantined and labelled as not being safe for use.

The live kit cupboard was secure, with the key kept in a keypad protected key safe.

The notice board in the ambulance station displayed information on the vehicle and equipment servicing including who was responsible and when servicing was due to be completed. Equipment was labelled with expiry dates. All items checked were within their expiration dates.

The vehicle key was kept in in a container which was located behind a locked door. This had been risk assessed by the service to ensure the vehicle was safe and accessible to those in the service.

The service had enough suitable equipment to help them to safely care for patients. The service and its vehicle stocked equipment and consumables for children such as airways support and splints in the event a child was on site and required emergency care. Consumables were all in date.

Staff managed and disposed of clinical waste safely, which was an improvement from the previous inspection. Clinical and domestic waste was separated. The clinical waste bin was kept inside the locked ambulance station. An external company collected clinical waste monthly, and the service was able to arrange next day collection if necessary. One staff member told us how they manage clinical waste.

Good

Emergency and urgent care

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 responded promptly to any sudden deterioration in patients' health. Staff were familiar with their scope of practice which was set out in the service's clinical policy. This includes red flags of all conditions that must be escalated to 999 which were known as operational red flags. The policy included the assessments expected to be undertaken by staff according to their competency.

The clinical policy stated the action required by staff depending on the acuity of the patient. The policy also stated what equipment could be used by staff depending on their level of training.

Staff completed risk assessments for each patient they attended, and reviewed this regularly, including after any incident. All information pertaining to a call out, including risk assessment was recorded on patient report forms (PRF's). All PRF's were discussed amongst the team at twice monthly training sessions to identify any potential learning and debrief as necessary.

Staff shared key information to keep patients safe when handing over their care to others. The service alerted the local hospital ahead of arrival when transporting patients who required immediate support.

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 completed an availability tracker a month in advance and 2 volunteers completed the rotas.

In the service's scope of practice, staff groups were categorised into red, amber and green groups. This provided a visual way to ensure appropriate skill mix when arranging rotas.

The service always had a staff member trained to First Response Emergency Care (FREC) level 4 on every crew. Of the 13 staff in the service, 1 was a trained emergency medical technician and was due to qualify as a paramedic imminently, 6 were trained to FREC 4, 4 were trained to FREC 3, 2 were trained as community first responders and a new member of staff had joined the service at the time of our inspection who was first aid trained and was supernumerary whilst they undertook training.

Each crew had 3 people, one of which would be trained to drive on blue lights.

The manager could adjust staffing levels daily according to the needs of patients. Of the 3 members on each crew, 1 of these would be on stand-by if staffing was compromised.

Good

Emergency and urgent care

The service had low vacancy rates, turnover, and sickness rates. The service had no current vacancies and had an established workforce.

The service did not use bank and agency staff.

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.

Patient notes were comprehensive and all staff could access them easily. Completed records were collected by service leads and reviewed in monthly management meetings to review for any learning to share with the team.

Records were stored securely. Completed records were stored securely in a locked box on the wall of the ambulance station. Once the service had reviewed the records for any learning, they were stored in a safe in the emergency control document library. Records could be retrieved if required in the future. Records were stored according to British Telecommunications (BT) record retention policy.

We saw that patient report forms (PRF) records were audited monthly for any learning.

Medicines

The service did not administer, record or store medicines apart from compressed gasses and patient own medicines where required.

Staff followed systems and processes to administer medicines and gasses safely. The service's Clinical policy contained guidelines in the use of both oxygen and Entonox. The policy also included guidance on the use of patients' own medicines (Glyceryl trinitate (GTN) spray and EpiPen). Staff were able to tell us how they administer compressed gasses.

Compressed gasses were stored appropriately in a secure and well-ventilated space. We saw compressed gasses stored securely on the vehicle and were in date.

Incidents

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

Staff knew what incidents to report and how to report them. The operational policy contained detailed guidance on serious and clinical incidents and never events including how to recognise, report and investigate them. Incidents were reported on an electronic reporting tool. Reported incidents were automatically shared with the registered manager and the training lead. Any incident occurring whilst on a call was also reported on the patient report form (PRF). PRF's were reviewed individually by the registered manager to identify any learning.

The service had a learning log that was available on the service's electronic system. The learning log was available to all members of the team. The log recorded learning from incidents and learning situations.

Good

Emergency and urgent care

Appropriate information was recorded in each incident report either by the reporter or the reviewer such as date of incident or learning situation; type; situation; reflections and lessons learnt; actions or mitigations; and methods of sharing the learning. An action log was in place with actions allocated to named individuals responsible.

Safety statistics for the service were displayed in the ambulance station for staff to see, this included any never events, clinical incidents, serious incidents, and complaints.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We saw the incident report log for the year that demonstrated an active reporting culture.

The service had no never events.

Managers shared learning with their staff about never events that happened elsewhere. We saw an example of this as the service introduced a policy on Laryngoscopy in Advanced Airway Management due to learning from an external incident.

Staff reported serious incidents clearly and in line with the service's policy. Whilst no serious incidents had occurred, we saw that the serious incident investigation reporting tool had been used to investigate less serious incidents to ensure learning was maximised.

Staff understood the duty of candour. They were open and transparent and gave patients a full explanation if and when things went wrong. The operational policy contained a clear Duty of Candour process for staff to follow. As there had been no moderate, severe or death related incidents the Duty of Candour had not been formally triggered in the year prior to our inspection.

Staff received feedback from investigation of incidents, both internal and external to the service. All incidents were discussed at monthly meetings. The service regularly revised and created guidelines according to shared learning from other providers.

Staff met to discuss the feedback and look at improvements to patient care. A staff member gave an example of learning from an incident where staff received some additional training as one staff member had attempted to provide care that they were not formally trained in.

There was evidence that changes had been made as a result of feedback. For example, the service had noted an increase in mental health challenges for staff and attending panic attacks and stress related symptoms. This had been identified as an area of improvement and a change was implemented for better access to information for staff to signpost people for appropriate support.

Are Emergency and urgent care effective?

Good

We have not previously rated this service. We rated it as good.

Evidence-based care and treatment

Good

Emergency and urgent care

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. New evidence-based techniques and technologies were used to support the delivery of high-quality care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service regularly revised and created guidelines according to best practice, such as 'Laryngoscopy in Advanced Airway Management'.

The Joint Royal Colleges Ambulance Liaison Committee 2019 (JRCALC) guidelines underpinned all treatment provided and equipment used by the service. The service also mapped the guidelines followed by the local NHS ambulance trust to ensure continuity of care when handing patients between the two services. The service had access to the local ambulance trust's clinical guidelines via an application, which also hosted JRCALC. The application was available to all staff. A printed version of the JRCALC 2019 guidelines and was available too.

The medical director for British Telecommunications provided senior assurance over the guidance underpinning the clinical policies used by the service by formally signing them off.

The service undertook regular audits to continuously assess the effectiveness of the service.

Learning across the service including from audits and incidents was recorded in a learning log.

We saw completed audits around personal kits, the ambulance, red bags, PRF's, deep cleans and stock.

The audit schedule was established with appropriate audit frequency such as monthly PRF audits, quarterly deep clean audits, and six-monthly vehicle audits.

Nutrition and hydration

The service did not provide nutrition and hydration to patients due to the nature of the service provided.

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements. All staff were actively engaged in activities to monitor and improve quality and outcomes. Outcomes for people who use services are positive, consistent and regularly exceed expectations.

The service was dispatched from the emergency control room of British Telecommunications (BT), who received calls from the emergency number for staff at Adastral Park. The expected response rate for responding staff members was within 3 minutes.

The process for responding to a call was that the nearest member of staff would make their way to the incident on foot. When the ambulance was required, the second member of staff would collect the ambulance from the station and rendezvous at the incident site.

Good

Emergency and urgent care

The average response time for January 2022 to December 2022 was 3 minutes and 47 seconds. Nationally, the target response time to 90% of category 1 calls is 15 minutes. The service set a target of 3 minutes for all calls which reflected the reduced population served in comparison to ambulance services responding to the general public. The service breached its target in March, July and August of 2022, and performed within target all other months of the year. Whilst the service did not always achieve its own target, a very fast response was consistently achieved.

Key Performance Indicator (KPI) performance was displayed in the ambulance station for staff to see. These included response times, recording of pain scores, analgesia administration, and immobilisation as appropriate. KPI's for attending ST segment elevation myocardial infarction's (STEMI's), cerebrovascular accidents (CVA's), asthma attacks, lower limb fractures and hypoglycaemic episodes was also on display. All KPI's we saw had been achieved, with the exception of the response time KPI being slightly over 3 minutes. Staff told us they were engaged in meetings where the achievement around KPI's was discussed.

Competent staff

The continuing development of staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Volunteers were proactively recruited and are supported in their role.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service's Operational policy set out the qualification structure of the team. This includes the qualification name, awarding body, level of competence, the associated role in the team and what types of call out is appropriate for that qualification. Volunteers were proactively recruited and supported in their role.

The policy also included a driving qualification structure. Four out of the 13 staff (including the registered manager) were trained to drive on blue lights.

Managers gave all new staff a full induction tailored to their role before they started work. As set out in the Operational policy, all new staff were provided with training to a level appropriate for working the in the pre-hospital environment. Training for new staff was undertaken prior to any staff being made operational.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals were delivered by line managers in British Telecommunications (BT), with ambulance service input added for the staff that volunteer with the service. All staff had received an appraisal in the year prior to our inspection.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Training sessions and equipment were held in the ambulance station and the training room. Clinical training sessions took place twice monthly. CFR training took place once a month.

Staff were proactively supported and encouraged to acquire new skills. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. One member of staff told us that they had requested further training with the view to becoming qualified to FREC 4 and was supported in their development plans.

Managers made sure staff received any specialist training for their role. Four members of staff had blue light on the road training delivered by an approved trainer.

Good

Emergency and urgent care

The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high quality care. The service's operational policy stated that personal objectives and goals would be supported by the service. The service recognised that staff volunteering in the service helped to make the site a safer place to work. It was also recognised formally in the operational policy that service volunteers added value to BT and benefiting the local community via the Community First Responder scheme which staff are part of as members of the service.

The registered manager and the training lead delivered scenario training twice monthly, and held weekly sessions to discuss any jobs that had been attended, any incidents that had been reported and any learning identified.

The service used a paediatric dummy for training in the emergency care of children.

The service ensured that staff received a debrief after each incident and call out with peers and leaders. Debriefs were recorded and stored in an incident debrief, which was attached to team meeting notes.

Multidisciplinary working

Staff, teams and services are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service worked with the local ambulance trust to receive training and to agree the response that the service provided as community first responders. The service worked with the Adastral Park retained fire service to ensure an effective joint response to some emergencies.

Staff signposted patients for mental health assessments when they showed signs of mental ill health, depression. The service had learnt from an increase in calls for mental health symptoms that further staff training was required and had started to signpost patients for mental health advice and support.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff we spoke with could describe their responsibilities in assessing a patient's capacity to make decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act. There was an overview outlining details of the Mental Capacity Act 2005. This detailed the five principles of mental capacity and how to assess capacity.

Are Emergency and urgent care caring?

Good

Emergency and urgent care

Insufficient evidence to rate

We have not previously rated this service. We did not have sufficient evidence to rate caring.

Compassionate care

Staff told us they treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We were unable to speak with patients who had used the service and therefore we did not have sufficient evidence to rate the caring for this service.

Staff told us they were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were mindful to ensure dignity and respect, particular as when responding to call outs they were attending their colleagues. Staff also endeavoured to treat patients in a side room where available.

Staff followed policy to keep patient care and treatment confidential. The service ensured that details relating to patients' care was kept confidential. Staff confirmed that they never share any details of call outs with patients' line managers.

Staff told us they understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff gave an example of attending a patient with breathing problems who was experiencing a panic attack. They spoke about assuring the patient around their symptoms and how worrying those symptoms can feel.

Emotional support

Staff told us they provided emotional support to patients to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients help, emotional support and advice when they needed it. Staff spoke of supporting patients who required transporting to hospital if they had no other support available.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff always endeavoured to provide care in a private space to maintain the dignity of patients, particularly patients experiencing mental health symptoms.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff spoke to patients to explain what they were doing and what to expect.

Good

Emergency and urgent care

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service sought feedback from those who they had attended, however this was not forthcoming. This had been explored and it was noted that patients receiving care and treatment from their friends and colleagues impacted on the forthcoming of feedback.

Are Emergency and urgent care responsive?

Good

We have not previously rated this service. We rated it as good.

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.

Managers planned and organised services so they met the changing needs of the local population.

The service was set up to provide care for the working population of Adastral Park, and any visitors to the site such as school trips.

British Telecommunications (BT) trained staff to standards set out by the Health and Safety Executive in its first-aid-at-work (FAW) module. The service supported these staff when illness or accidents occurred on site by providing more enhanced care, and providing coaching and support to FAW's following any incident.

The service operated from the emergency control centre during the hours of 08:00 and 17:00, Monday to Friday. Any incident requiring more support than the FAW's could provide outside of these hours was called in to the 999 emergency services.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

Staff provided a service that met the needs of the working population of Adastral Park. The service was also set up to treat and transport children.

Staff made sure patients living with mental health problems received the necessary care to meet all their needs. Staff had awareness of the Mental Capacity Act and were able to talk about meeting the needs of people experiencing mental health symptoms.

Access and flow

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

Good

Emergency and urgent care

Managers monitored response and turnaround times and made sure patients could access the service when needed and received treatment within agreed timeframes and national NHS targets. The service appropriately categorised call outs according to urgency and monitored response times and time on scene. This was reviewed monthly for any learning.

Due to the secure nature of the work undertaken at Adastral Park, the service was able to provide emergency care in areas of the site that the NHS ambulance service would not be able to access.

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.

There had been no complaints received in the year prior to our inspection.

Patients knew how to complain or raise concerns. Staff working at Adastral Park had electronic communication access to the service and were able to raise concerns, complaints and compliments easily.

Staff understood the policy on complaints and knew how to handle them. The Operational policy contained clear guidance and a structured process on how to manage and investigate complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. Whilst there had been no complaints in the year prior to our inspection, the service had a process in place to share feedback and learning from complaints with staff via weekly meetings and the live learning log.

Are Emergency and urgent care well-led?

Outstanding ☆

We have not previously rated this service. We rated it as outstanding.

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.

The service's Operation policy had a clear leadership structure which detailed how it fit in with the wider structure of Adastral Park. The service operated under the direction of British Telecommunications' (BT) chief medical officer.

The registered manager had high levels of capability and experience. They had been in post for 5 years and were an established emergency medical technician, and was due to qualify as a paramedic imminently, in addition to their role in BT. The training lead for the service was trained as a community first responder. Both the registered manager and the training lead supported staff in the development of their skills.

Good

Emergency and urgent care

Leaders were visible to all staff and operated what was described as a flat structure team where guidance, learning and safe care were the focus and not team hierarchy.

Vision and Strategy

The service had a vision for what it wanted to. The vision was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply the vision.

A formal vision and strategy was not in place, however staff verbalised the vision and aspiration to be a paramedic-led service which would extend the service offer to patients and visitors and upskill staff. This aspiration was in progress with the registered manager imminently due to qualify as a paramedic.

The service had a suggestion box for staff. Staff told us they were familiar with this and had used it. Staff told us of suggestions that had been made and were discussed at weekly meetings.

Culture

Leaders strove to deliver and motivated staff to succeed. There were high levels of satisfaction across all staff. Staff were proud of the service as a place to work and spoke highly of the culture. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

Staff described service leaders as "awesome and fantastic", stating that leaders were part of the same team as them. Staff also told us they do not feel their leaders and team were hierarchical.

Newer and more junior staff were encouraged to practice their new skills and staff told us they felt safe to take on additional learning and were supported in this.

Staff told us that at every training session they were given the opportunity to discuss call outs they had attended. Staff told us they were not afraid to talk to each other and they were supported in debriefing after call outs.

Staff told us that the team was very supportive, and they supported each other in gaining knowledge and experience. The operational policy highlights a no-blame and high learning culture. The policy also contained a clear process for staff to follow if they had concerns they wished to raise as a whistle blower.

Staff wellbeing was supported by the service. The operational policy stated that managers were obligated to support their people, and referenced training, a resource library and useful contacts to support staff with mental health conditions and their managers.

Staff had access to a free, confidential, 24 hours 7 days a week employee assistance service. Staff trained as CFR's were also able to access the assistance, occupational health and single point of contact offered by the local NHS ambulance trust.

Governance

Good

Emergency and urgent care

Governance arrangements were proactively reviewed and reflected an established process that caught all aspects of governance for review, such as audits, incidents and training. The governance process ensured the service worked with other organisations to improve care outcomes.

We saw minutes of monthly management meetings where governance items were discussed such as service activity, incidents, complaints, and training.

Governance processes were effective. The recording of incidents, audits and checks, and activity reviews flowed straight to the leaders of the service and back to staff for learning. There was a process for feedback and complaints although there was little or no data for these to act on.

The leaders of the service regularly worked with partner organisations such as the local NHS ambulance trust to ensure learning from wider incidents was introduced to the service via the governance process. We saw evidence of this in the introduction of a new airways management policy to reflect learning from the ambulance trust.

Staff understood their responsibilities to the governance of the service. Staff actively reported concerns, incidents, suggestions, and sought to improve their learning for the good of the service and the population it serves.

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.

We saw the risk register for the service which included risks pertaining to communications, security, people, the vehicle, and other risks. The risk register detailed the nature of each risk, the mitigations, who was responsible for overseeing the risk and updates and outcomes. Risks were discussed at monthly managers meetings and updated, with staff being informed at regular team meetings.

The risk register was reviewed and updated regularly as part of the continuous improvement programme of British Telecommunications (BT).

The service recorded inherent risks to the successful continued operation of the service on the risk register. Safety risks were managed in risk assessments. For example, we saw evidence of risk assessment in the implementation of policies such as the Laryngoscopy in advanced airway management policy which had an activity based risk assessment completed. This led to additional training and development to ensure the safety and effectiveness of the intervention.

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. Data or notifications were consistently submitted to external organisations as required.

Good

Emergency and urgent care

Data relating to patient care was reviewed regularly for sharing learning with staff, then stored securely according to British Telecommunication's data retention policy.

Data relating to the performance of the service was stored electronically and managed by the registered manager and the training lead. Learning from data was accessible to staff who had limited access to the electronic files where data was stored.

Staff had secure log in details to access the shared system, with additional security in place for sensitive electronic records.

Engagement

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

Staff were encouraged to submit suggestions to the team for improvements, and staff told us they regularly did so and conversations had taken place.

Staff told us of two examples of suggestions they had raised, both of which had been discussed with the wider team.

The population served at Adastral Park had ease of communication to share suggestions with the service. We saw evidence of this where a suggestion was made for the service to use blue lights on the vehicle when attending a call out so that others on site understood any roads were being temporarily blocked for an emergency.

Learning, continuous improvement and innovation

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

The service was actively future proofing against possible risks to the service. For example, anticipated retirements from the service had led to a recruitment drive to ensure there were no gaps in staffing provision.

Some training sessions were scenario based to maximise improvement to the service.