

Rapid Response Medical - Cannock HQ

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

Rapid Response Medical is operated by Rapid Response Medical Services Ltd. The service provides emergency, urgent care and a patient transport service, event cover and blood and organ conveyance. As this was a focused inspection, we only inspected the emergency and urgent care core service and patient transport.

We inspected this service using our focused inspection methodology. We carried out the unannounced visit to the service on 5 November 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? For this focused inspection we only focused on certain aspects of each key question. This was due to the service not being inspected since registration and the need to clarify the actual location of the service was carrying out our regulated activities from. We also received some information relating to staffing and safeguarding processes.

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

The main service provided by this service was emergency and urgent care. Where our findings on emergency and urgent care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the emergency and urgent care service.

We found the following areas of good practice

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 controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Key services were available seven days a week.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

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

However, we also found the following issues that the service needed to improve

The storage of medical gases was not compliant.

The room where medication was stored was not secure.

However, both of these issues were rectified during the inspection period.

The service had no formal risk register.

Summary of findings

Heidi Smoult

Deputy Chief Inspector of Hospitals (Midlands Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Patient transport services

Rating

Summary of each main service

The main service was patient transport services. Where arrangements were the same, we have reported findings in the patient transport report.

Patient transport services was the main proportion of activity. The service was well led with experienced and capable leaders who drove improvements in the service with a focus on the best possible care in emergency situations for patients in need. The leaders promoted a positive staff culture and encouraged staff development to deliver the best possible care and treatment for all patients. Effective systems were in place to ensure patients received safe and high quality care and treatment at all times. The service had appropriately trained staff and vehicles to provide patient transport services.

Summary of findings

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Rapid Response Medical - Cannock HQ

Services we looked at

Emergency and urgent care; Patient transport services

Summary of this inspection

Background to Rapid Response Medical - Cannock HQ

Rapid Response Medical is operated by Rapid Response Medical Services Ltd. The service opened in 2017. It is an independent ambulance service in Cannock, Staffordshire.

The service provides an emergency and urgent care transport service, working under service level agreements with local NHS hospitals, provided their staff to another independent ambulance service, patient transport services, event medical cover, blood and organ conveyance and first aid training.

The service has a registered manager who has been in post since 2017. A registered manager is a person who has registered with the CQC to manage the service. The registered manager understood their responsibilities and demonstrated this by managing the service to provide high quality care. The service was in the process of moving location to new premises.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise within the independent ambulance sector. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about Rapid Response Medical - Cannock HQ

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the Rapid Response Medical base. We spoke with four staff including; registered paramedics and management. During our inspection, we reviewed ten sets of patient records. As the service had just moved location there were not any planned jobs, so we did not see evidence of patient care or ambulance journeys.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity, reporting period (September 2018 to September 2019)

- In the reporting period there were 65 emergency and urgent care patient journeys undertaken. These patients were transferred from events.
- There were 3,946 patient transport journeys undertaken.

Fifteen registered paramedics, six paramedic technicians, 34 first responders and six ambulance care assistants worked at the service. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- Zero Never events
- Zero serious injuries
- Zero complaints

Emergency and urgent care

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

The main service provided by this ambulance service was patient transport services. Where our findings on emergency and urgent care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services report.

Summary of findings

For further findings please see the patient transport services report.

We found the following areas of good practice:

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

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

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

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

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

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.

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

Emergency and urgent care

support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Are emergency and urgent care services safe?

Mandatory training

Please refer to the patient transport services report.

Safeguarding

Please refer to the patient transport services report.

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 emergency equipment and vehicles premises visibly clean.

Emergency ambulances were deep cleaned monthly by an external cleaning company, as they were not used as often as the patient transport ambulances. We saw evidence of those cleaning records.

Please refer to the patient transport services report for further detail.

Environment and equipment

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

Emergency ambulances could not be accessed by non clinical staff, such as ambulance technicians. The service used an electronic key system that ensured only the relevant staff had access to the relevant vehicle keys specific for the. This was a very secure system, not seen widely used in this industry.

All vehicles were parked in a secure car park that was locked and monitored by CCTV cameras.

Emergency equipment, such as suction and defibrillators, were secure and staff were trained to use them.

Please refer to the patient transport services report for further detail.

Assessing and responding to patient risk

Emergency and urgent care

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

Appropriate procedures were in place to assess and respond to patient risk, including appropriate response to vehicle breakdown.

The service had a transfer of patients' policy, a resuscitation policy and the management of deteriorating patients' policy which clearly outlined the roles and responsibilities of staff. This included communication between the service and the planned destination, information to be given to patients and documentation. The policy highlighted links to the consent policy, reminding staff to ensure consent in place, prior to transfer.

The service would gather as much information about the patients, including children, from the requesting NHS ambulance service, then risk assess each patient individually. This would include if they needed the specialist bariatric ambulance, or increased moving and handling equipment for transferring from the patient's home to the vehicle. Similar protocols operated for patient transfer request.

A full set of observations and initial assessment, past medical history, blood glucose levels, a Glasgow coma scale assessment and stroke assessment were completed for each patient. Sepsis screening was also carried out for each patient.

All emergency vehicles carried acid attack kits.

We saw that a pain assessment was recorded for each patient.

There was an on call manager available 24 hours a day, seven days a week, for advice for staff if required.

The service provided first aid at events and if patient's condition deteriorated, the service would transfer them to the nearest emergency department.

The service also provided patient transport services and received bookings from NHS ambulance trusts. Staff told us that one crew member sat with patients being

transported in the rear of the vehicle. This meant they could directly observe the patients throughout the journey and respond if they witnessed a decline in the patients' condition.

The service had an electronic system which monitored the whereabouts of all vehicles and staff were in constant communication with the staff on the vehicles regarding patient journeys and new requests for work.

Staffing

Please refer to the patient transport services report.

Records

Please refer to the patient transport services report.

Medicines

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

The service had a medicine's policy in place, which reflected current practices in medicine, such as, ordering, storage and disposal. The policy gave guidance on the safe handling, storage and disposal of medicines and medical gases.

The service used an electronic medicines management system for ordering and auditing medicines. Each member of clinical staff who removed medicines to stock the emergency vehicles had to input their individual registration number. This made auditing easy and also prevented over ordering.

Medical gases in use were stored securely in the vehicles. Replacement gas cylinders were now locked in secure cages within the main unit at the base. Due to having just moved to this location, they had only been stored this way a minimal amount of time, until they had the cages erected. We checked the cages and they were suitable for the correct storage of medical gases. The senior management team took immediate action to rectify this and we saw photographic evidence that this had been rectified.

Medicines were stored securely within a locked room, which was only accessible by clinical staff. The storage area was well organised and have appropriate facilities for the storage of controlled drugs (CDs). Some prescription medicines are controlled under the Misuse of

Emergency and urgent care

Drugs Act (1971). These medicines are called controlled medicines or controlled drugs. Stricter legal controls apply to controlled medicines to prevent them being misused, being obtained illegally and causing harm.

A CD register was used to record the details of the CDs received, administered as well as CDs that had been disposed. CDs were stored in a locked cupboard within a locked room. Each pack of CDs taken out on emergency vehicles was recorded in a separate CD register. Appropriate records were kept of their administration with the specific case number recorded. Stock checks of all medicines were completed monthly.

The accountable officer for controlled drugs was the registered manager for the service, who was a registered paramedic. The service worked with a medical consultant who advised on medicines prescribed, however they were not part of the substantive workforce.

The service has provided evidence that showed clear governance processes in place for safety in the use of Pentrox. This included training on the use of Pentrox with certificates to evidence that it has been undertaken, a clear protocol was in place that clearly and concisely detailed the use and administration of Pentrox. Medical supervision was in place. All of this demonstrated that the governance process to ensure safety in the use of Pentrox had been undertaken. Pentrox is an inhaled analgesic, used in trauma.

Medicines were stored in specific bags. Staff electronically checked out the medicines at the start of the shift and checked them back in at the end of the shift. There was a technician's kit and a paramedic's kit. Records seen confirmed these checks were carried out.

Electronic patient records were completed when a medicine was administered on site, this could be monitored by management staff at base. Any allergies to medicines were always recorded before any medicines could be administered.

Incidents

Please refer to the patient transport services report.

Anticipated resource and capacity risks

Control room staff monitored the whereabouts of all vehicles in use at all times using an electronic tracking system.

The effective fleet management system in place meant that additional vehicles were able to be deployed quickly to manage increased demand as and when needed.

Response to major incidents

Suitable arrangements for dealing with risks that might affect the service's ability to provide its services (such as staffing problems, power cuts, fire and flood) were in place and understood by staff. Staff were aware of what to do in the event of a fire, chemical spill or health and safety incident.

A mobile 'control room' vehicle was available with suitable equipment to maintain a control room function for the services in an emergency.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Evidence-based care and treatment

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

There was an effective system in place to demonstrate that policies had been developed, reviewed, and updated to reflect current practice. The service's policies were based on evidence-based guidance, standards, best practice, and legislation, including Joint Royal Colleges Ambulance Liaison Committee and the Resuscitation Council guidance.

We reviewed policies in place for the service, including those for recruitment, staff induction and training, risk assessment, incidents, medicines management, fleet management, resuscitation, infection control and criteria for transport. The policies had a date when first produced and a version number and a date of next review.

Senior staff were aware of current evidence based guidance, standards and best practice were used to develop how services, care and treatment delivered. Staff had access to the policies via secure access to the service's intranet and on their electronic devices whilst out on jobs.

Emergency and urgent care

All staff were trained on the Mental Health Act 1983.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.

We saw from the electronic patient care records that appropriate pain scores were used and pain was monitored.

Appropriate pain medication was prescribed.

Response times and Patient Outcomes

The service monitored response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The service monitored the number of patient transfers completed. This was done electronically, and ensured the managers had up to date data in order to make any changes or improvements.

The service did not participate in national audits or accreditation processes.

The service collated feedback from patients and event organisers, this was used to improve services.

Competent staff

Paramedics were registered by the Health and Care Professions Council (HCPC). The HCPC is a statutory regulator of 16 health and care professions in the United Kingdom. It sets and maintains standards of proficiency and conduct for the professions it regulates. Its key functions include approving education and training programmes which health and care professionals must complete before they can register with the HCPC; and maintaining and publishing a register of health and care providers who meet pre-determined professional requirements and standards of practice. We saw the service regularly checked the registration of all paramedics in the service.

Please refer to the patient transport services report for more information.

Multidisciplinary working

Please refer to the patient transport services report.

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. They used agreed personalised measures that limit patients' liberty.

Staff had received training in the Mental Capacity Act 2005 as part of induction and mandatory training days. A Mental Capacity Act (2005) policy was in place that provided clear guidance for staff on assessing patient's ability to make informed decisions.

Patients receiving care or treatment were asked to sign the treatment record to confirm they understood the advice or treatment given. Verbal consent was recorded electronically.

The electronic devices enabled staff to accurately record the patient's mental capacity, under the consent section. If the staff enter 'no, consent not given', then the informed consent process would start and inform staff what steps to take. This included asking if the patient\relatives had an advanced statement of treatment in the best interests of the patient.

We were told that vulnerable adults and children usually attended with parents or guardians. Consent for treatment by the individual staff member was obtained prior to the completion of any treatment.

The service had consent policy which detailed the expectations of staff to consider consent with all patients and to detail that consent was to be sought before any treatment. The policy also gave guidance on the consent process for children and highlighted the guidelines in the safeguarding policy relating to treating patients less than 18 years.

The service had a do not attempt cardiopulmonary resuscitation policy (DNACPR). This policy gave clear guidance for staff on managing bookings and also for ambulance crew to check original DNACPR documentation when receiving a patient.

Emergency and urgent care

We saw from samples of patient treatment records that consent had been recorded to the course of treatment outlined by staff.

All staff members had a pocket sized copy of the Mental Capacity Act, including a suicide risk assessment, transporting patients under the mental capacity act, when DoLS apply and when to consider using the MCA and algorithms to follow according to national guidance.

Are emergency and urgent care services caring?

We were not able to observe crew interacting with patients, as this was an unannounced focused inspection.

Compassionate care

Please refer to the patient transport services report.

Emotional support

Please refer to the patient transport services report.

Understanding and involvement of patients and those close to them

Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress, especially during emergency situations. Information was available to staff, so they could signpost patients to relevant external support organisations.

Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

Service delivery to meet the needs of local people

Information was not gathered during this focused inspection.

Meeting people's individual needs

Please refer to the patient transport services report.

Access and flow

Information was not gathered during this focused inspection.

Learning from complaints and concerns

Information was not gathered during this focused inspection. However, we saw the service had a thorough system to collect and investigate complaints.

Are emergency and urgent care services well-led?

Leadership

Please refer to the patient transport services report.

Vision and strategy

Please refer to the patient transport services report.

Culture

Please refer to the patient transport services report.

Governance

Please refer to the patient transport services report.

Management of risks, issues and performance

Please refer to the patient transport services report.

Information management

Information not gathered on this during this focused inspection.

Public and staff engagement

Please refer to the patient transport services report.

Innovation, improvement and sustainability

Information on this was not gathered during this focused inspection.

Patient transport services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

The main service provided by this ambulance service was patient transport services. Where our findings on emergency and urgent care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the patient transport services report.

Summary of findings

We found the following areas of good practice:

The service provided comprehensive mandatory training in key skills to all staff and made sure everyone completed it. The service evaluated the usefulness of training with staff and involved them in improving it.

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

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

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 and gave staff a full induction.

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.

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

Patient transport services

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

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

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

Staff 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. They used agreed personalised measures that limit patients' liberty.

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.

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

- The storage of medical gases was not compliant.
- The medicine room was not secure.

However, both of these issues were rectified during the inspection period.

- The service had no formal risk register.

Are patient transport services safe?

Mandatory training

The service provided comprehensive mandatory training in key skills to all staff and made sure everyone completed it. The service evaluated the usefulness of training with staff and involved them in improving it.

The service had processes in place to monitor staff compliance with mandatory training. Mandatory training was an annual cycle for all staff, who were expected to complete this. There was a structured induction programme in place for all new staff. All staff were expected to complete mandatory training modules annually.

There were currently 21 modules for the staff to complete, whether, they had completed their own mandatory training in their permanent place of work, they still had to complete the services in house training programme.

The senior management team were in the process of streamlining the mandatory training. It would be face to face and bespoke to the work that they do. Instead of just completing generic e-learning sessions that was not tailored to their job.

Data we looked at showed that there was 100% compliance with mandatory training. We checked four electronic staff files and found clear evidence of current compliance with mandatory training.

Staff received training in safe systems, practices and processes. Topics included on mandatory training were:

Driving assessment.

Basic life support and use of automated external defibrillators.

Intermediate life support.

Safeguarding children level three and safeguarding adults level two.

Prevent.

Capacity and consent.

Dementia awareness.

Deprivation of Liberty safeguards.

Patient transport services

Infection, prevention and control.

Moving and handling.

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.

There were effective systems and processes in place reflecting relevant safeguarding legislation to safeguard adults and children from abuse.

There was a safeguarding policy in place for adults and children at risk in place. This had been reviewed in 2018 and it contained relevant guidance for staff to recognise and report any potential safeguarding concerns and reflected national guidance. It also contained a comprehensive list of local authority safeguarding contact numbers for use in an emergency.

The services on board electronic devices for recording all patient data and assessments, included safeguarding. This gave staff the route of escalation and referral process. This meant that concerns could be raised 'live' whilst out on jobs. Once staff members completed this in the system it automatically was sent to the server back at the base, where the management team would receive this information and commence any further investigations required.

A safeguarding concern had been highlighted to the CQC earlier in the year. The service carried out all steps appropriately and spoke with the relevant local authorities.

All staff received safeguarding children training at level three, and safeguarding adults at level two and staff training records seen evidenced this. The senior management team were trained to level 3 adult safeguarding. With the new mandatory training programme, that was due to commence in November 2019, all staff would also receive adult safeguarding level 3. No new member of staff was permitted to work directly in contact with patients until this training had been provided.

Arrangements for checking all staff's fitness to work with vulnerable adults and children were effective and essential checks had always been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all

appointed staff. We saw all staff working had a current DBS check recorded in accordance with the service's policy. Even if staff were working at an NHS service and had an up to date DBS, the managers would still carry this out.

Cleanliness, infection control and hygiene

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

There were effective systems and processes in place to protect people from the spread of infection. The service was able to demonstrate how they assessed the risk of infection and took action to prevent, detect and control the spread of infection.

The service had a policy for infection prevention and control. This included guidance for staff to follow, including, vehicle cleaning, the disposal of waste and managing sharps injuries.

Due to the service having just moved premises the week of the inspection, they were still arranging the area for the vehicle cleaning. They showed us the area where vehicle cleaning was to take place. This area was compliant, had the wipe clean walls and ceiling, and appropriate equipment, such as coloured mop heads and correct cleaning chemicals, which were locked away.

The service used an external cleaning company who deep cleaned the patient transport ambulances once a week and emergency vehicles once a month. The company swabbed each vehicle before cleaning and after. The swabs showed adenosine triphosphate (ATP). ATP provides a marker or indicator of contamination from a biological source. We looked at all up to date cleaning records of the vehicles which showed safe levels of ATP.

We inspected four vehicles and found all were visibly clean and fit for purpose. All equipment inside was visibly clean and storage was well organised. We checked sharps boxes on four vehicles and found all were secure. Ambulance interior surfaces and equipment were visibly clean, and records of daily checks had been completed.

Hand sanitising gel was available on vehicles alongside with surface clinical wipes. Appropriate hand washing

Patient transport services

facilities and hand gels were in place to be used by staff whilst at the base unit. Hand hygiene audits were carried out monthly, and records showed 100% compliance in the previous three months.

Personal protective equipment supplies were available for staff use on each vehicle

Staff wore uniform shirts and trousers. They were responsible for their own laundering and the policy gave appropriate guidance for the necessary temperatures for clothes to be cleaned at.

There were arrangements for managing general and clinical waste. In the vehicles there was a selection of waste bags, including for clinical waste and spillage kits. A specialist contract was in place for collecting clinical waste and sharps boxes. The clinical waste bin was locked and stored appropriately.

The service used disposable blankets and sheets for the stretchers.

We saw that all staff received infection prevention and control as part of their mandatory training.

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.

Premises and equipment were appropriate and well maintained. Due to having moved to a new location, it was still being arranged and tidied.

The service had effective systems in place to ensure the safety and maintenance of equipment. The maintenance and use of equipment meant that there was always safe, ready to use, equipment for the vehicles.

Staff were trained on all the equipment used by the service. Details were recorded on the service's electronic system.

The premises were safe and secure and were manned by staff 24 hours a day. There were security cameras on the site. At the main reception into the building, there was an electronic booking system. Persons would have to type in their name, email address and who they were coming to see. A photo ID card would then be printed for them to wear whilst in the building.

The service had a fleet of 13 vehicles, including, seven frontline emergency ambulances, two 'non-blue light' ambulances, two rapid response cars and one ambulance used for training. The exterior of vehicles seen were intact. There was no damage to wing mirrors, or lights, and doors were working properly. The equipment inside the vehicles appeared well maintained. Vehicles were equipped with electronic navigation systems.

There was a secure system for the keys to the ambulance. They were locked and coded so only the correct staff could access the keys for the relevant vehicles. For example, a technician could not have access to the emergency vehicles, only paramedics.

All vehicle checks were inputted onto the electron system. For example, the staff member could not proceed with the electronic record, until the vehicle safety check had been completed and inputted.

Essential emergency equipment was available on the vehicles and a standard vehicle checklist was completed by staff at the start of each shift.

Electrical equipment was checked for safety annually and equipment had maintenance checks. The service had a comprehensive record of equipment servicing and electrical safety testing. All equipment was secured within the vehicles.

Clinical supplies were stored in a clean and dry environment and the service had an effective system for storage and stock control. We checked a sample of clinical supplies and they were within use by dates. There was no evidence of over or understocking.

The maintenance, servicing and MOT testing of the vehicles was recorded electronically for each vehicle which alerted the manager when MOTs, road tax, insurance and servicing was due. Records seen showed that all vehicles were fit for use and had had the required checks and maintenance carried out.

On inspection of the main unit area of premises, we found the medical gases were not stored according to guidance. Oxygen and medical gas cylinders were being stored together out of regulation cages. We raised this with the senior management team. Due to having just moved to this location, they had only been stored this way a minimal amount of time, until they had the cages erected. We

Patient transport services

checked the cages and they were suitable for the correct storage of medical gases. The senior management team took immediate action to rectify this and we saw photographic evidence that this had been rectified.

We also saw that the medicines room did not have a secure entry system. The senior management team told us that the lock had arrived, they had just not round to installing it. They also supplied us with the evidence that this work had been completed in a set time frame given by the inspector lead. The evidence showed a secure system, we were told that only the relevant qualified members of staff had access to this room with their ID cards. For example, only registered paramedics.

The service had its own secure car park for the ambulance vehicles and the base location was in a business unit with security barriers and fences. There were CCTV cameras at the front of the building and on the locked gate to the car park. The base location used by the service had storage facilities to support the delivery of the service.

Assessing and responding to patient risk

Please refer to the emergency and urgent care report.

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 and gave staff a full induction.

Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care and treatment at all times. Staffing levels, including paramedic staffing, met the needs of patients. We saw evidence of this from the electronic patient records.

The service employed a mix of staff including:

Registered Paramedics.

Ambulance Technicians.

Ambulance Care Assistants.

Driver Trainer (for emergency blue light and non-emergency driving).

Control room staff.

Department Managers.

Team Leaders.

From the 61 staff, four had permanent contracts, the rest were on a zero hours contract.

Records

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

Patients' individual care records were well managed and stored appropriately. Patient's care records were electronic (EPRFs). Each vehicle had a device assigned to it for that shift and staff inputted their individual ID code to access. They were seen to be accurate, complete, legible and up to date in all cases.

EPRFs included all patient details, observations, medicines prescribed and administered, risk assessments, consent, mental capacity and any safeguarding concerns. The safeguarding section included details of how and who to refer concerns to. The staff would then create a safeguarding referral electronically, and this would automatically be raised on the main database back at base, so managers could start the investigation and inform the relevant authorities.

Once the staff had completed an electronic patient record, it was closed and automatically saved on the main server at the base.

The electronic system allowed for the patient details to be securely emailed to the receiving hospital.

Medicines

Please refer to the emergency and urgent care report for more information.

Incidents

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

Patient transport services

When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

There had been no reported never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

There was an electronic reporting system, which was to be completed at the time of the incident then investigated by one of the team leaders. Records were then transferred to the service's electronic operation system so that incidents could be tracked by managers. No serious incidents had been reported in the past year.

Incident reporting templates were available to all staff on the electronic system used in each vehicle, which enabled all incidents to be reported at the time of occurrence by frontline staff.

We were told that the process in place for investigating incidents, which included investigations being completed within one week of the incident and information shared with the reporter and the wider team. The service had started a database for the recording or monitoring of incidents, the investigations, outcomes or learning. Staff showed us the electronic system that clearly detailed all incidents reported with a system for review and investigation, when required. Learning was shared via staff meetings, messages on the staff clinical noticeboard and by regular staff messages sent by email to all staff. Themes of incidents mainly included vehicle related incidents.

Providers are required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

The service had a policy in place, which described their responsibilities under the duty of candour legislation. Staff had an awareness of the requirements of duty of candour. We did not see any incidents reported that had required application of duty of candour.

Are patient transport services effective?
(for example, treatment is effective)

Evidence-based care and treatment

Please refer to the emergency and urgent care report.

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs.

For patients being transferred from home to hospital or vice versa, refreshments were available on the ambulance.

Pain relief

Please refer to emergency and urgent care report.

Response times

Please refer to emergency and urgent care report.

Competent staff

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

Effective staff recruitment processes were in place. All necessary checks on staff had been carried out.

The service had effective systems in place to manage effective staff recruitment processes. From 10 current staff files reviewed, we saw that staff had an employment contract issued. All staff files showed evidence of at least two satisfactory references being requested and reviewed. Records of the staff's driving licence was stored and if further training was needed, this would be carried out in house with the registered manager who was qualified to teach 'blue light' driver training. Driving licences were checked annually for all staff. The manager told us the service always undertook Disclosure and Barring Check (DBS) checks on all staff prior to their employment. This was evidenced in staff files seen.

Patient transport services

All staff applications showed a clearly defined work history. Staff could not work clinically until all references, driving licenses and DBS checks had been reviewed and cleared. There was a clear interview process with relevant questions asked for the correct staff group.

We saw that all staff had received an induction and that the induction and staff recruitment policy had been reviewed. The manager had also arranged for a supervision and appraisal system to be implemented. We saw a detailed policy regarding this was in place, identifying staff's learning and development needs, linked to their continuous professional development and registration with their professional body (if applicable). They were required to undertake training and provide certificates for the service.

There were four appointed team leaders, who worked with staff whilst on jobs carrying out clinical supervision.

Multidisciplinary working

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

Effective multidisciplinary working was in place. Senior staff reported effective relationships with the acute NHS trusts and a range of event organisers.

The service informed other services of treatment given and also for those patient transfers to the local NHS emergency department from events. Patients transferred to emergency departments were handed over to the department. The assessment and treatment provided were explained and a copy of the electronic patient record sheet emailed to the accepting service if needed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Please refer to the emergency and urgent care report.

Are patient transport services caring?

We were not able to observe crew interacting with patients, as this was an unannounced focused inspection.

Compassionate care

We saw a sample of 10 comments and feedback messages received by the service which were complimentary about the care and respect shown by staff to patients.

At the end of each patient journey patient feedback was gathered on the electronic devices.

Emotional support

We saw from samples of patient treatment records that patients and relatives had been informed of their treatment, where practicable to do so.

Understanding and involvement of patients and those close to them

Staff demonstrated an awareness of the needs of patients and their relatives and carers and how they would support them at times of distress, especially during emergency situations. Information was available to staff, so they could signpost patients to relevant external support organisations.

Are patient transport services responsive to people's needs? (for example, to feedback?)

Service delivery to meet the needs of local people

Information was not gathered during this focused inspection.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.

The service planned to take into account the needs of different patients through the initial risk assessments carried out. The emergency response and patient booking process meant patients' individual needs were able to be identified.

Service managers confirmed that they used accompanying family, friend or carers to support patients requiring additional support in assessments and treatment. This included, children, visually impaired patients, and patients whose first language was not English.

Patient transport services

Vehicles were designed to meet the needs of bariatric patients.

There was access to translation services, and aids for visual or hearing impaired. Staff could access to the local NHS ambulance trust's translation service if required.

The service had in place a policy giving staff guidance for supporting patients with a vulnerability and this included patient's living with a dementia or with a learning disability. Staff confirmed they had received dementia awareness training.

The management told us that they were working with an external company to make their vehicles dementia friendly. As due to privacy and dignity, ambulances have tinted windows, or no windows in the back of the vehicle. Which can be disorientating for patients living with dementia. The company design pictures that can be put up to recreate a window with 'outside scenes'.

Access and flow

Information was not gathered during this focused inspection.

Learning from complaints and concerns

Information was not gathered during this focused inspection. However, we saw the service had a thorough system to collect and investigate complaints.

Are patient transport services well-led?

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The service had managers at all levels with the right skills and abilities to run a service working to provide high-quality sustainable care. The registered manager was a registered paramedic and joint owner of the service, along with a director of clinical services, and an operational manager.

There was also a development improvement officer. All of whom had significant experience of working in the independent and NHS ambulance industry.

There were also four team leaders within the service. They were effective and visible to the whole team, supporting on audits, teaching and clinical supervision.

The senior staff were experienced and knowledgeable about their areas of responsibility. They were clear about the standards they expected from staff.

The managers carried out appraisals and focused on their training needs. The teaching programme was varied. They would source external companies to teach their staff on any clinical skills, equipment or medicines that were new to the industry.

Vision and strategy

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

The service had a clear vision underpinned by strong patient-centred values. Their 'strap line' was: Together we Care.

The management team had a clear vision for the service to develop the service to be one of the best independent ambulance providers in the country, providing safe and high quality care.

We viewed the new premises and we could see the service's vision moving forward with the expansion.

Culture

They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

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

The service had an open and learning culture, focused on patient care. Clinicians worked with a mutual respect, candour and honesty.

Staff shared learning through monthly team meetings/ emails and their private text messaging group.

The organisational culture promoted staff wellbeing. Colleagues or managers debriefed the crew after their missions and we saw evidence of peer support.

Patient transport services

There was a clear whistleblowing policy to support staff in raising concerns, and patients and their families were able to leave feedback.

Staff were able to take sufficient breaks during a shift.

Governance

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

There was an effective governance framework to support the delivery of the strategy and high quality care.

There was a range of policies and standard operating procedures which underpinned the governance structure. This was supported by a monitoring system which showed who had read and who had yet to read the standard operating procedure or policy update. The service introduced new procedures to reflect good practice and national guidance and when necessary.

Policies were reviewed regularly and covered key issues such as raising and responding to concerns, adverse incident investigation, complaints, driving policy, consent, medicines management, management of controlled drugs, medicines management and infection prevention and control. This ensured patient safety as much as possible and promoted a consistency of approach in day to day working.

There were regular monthly meetings. There was a set agenda, including, incidents, operational, organisational matters, performance, health and safety, CQC compliance and patient safety alerts relating to equipment and medicines. Then the minutes were circulated to staff who were unable to attend.

The senior management team had weekly meetings and the four team leaders met regularly and shared ideas or concerns.

The service had informed us earlier in the year regarding moving locations. However, due to unforeseen

circumstances, the service had to move quicker than originally expected. Therefore, they had moved location address before it was formally changed with the CQC. This was discussed with the managers at the time of inspection and our registration team. It was felt that this happened due to unforeseen circumstances that there was no need for further action and the registration process was being completed at the time of inspection.

Management of risks, issues and performance

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

Not all aspects were looked at during this focused inspection.

The service actively reviewed operational and organisational risks at their weekly senior management meetings. However, there was no formal risk register. They could tell us of their risks, for example, vehicle breakdown and had mitigating actions in place. The managers carried out relevant risk assessments.

Information management

Information not gathered on this during this focused inspection.

Public and staff engagement

Leaders and staff actively and openly engaged with patients, staff, to plan and manage services.

We saw that patient feedback was very positive, complimenting staff on their helpfulness, punctuality and all recommending the service for future use.

The manager showed us the electronic system to formally capture patient and staff feedback via surveys and spoke of the service's plans to use this further develop the service.

Innovation, improvement and sustainability

Information was not gathered during this inspection.

Outstanding practice and areas for improvement

Outstanding practice

- The service had established their own bespoke electronic medicines management electronic and secure vehicle key management system. Which the inspection team had not seen elsewhere. They ensured safe and secure management of the vehicles and medicines.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that they document operational and organisational risks formally on a risk register.(Regulation 17)
- The provider should review the process for accessing medical advice when required.