

Polaris Medical Services Limited Medical Center

Quality Report

Pinewood Studios, Pinewood Road
Iver Heath, Buckinghamshire. SL0 0NH
Tel: 01753 630388
Website: www.polarismedical.co.uk

Date of inspection visit: 27 February 2018 and 15
March 2018

Date of publication: 21/05/2018

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

Summary of findings

Letter from the Chief Inspector of Hospitals

The Medical Centre is operated by Polaris Medical limited. The ambulance service provides emergency and urgent care. We inspected this service using our comprehensive inspection methodology. We carried out announced inspections on 27 February 2018 and 15 March 2018.

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.

The main service provided by this service was emergency and urgent care.

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The provider demonstrated good operational and people leadership but needed to improve governance processes within the organisation. Overall, the leaders had a strong focus on providing good quality care.
- Arrangements were in place for escalating issues with contracting trusts. Both NHS trusts identified a contract manager and monthly contract meetings took place to monitor performance and provide feedback regarding most incidents and referrals.
- The service used an electronic based programme to monitor training requirements and staff attendance at training.
- Completion of risk assessments for film and event work ensured the correct vehicle; equipment and appropriately trained crew were assigned to meet the needs of the patient.
- The service had a formal process for the reporting of patient incidents, and followed their own policy for reporting, investigating and learning from incidents.
- The service managed infection prevention and control well and staff followed their policies and procedures.
- Staff understood what their safeguarding responsibilities were and what constituted as abuse.
- We found all vehicles were in good condition, well maintained, visibly clean and tidy.
- Medical gases were stored safely and securely and equipment was maintained, clean and in good working order.
- Staff received mental capacity act training and showed awareness of consent issues.
- Staffing levels were sufficient to meet the patient and service's needs.
- The service used its vehicles and resources effectively to meet patients' needs.
- Staff had access to trained practitioners who could proactively support personnel following traumatic events.
- Staff were committed to providing the best quality care to patients and we observed staff demonstrating patience, kindness and respect.

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

Summary of findings

- General governance was not robust and did not demonstrate a monitoring of the quality of the service.
- The service did not have an appraisal process, which the managers acknowledged prior to our visit. The lack of appraisal process could result in staff having unmet training needs. During inspection we were assured an appraisal system was under development.
- The provider did not have a record of all incidents or safeguarding referrals reported through trust processes and relied on the contracting trust to feed the information back.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected urgent and emergency care. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals London and South, on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

The main service provided was emergency and urgent care.

The provider demonstrated good operational and people leadership but needed to improve governance processes within the organisation. Overall, the leaders had a strong focus on providing good quality care. Arrangements were in place for escalating issues to contracting trusts. Staff were committed to providing the best quality care to patients and we observed staff demonstrating patience, kindness and respect.

However, the provider did not have a record of all incidents or safeguarding referrals reported through trust processes therefore did not have oversight of all incidents and safeguarding situations operational staff had been involved in. The service did not have an effective system in place to identify, limit and control clinical and non-clinical risks.

Medical Center

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to Medical Center

Medical Centre is operated by Polaris Medical limited. The service opened in 2015. It is an independent ambulance service with a head office based within Pinewood studios in Iver, Buckinghamshire and provides a service in Slough, Reading and a further medical centre in Leavesdon. The service primarily serves the communities across the United Kingdom.

The urgent and emergency care vehicles are operated mainly from the Slough base.

The service provides emergency and urgent care to a number of NHS trusts and is provided in specific emergency vehicles.

Polaris Medical Ltd also provided an ad hoc events' support service to sports events and festivals.

The service has had a registered manager in post since 2015.

Our inspection team

The team that inspected the service comprised of two CQC lead inspectors, one CQC inspection manager, one CQC inspector and a paramedic specialist advisor. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Facts and data about Medical Center

The service is registered to provide the following regulated activities:

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

During the inspection, we visited The Medical Centre at Pinewood studios and Make Ready station in Slough. We spoke with 16 staff including; registered paramedics, technicians, the make ready team and management. We spoke with six patients and four relatives. We also spoke

with four nurses and two doctors in the receiving emergency department of a NHS trust. During our inspection, we reviewed documentation including policies, staff records, training records and call log sheets.

There were no special reviews or investigations of the service on going by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity Nov 2017 - Jan 2018

Detailed findings

- In the reporting period Nov 2017 - Jan 2018 there were approximately 1656 emergency and urgent care patient journeys undertaken.
 - 68 registered paramedics, 99 paramedic technicians and emergency care assistant's (ECA), worked at the service on a contract basis, with 11 staff on permanent contracts.
- Track record on safety
- No Never events
 - Clinical incidents 2 low harm, no moderate harm, no severe harm, No death
 - No serious injuries
 - No complaints

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Polaris Medical Ltd was initially established in 2012 by the merger of three independent ambulance services. The company provides a wide range of transport to meet the needs of NHS Hospital Trusts, NHS Ambulance Services, events and medical cover for film productions. At the time of our inspection the company contracted the services of 99 emergency care assistants and technicians and 68 paramedics. Polaris employed 11 full time staff. It operated a fleet of 26 vehicles providing patient transport including emergency and urgent care vehicles.

During the inspection, we visited the head office in Pinewood studios, Iver and the Make Ready ambulance base in Slough.

There were no special reviews or investigations of the service on going by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

The provider had key performance indicators for contracted urgent and emergency care delivered to NHS trusts. These included response times and hospital turnaround performance.

All emergency care assistants, technicians and paramedics were contracted to the service on a self-employed basis although one technician had been offered a permanent 40 hours a week contract to staff the medical centre. There were a total of 11 members of staff on a permanent contract.

The accountable officer for controlled drugs (CDs) was the managing director.

Track record on safety:

- There had been no never events reported by the organisation. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly.

- There had been no serious incidents reported by the organisation.

- The service had recorded one complaint in the 12 months prior to our inspection.

The main service provided by this ambulance 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 section.

Emergency and urgent care services

Summary of findings

We found the following areas of good practice:

- Arrangements were in place for escalating issues with contracting trusts. A contract manager was identified within each trust and monthly contract meetings took place to monitor performance and provide feedback regarding incidents and referrals.
- The service managed infection prevention and control well and followed their policies and procedures.
- The service used an electronic based programme to monitor training requirements and staff attendance at training.
- We found all vehicles were in good condition, visibly clean and tidy and a comprehensive system was in place to ensure they were fit for purpose.
- Medical gases were stored safely and securely and equipment was maintained, clean and in good working order
- The service had a formal process for the reporting of patient incidents, and followed their own policy for reporting, investigating and learning from incidents.
- Staff received mental capacity act training and showed awareness of consent issues.
- Staffing levels were sufficient to meet the patient and service's needs.
- Staff had access to trained practitioners who could proactively support personnel following traumatic events.
- The service used its vehicles and resources effectively to meet patients' needs.
- Staff understood what their safeguarding responsibilities were and what constituted as abuse.
- Staff were clear about how they would respect patient's dignity, independence and privacy.
- Staff focused on providing person centred care and enjoyed working for the company.

- Staff we spoke with held the managers in high regard, enjoyed working for the service and felt well supported.

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

- General governance was not robust and did not demonstrate a monitoring of the quality of the service.
- The provider did not have a record of all incidents or safeguarding referrals reported through trust processes and relied on the contracting trust to feed the information back either by telephone or during monthly contract meetings. This meant the provider did not have oversight of all incidents and safeguarding situations operational staff had been involved in and relied on the NHS trust to identify any immediate learning.
- Staff were not always involved in complaints from the NHS trust and did not always receive feedback.
- The service did not have an appraisal process, which the managers acknowledged prior to our visit. The lack of appraisal process could result in staff having unmet training needs. During inspection we were assured an appraisal system was under development.
- The service did not have an effective system in place to identify, limit and control clinical and non-clinical risks. The manager was able to identify a limited number of risks; however, there was limited evidence to demonstrate that all risks had been identified.

Emergency and urgent care services

Are emergency and urgent care services safe?

Incidents

- From March 2017 to February 2018 there had been no reported never events. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Staff told us they had not reported any incidents but if required were aware of how and where the policy was. The clinical lead said they would carry out an investigation if necessary and implement changes. We saw evidence of a spread sheet of incidents and complaints, including dates of occurrence and if they had been closed. There was evidence of discussion of incidents in three months of clinical governance meeting minutes viewed. Following an incident where a piece of equipment had expired but the make ready team had presumed it had no expiry date, changes were made to ensure all equipment was checked for an expiry date.
- Incidents that occurred while delivering services for NHS trusts were reported using the individual trusts processes. Staff reported either electronically or in paper format depending on the contracting trust. While the trust took responsibility for investigating these incidents, the service would be involved if this were necessary.
- The services clinical lead investigated clinical incidents and the operational manager investigated non-clinical incidents.
- The managers told us they did not have a record of all incidents reported through NHS processes and relied on the contracting trusts to feed the information back either by telephone or during monthly contract meetings. This meant the provider did not have oversight of all incidents operational staff had been involved in. They relied on the NHS trust to identify any immediate learning.
- Staff were aware of the process for the reporting of accidents, they were able to locate accident report forms and knew how to submit these to the manager.
- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.
- The service had a duty of candour policy which was in date and referenced the relevant guidelines. Staff were able to describe when the application of candour should be applied. However, senior managers we spoke with stated they had not had any incidents where this had been required.
- The clinical lead and manager understood the need to be open and honest with the service users when a notifiable incident occurred. They understood the service users required a written report following investigation of an incident.
- Safety alerts were cascaded to staff via the health and safety lead that emailed staff individually and placed updates on the notice board at the Make Ready station. We saw the safety alerts were part of the agenda for the monthly governance meetings.

Mandatory training

- The service provided mandatory training for staff. Mandatory training requirements included 16 modules including fire prevention, infection control, basic and advanced life support, safeguarding adults and children, moving and handling, administration of medications, health and safety, and food hygiene.
- The provider used an electronic computer system to monitor mandatory training. The provider had reviewed staff records and told us staff requiring mandatory training had been contacted. This system was able to monitor staff compliance with training.
- We saw documentation on the new online system for all front line staff, they were compliant with basic and mandatory training, which unlocked a personal identification number (PIN) once staff were fully compliant. Without the PIN staff could not go on duty with an NHS trust. This online system was currently in use for front line serving staff only.
- Managers reported if staff did not comply with training no further shifts could be scheduled until training was

Emergency and urgent care services

completed. Some NHS trusts asked for completion of mandatory training before staff could be allocated to the front line shifts. This ensured staff were up to date with their training.

- All staff we spoke with reported they were up to date with their mandatory training or had received an email reminder of updates required.
- Training was delivered either face-to-face or online. Some staff within the service were qualified to train staff in areas such as adult and children safeguarding. Face to face training was completed at the service's training centre in Reading.
- Staff received nationally accredited blue light driver training, which met the national standard for ambulance, trusts, and annual driving licence checks completed with the DVLA (Driver Vehicle Licensing Agency). We saw evidence staff completed blue light driver training yearly.
- The service told us they would only accept mandatory training evidence from another service, for example a NHS provider, if it met with their own criteria.

Safeguarding

- We saw evidence all staff had completed and were up to date with adult and children safeguarding training at level one and two. Paramedic staff had completed level 3 training which was an online course. The National Ambulance Safeguarding Group (NASG) intercollegiate document 2014 recommends that level two training is the minimum required for non-clinical and clinical staff that has some degree of contact with children and young people and / or parents / carers. Mandatory safeguarding training included safeguarding adults, safeguarding children and Prevent, which is a government led counter-terrorism strategy.
- The clinical lead was the lead for safeguarding. We saw evidence the clinical lead and two members of staff had children's safeguarding training at level four. This was in line with the NASG guidelines.
- Safeguarding policies were in place and staff could access these electronically and in paper format. We reviewed the services safeguarding policy which

included information regarding child sexual exploitation and mandatory reporting requirements relating to female genital mutilation. This was in line with the NASG intercollegiate document.

- Staff told us they knew how to report safeguarding incidents either to the NHS ambulance service or to the local authority. The on call clinical manager was available on the telephone to advise staff on safeguarding issues. Within the Make Ready station safeguarding notices were displayed and there was a dedicated safeguarding board detailing what to do if a child or adult was suffering abuse.
- The service had separate safeguarding referral forms for adults and children; however, there were not any completed forms to review. Safeguarding incidents and referrals that occurred while delivering services for NHS trusts were reported using trust processes. The service did not keep a record of safeguarding referrals made through trust processes, which meant they did not have oversight of all safeguarding activity and may only become aware if staff requested further information regarding their referrals.
- The above issue was recorded as a risk on the services risk register, which detailed on going discussion with NHS trusts to resolve the matter and the clinical lead reported they would be asking the NHS trusts for further feedback following an increase in staff asking for outcomes of their referrals.
- The service had completed a safeguarding audit tool, developed by an NHS trust in conjunction with local authority safeguarding teams. The service was found to be 100% compliant with the audit and had no actions to complete.

Cleanliness, infection control and hygiene

- The service had an infection control policy, which we saw addressed all relevant aspects of infection prevention, and control including environmental cleaning and laundering of uniforms.
- Infection prevention and control training was delivered to staff as part of induction and mandatory training.
- Infection control and compliance information was spot checked through audit. However, there was no evidence of escalation or reporting of outcomes.

Emergency and urgent care services

- The Make Ready station had a dedicated cleaning area for deep cleaning ambulances. Deep cleaning of all ambulances was on a fixed six-week schedule. We saw records from January 2018, which showed all ambulances, were in date with the deep cleaning schedule. We observed two ambulances were not been deep cleaned because they were off the road.
- The Make Ready operations team carried out daily and weekly checks of vehicles and equipment covering operational functionality, infection control and cleanliness, as well as uniform checks on staff. Records we observed showed signatures, dates and available for checking in a folder in the office.
- Ambulances had the outside body cleaned by a local contractor and internally by the Make Ready operations team. We inspected two ambulances. They were clean, tidy and consumables were clean and in date.
- Staff wore appropriate uniform and knew to be `bare below the elbows` once they were in shirt sleeve dress. Staff we observed were all bare below the elbows.
- If an ambulance was used to convey an infectious patient staff reported the ambulance was taken off road and the make ready team would strip the ambulance of all equipment and a deep clean would be performed.
- Infection control risks were highlighted for front line staff at the time of the call being placed. All ambulances were fitted with hand sanitiser gels, gloves and aprons, and disposables suitable to help control the spread of infection.
- The medical centre was clean and tidy. All relevant infection control equipment was available in the case of an attendance of a patient with a communicable disease.
- The medical centre disposed of sharps boxes, used oxygen and Entonox, and clinical waste via the make ready station in Slough.
- The service was compliant with NHS trust infection control policies and were audited on a regular basis however; the NHS trusts did not provide the service with details of the audits but would report by exception Compliance was a basic requirement of their contract with the NHS trusts.
- There was a mop management system in place with a signed and dated weekly record log. Mops were stored safely and appropriately. We saw evidence the correct cleaning products were in use and the make ready team were compliant with Control of Substances Hazardous to Health (COSHH) regulations and had been signed off as such on 6 March 2018 by a recognised chemical supplies company.

Environment and equipment

- The service had two ambulance stations and two medical centres. We visited the head office in Pinewood studios, collocated with one of the medical centres and the make ready ambulance station in Slough as part of the inspection.
- Head office and the medical centre were situated within a film production site, which ensured it had secured access at all times. All records and medicines within the medical centre were secured in locked cupboards with keys.
- The Make ready station environment was secure and well organised. There was a separate area for vehicles to be deep cleaned and restocked and a separate area for stores, equipment, drugs and controlled drugs. The station doors were locked with key code access that was changed monthly. The interior of the building was fitted with a close circuit television (CCTV) system to monitor movement and access. There was a separate alarm system for the building which was linked to the local police control room.
- The service had 16 ambulances, nine response cars and one heavy goods vehicle (HGV). All vehicles were kept in the make ready station.
- We saw all vehicles requiring an MOT test were in date. The service has a contract with a local garage that carried out servicing, repairs and MOT tests.
- If an ambulance had a fault, staff reported it and it was removed from service until the fault was resolved. This ensured all ambulances were safe for use.
- A global positioning system (GPS) monitored driving standards and was present on all vehicles. This was a live tracking system based at the medical centre and

Emergency and urgent care services

could identify the exact position of a vehicle, its speed and if the blue lights were in use. In the event of a road traffic accident the management team was able to locate the crews.

- The ambulances had a range of equipment specifically designed for the safe transfer of a wide range of patients. This included a paediatric restraint system for the safe transfer of a child on a stretcher, and fold down child seats. None of the ambulances had the capability to convey a bariatric patient. The equipment carried in the vehicles was clearly labelled for adults and paediatric use.
- Staff told us emergency bags contained identical equipment to provide a standardised approach so staff were aware what equipment was in each bag. This was checked and verified during inspection. The make ready team were responsible for restocking used emergency bags.
- Appropriate emergency equipment was in the ambulances and in the medical centre. Staff records we reviewed evidenced staff received training to use the equipment including moving and handling equipment and the use of defibrillators (a machine to restart the heart) if appropriate to their role.
- All equipment in the medical centre was up to date with servicing requirements and in good working order. Stock was brought over from the Make Ready base. All equipment we looked at had up-to-date evidence of electrical safety testing. The equipment was clean and the portable batteries were charged ensuring it was ready for use.
- The service had a contract with a specialist clinical engineering company to maintain and repair clinical equipment. Any equipment that became defective was reported and immediately taken out of service and stored in a separate area in the Make Ready station.
- We observed staff completed journey and check logs at the start of a shift. These included the vehicle location, bag seal checks and vehicle details.
- The service provided uniforms to staff. This included shirts, trousers and high visibility jackets.

- The keys to the ambulances were kept in a locked safe with a digital code that was changed monthly. The safe was located on the wall of the main garage area and was covered by the CCTV system.
- Clinical waste was stored securely at the make ready base in the sluice room in a clinical waste bin, which was locked with a t-key lock. The clinical waste was collected weekly by a specialist contractor. Non-clinical waste was stored securely and locked with a t-key.

Medicines

- Medicines were stored in a key coded cupboard within the medical centre. All medicines received at the make ready base in slough were signed in and out of an electronic database.
- There was a medicines management policy in place, which included guidance on the safe storage, administration, disposal and recording of medicines. We observed in the make ready station medicines were stored in locked cabinets in locked storerooms with closed circuit television monitoring. In total, there were five safes in use, which had restricted access to the duty clinical manager and paramedics.
- Controlled medicines (CD's) were stored in a safe with access restricted to the duty clinical manager. We saw records for controlled medicines checked against stock and were correct, dated and signed. We also checked the controlled medicine disposal records, saw entries were correct and signed by a clinical lead, and counter-signed by the managing director.
- Other medicines and CD's were contained in a safe and issued to paramedics only. We examined one box of morphine, which had a broken seal and been re-tagged with a red tag to show this. Unbroken seals had green tags. This had been correctly recorded signed, dated and detailed the patient record form (PRF) number, the computer-aided despatch (CAD) record number, the staff member's unique identification, and the quantity given.
- A quarantine safe contained out-of-date, damaged or otherwise compromised medicines. Records checked showed the content was correct, signed and dated. A national contractor collected all medicines requiring disposal.

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- We observed each ambulance had an internal safe lockable with a key.
- We observed oxygen cylinders were stored correctly in the medical centre and Make Ready station, in accordance with national guidance which states that medical gas cylinders should be kept chained or in brackets to prevent them falling over. Oxygen cylinders reviewed were more than half-full, and within expiry dates and at the Make Ready station were stored in a locked container in a secure, fenced area outside of the main premises.
- We saw evidence of Control of Substances Hazardous to Health (COSHH) data sheets for oxygen or Entonox. This followed the health and safety executives' guidance.
- We checked the expiry date of a number of medicines and consumables within the medical centre and all were in date.
- We saw evidence of 12 weeks' worth of medicine audits which documented any broken or destroyed vials. We saw evidence of three months of the overall audits which showed all medicines were stored safely and were in date.
 - We examined the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) medicines and sales over-counter records, and checked these against medicines held in stock. These were all in date, of the correct quantity, signed for and correctly stored in locked cupboards. All medicines come from a wholesale pharmaceuticals company and were delivered directly to the Make Ready premises. They were signed for and double checked by either the logistics manager or clinical lead. They were then entered onto the electronic stock system and were also entered into the manual medicines signing in and out log. This log was examined on the inspection and was found to be correctly dated and signed.
 - The medicines storage area temperature was monitored. If the temperature fell below minus10°C heating was activated. Conversely, if the temperature exceeded tolerance levels an air conditioning unit was activated to cool the room.
 - The service had a clinical skills matrix which detailed which staff roles could administer which medicine.

This matrix varied from trust to trust but the service worked hard to ensure staff were aware of their responsibilities when working with individual trusts by allocating where possible the same staff.

Records

- Staff taking bookings for the non-front line work collected relevant information about the requirements during the booking process. For example the programme of events to take place on set. This ensured staff were aware of the potential risks to individuals and enabled them to plan appropriate care as required.
- We observed completed patient report forms (PRFs), based on the Joint Royal Colleges Ambulances Liaison Committee (JRCALC) clinical practice.
- Staff would complete a PRF if they were required to perform hands on care (in an emergency). The receiving hospital and the production houses or external businesses also received a copy.
- The service delivered completed PRFs by hand in signed and sealed envelopes. They were handed to an administrator at the NHS trust ambulance station and both the service and the NHS trust signed a record of delivery form. This ensured the confidentiality of patient information was maintained.
- The clinical lead told us PRF's were audited to ensure they were complete and accurate and fed back to staff individually regarding the content and care provided and improvements to the PRF's that could be made. We saw audits of paperwork and the individual feedback including an opportunity for action plans to be discussed.
- All PRF's were stored securely in a locked drawer at the make ready base. This ensured patient confidentiality was maintained.
- When working for NHS ambulance services the service would use the trusts patient report form and return it back to the NHS trust within 48 hours.

Assessing and responding to patient risk

- Staff working in the medical centre followed standard clinical practice guidelines when dealing with patients

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presenting with illnesses such as chest pain. If a patient were to deteriorate, staff would call a 999 ambulance. If a patient deteriorated on location and required transfer to hospital staff would convey the patient on blue lights.

- When working for a NHS trust the trust was responsible for the emergency call handling. Crew would receive the details and if required would contact the emergency operations centre for further details
- Frontline staff followed protocols, pathways and clinical guidelines from the relevant NHS trust. Staff and managers told us in addition to the ambulance staff attending a call, onsite support was provided by staff and vehicles from the contracting NHS ambulance trust.
- Automatic external defibrillators (AED) (machines to help restart the heart) were available on every vehicle and training in the use of AEDs was included in mandatory basic life support training.
- Staff had been trained to monitor patients for early signs of deterioration using the National early warning score scoring system (NEWS2). There were posters within the Make Ready station and crew areas on NEWS2 and information on recognising and managing sepsis together with details of the standardised sepsis screening tool. Both tools are designed to determine the degree of illness of a patient and identify early deterioration.
- Staff from an NHS trust reported staff from the service were very good at identifying patients with probable sepsis.
- Crews either could access clinical advice and escalation procedures through the NHS ambulance control room or, if engaged on private event work, through the duty clinician or a 999 emergency call depending on the nature of the concern.
- If crews conveyed a disturbed or violent patient, staff attempted to assess the individual's capacity to give consent. In the case of a violent patient staff would attempt to de-escalate the situation and contact the police.
- We observed two episodes of care where staff effectively assessed both patient's conditions and clinical decisions reached to convey the patients to hospital.
- The service employed most staff on a zero hour contract but had 11 permanent staff in post.
- We saw evidence all staff had valid enhanced Disclosure and Barring Service (DBS) checks during the recruitment process. If there was a disclosure of a criminal offence the registered manager and directors would assess this risk using a risk assessment process including a rag rating process. We saw evidence of this process being used. This protected patients from receiving care and treatment from unsuitable staff.
- Recruitment procedures were in place to ensure staff had the skills, knowledge and were of good character. Until all compliance checks, documentation and mandatory training had been, completed staff were unable to be scheduled for work.
- We reviewed five staff files, which included curriculum vitae, applications, contracts, proof of identification and entitlement to work in the UK, DBS certificates, references and evidence of induction.
- The service had a GP who administered vaccinations to staff and crews when travelling abroad including the flu vaccination and signed staff off as physically fit for duty.
- Polaris Medical operated an integrated diary system that coordinated all staff, vehicle and equipment movements. All shift information including start time, shift length, skill requirements was then uploaded and cross checked by the resourcing team. An appropriate vehicle and crew were then allocated to those shifts, and confirmation and duty orders were sent to the allocated staff.
- A reserve list of staff was held to facilitate short notice of sickness or absence, and duty managers were also on standby to fill shifts at short notice and were available to respond to staff and to service users concerns.
- Frontline staff were booked using the NHS trust electronic booking system and could be booked for six months at a time; additional shifts could be booked when demand required it. This system logged crew on duty/off duty and break times. Staff working on these contracts were on a four day on, four day off rota, although there were some additional ad-hoc shifts.
- Zero hour contracted staff were booked for the non-front line side of the business. The event manager

Staffing

Emergency and urgent care services

rotated staff working on events for breaks during an event. Staff had an input on their shifts if they were not on the four on/off system and would submit their availability to the company.

- Staff were monitored through the diary system with regard to the working time directive to ensure they stayed within hours. There was an option for staff to sign out of the directive if they wished. Regardless of whether staff signed out of the working time directive or not they were restricted to a maximum of five consecutive shifts in a row.
- One member staff we spoke with told us she enjoyed working for the service due to the flexibility and the excellent work life balance.

Anticipated resource and capacity risks

- The service considered the impact of different resource and capacity risks and could describe the action they would take. Examples of risks on the services risk register included finance, human resources/staffing, inability to accommodate new employees and health and safety of employees.
- The service planned for future demand by running on-going recruitment induction days to assess suitability of new staff.
- The service worked with NHS trusts and committed to booking staff to fulfil shifts three to six months ahead.
- When required the NHS trusts placed additional shift availability on a weekly basis, which the providers could 'bid' for.
- Performance contract meetings between the NHS trusts and the service were held monthly to review performance and communicate any anticipated capacity risks.
- During inspection managers told us the service's resilience plan for bad weather if required, was to use four-wheel drive vehicles to bring staff to work. This ensured the service prioritised the patient's safety by enabling staff to operate the ambulances.

Response to major incidents

- The service had a business contingency plan that identified how it would function. This meant it had clear processes for staff to follow in the event of a major incident.
- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services, and would generally include the involvement, either directly or indirectly, of large numbers of people. There was no expectation for the service to be involved in a major incident. However, the registered manager reported if crews were on front line duties close liaison would take place with the NHS ambulance trust and more staff provided if required.
- Staff received training about major incidents as part of their mandatory training. We saw evidence this had been completed.

Are emergency and urgent care services effective?

Evidence-based care and treatment

- Staff provided care and treatment to patients in line with the Joint Royal Colleges Ambulances Liaison committee (JRCALC) clinical practice guidelines and the National Institute for Health and Care Excellence (NICE). This included, for example, the national protocols for stroke.
- We did not see evidence the service or the NHS trusts carried out assessments against the service's compliance with NICE guidelines.
- The provider was unable to provide us with a copy of the mandatory training policy as it was undergoing a review. This did not assure us staff were able to access policies when required.
- We saw both areas had folders, which contained the service's local policies and procedures and were accessible on a cloud information technology (IT) system which ensured staff had access policies throughout their working day.
- In the event of disruption to their IT service staff told us they would call back to base if they required advice or

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make contact with the clinical support desk of the appropriate trust. Additionally there was always a senior manager with a clinical background available to staff to call out of hours for clinical advice and guidance.

- We reviewed six of the local policies for the service; all policies were evidence based and current. However, there was no evidence of a formal system for the review of policies. There was no assurance policies were reviewed regularly to ensure they were current, relevant, and evidence based. The service had commissioned an external company to help bring the policies up to date.
- Audits of the patient record forms (PRF) ensured patients received care planned and delivered in line with evidence-based, guidance, standards and best practice. Staff received written feedback regarding improvements when completing PRF's and invited to complete action plans if required.
- The service undertook on-going performance audits, and were benchmarked against national best clinical and operational practice, and reported monthly at governance meetings. The audits assisted with planning service development, lessons learned and the future planning of the services
- The service was measured on a monthly basis by the NHS trusts against other private providers in the emergency care sector, which allowed the service to track trends and identify areas for improvement.
- Staff assessed patient's needs in an effective and safe way to reduce admissions to hospital by using the NHS trusts pathways, GP call outs, GP call-backs, and the NHS providers advanced clinician pathways.
- The medical centre treat walk in patients and will visit the production sets if required. Staff planned patients care by following the services clinical practice guidelines and using their own professional judgement.
- The service told us they would use their medical knowledge if required, to risk assess any jobs from the information given to them. For example, we observed a booking form from a film production company, which had risk assessed the level of medical cover required. Staff reported they would often override the production company's request when senior medic cover may be required. This also meant the correct crew; equipment and vehicle could be assigned to the request.
- Pain assessment tools were included in the patient report forms including the smiley face tool to assess people with reduced mental capacity and children's pain.
- Policies could be accessed from an electronic 'share point' which staff were given access to once they are compliant with training. However, the system did not show who had looked at the information. Therefore, there was no assurance the service was aware if staff were keeping up to date with policy changes.

Assessment and planning of care

- The service provided front line emergency response under contract with NHS trusts. When working with the NHS trusts the service followed the NHS ambulance provider's pathways and protocols for care including people with mental health issues and those with suspected heart attack or stroke and protocols for the treatment of children.
- Staff obtained enhanced clinical advice and support from the control centres at the relevant NHS trusts. Advice included ensuring patients go to the most appropriate hospital for treatment for example trauma, maternity or other specialist units and if appropriate for crews to see, treat and leave the patient at home.

Response times and patient outcomes

- Monthly contract review meetings were held with contracting trusts to monitor performance. Meetings included discussions around serious incidents, complaints and statutory and mandatory training figures.
- Managers told us clinical outcomes were monitored by the contracting trust and were sometimes shared. This did not assure us the contracting trusts were helping with the services ability to learn from outcomes to improve their effectiveness.
- When working for the NHS trust the trust monitored the provider's response time and would report by exception any concerns. We did not see evidence of the services response times.

Competent staff

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- An induction programme was completed by all new staff as part of the compliance process before they could be scheduled for any shifts. This included a review of clinical qualifications and references as well as completion of all mandatory training.
 - Staff were required to complete an induction document before they were able to commence work with the service. The human resources staff and clinical lead were responsible for signing off inductions. We reviewed five records and found these to be completed
 - NHS trusts expected staff from the service to attend an induction day specifically for that individual trust. This ensured staff had the relevant skills and knowledge to cover the front line service.
 - Frontline staff received a professional identification number (PIN) from the NHS trust once they had completed the required induction process. This enabled them to log onto the NHS providers computer aided despatch (CAD) system. Without a PIN staff could not work for the NHS ambulance provider.
 - To ensure staff skill streams were up to date the NHS providers had a rule if staff had not worked for more than three months their PIN was removed.
 - An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. The managers confirmed there had not been a formal staff appraisal system in place but acknowledged the importance of appraisals. The manager told us one to one clinical supervision was available regarding the patient report forms audit; however, the managers acknowledged this was not adequate to appreciate staff aspirations and a formal structure for monitoring of staff competencies was required with the introduction of an appraisal system.
 - Managers reported they used the assistance of an external human resources company for management of poor staff performance. These ensured correct disciplinary processes were in place.
 - Managers told us the NHS trusts had requested the services clinical lead regularly worked with crews on shifts to review the crew's competency. In addition, this maintained their own clinical skills.
 - The service conducted Driver and Vehicle Licensing Agency (DVLA) checks at the start of employment. All crew knew the need to notify the managers of any changes to their license in line with the driving standards policy.
- ## Coordination with other providers
- The NHS trusts investigated incidents with the involvement of the service. However, they did not always feedback the outcome of incidents.
 - Arrangements were in place for escalating issues with contracting NHS trusts. Each trust had a contract manager and monthly contract meetings took place to monitor performance and provide feedback regarding performance, incidents and referrals.
 - Ambulance crews liaised with the emergency operations centre if they required clinical advice and contracting trusts often provided additional support on site.
 - Care pathways were followed for each contracting NHS trusts. Staff were separated into front line and non-front line staff to ensure consistency with the knowledge of individual trusts matrix's for medication administration and staff roles, as these varied between the two NHS trust the service was contracted with.
 - The provider worked with film production houses, football clubs, horse racing venues and many other sports related businesses. The manager informed us they believed that repeated business was an indicator they able to provide a good service.
- ## Multi-disciplinary working
- Nurses who were self-employed and worked for various film production houses were very complimentary about the service and staff. They told us staff were "professional and helpful", "they really trusted them and they are reliable". The nurses reported the service was always their first choice when booking medical cover at productions.
 - Nurses at one NHS trust reported the service's staff "presented very well, were well mannered and their handover and paperwork was above standards expected". They reported handovers were succinct and to the point.

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- Staff from a NHS trust reported when crews attended they used the appropriate channels to inform the emergency department of their arrival.

Access to information

- Policies, standard operating procedures and trust bulletins were available electronically and staff received NHS ambulance provider specific bulletins by email. Staff could access clinical guidelines on their telephones whilst on an ambulance.
- Staff had access to information provided through the NHS ambulance trust for urgent and emergency care. Policies, standard operating procedures and trust bulletins were available electronically and staff received trust specific bulletins by email.
- Staff were trained and aware of specialist clinical instructions, such as Do Not Attempt Resuscitation (DNAR) notices. If the despatch desk at the NHS ambulance service had notification of such records they would advise the staff responding.
- Front line ambulances linked into the NHS trusts CAD and satellite navigation system in order to ensure despatch to the correct address. A global positioning system (GPS) monitored driving standards and was present on all vehicles. The GPS system was regularly updated following the NHS England's 2015 patient safety alert where harm was caused from delayed updates to ambulance dispatch and satellite navigation systems.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act (MCA) training was incorporated in to the mandatory training programme
- The service had a Mental Capacity Act (2005) policy and staff we spoke with were aware of the policy and its implications for care.
- Crews were trained to assess the consent and capacity of patients and to act in the best interests of the patient. Staff recorded consent on the NHS trusts patient record form (PRF) when the crew were working for an NHS trust; otherwise, staff recorded consent on the service's own PRF. This procedure was the same for 'Do Not Attempt Cardiopulmonary Resuscitation ()'.

- Staff reported if there was a question over the patient's capacity to give consent and they were working for an NHS trust advice was available from the control service. Otherwise, they would use their service's own capacity forms, which include a capacity assessment. In most circumstances, crews would obtain advice from carers or nurses who were looking after patients with reduced capacity.
- Staff were not trained to deal with violent and aggressive patients or in restraint techniques. They were trained in conflict resolution and de-escalation techniques and to keep themselves and the patient safe. They did not routinely carry patients detained under of the Mental Health Act.
- In the event of encountering a violent or disturbed patient they would attempt to assess capacity to gain consent to deescalate the situation and their operating instructions were to contact the police.

Are emergency and urgent care services caring?

Are emergency and urgent care services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Compassionate care

- We reviewed the file of feedback that the service received from patients and their relatives, which included positive and appreciative comments about the service they had received and the caring attitude of staff.
- Patients and carers we spoke with told us staff were respectful, friendly, kind and compassionate when providing treatment or care. They spoke in a gentle manner and offered reassurance, particularly if they were distressed or in pain. One member of staff at the hospital where the patient was being transferred told us the ambulance staff were 'absolutely super and very nice kind people'.
- Patients we spoke with told us and we observed, staff introduce themselves and made sure the patients was kept informed throughout their journey.
- A relative we spoke with told us, when a patient living with dementia became distressed, staff responded in a

Emergency and urgent care services

timely and sensitive way. Staff treated the patient respectfully, actively listening and asking further questions where appropriate in order to provide emotional support.

- We saw staff took the necessary time to engage with patients. They communicated in a respectful and caring way, taking into account the wishes of the patient at all times.
- Staff maintained patients' privacy and dignity. Patients conveyed to hospital were covered in a blanket to maintain their modesty and keep them warm whilst on a stretcher or in a wheelchair.
- Wherever possible vulnerable patients, such as those living with dementia or a disability, could have a relative or carer with them while being transported.
- All staff we spoke with were passionate about their roles and were dedicated in providing excellent care to patients.

Understanding and involvement of patients and those close to them

- Patients were involved in decisions about their care and treatment. We observed staff giving clear explanation of what treatment the patient required and the reasons for it. Staff checked with patients to ensure they understood and agreed.
- Patients described having confidence in the staff providing their care, and patients were involved as much as possible when planning their journey to and from the hospital.
- Staff provided clear information to patients about their journey and informed them of any delays. We observed staff asked permission to enter the patients' home, when they collected a patient from their home to take them to hospital.
- Staff showed respect towards relatives and carers of patients and were aware of their needs; explaining in a way they could understand to enable them to support their relative.
- One relative of a patient gave feedback stating, "I just want to say how fantastic the service was this morning, your staff are a credit to you. Thank you for getting my daughter safely to the hospital."

- All of the patients we spoke with who used the service told us staff explained the care given to them.

Emotional support

- Managers and staff created a strong, visible, person-centred culture and were highly motivated and inspired to offer the best possible care including meeting service users emotional needs
- Staff provided emotional support to patients when needed. A relative gave feedback in an email to the service, which stated, "You made a very distressing time bearable and it was good to see dad smile when he knew he was in capable hands. Though he did not speak any English, you made sure he was treated as a person."
- Carers were asked to help if they felt comfortable doing so and were able to accompany the patient on the transfer.

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

Service planning and delivery to meet the needs of local people

- Urgent and emergency care was provided under contract to two NHS trusts. The scheduling team managed staffing. The service provided 24-hour cover to the NHS trusts as per their agreements. The service worked well with the NHS trusts to support them to meet patient demand for their services.
- Arrangement of staff cover for event work or film production was held in a centrally based electronic staffing rota. Staff let the service know their availabilities or the service-contacted staff regarding if they could cover a shift.
- The managers reported staffing requirements for both frontline and non-frontline services flexed up and down according to shift demand.
- The NHS trusts emergency and urgent care call control centre provided details to the attending crew.
- All emergency and urgent care call handling was performed by the NHS trust that provided details to the attending crew.

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- The facilities and premises of the make ready station were appropriate for the services planned and delivered. Staff had a large rest area complete with chairs and sofas, a dining table, a small kitchen, a toilet and a television with DVD player.

Meeting people's individual needs

- The clinical lead showed us a picture book they were developing for people with communication challenges and for whom English was not their first language to aid with communication. It is best practice under the accessible information standards (AIS) to have this in place on the ambulances. The AIS aims to make sure people who have a disability, impairment or sensory loss receive information they can access and understand from health and care services.
- Staff had received training to help them in considering the needs of different people.
- Managers told us if an interpreter were required, the service would access a telephone translation service.
- Staff reported that where practicable they acknowledged the spiritual requirements of the service users; this included allowing time for prayer if required during a journey.
- Whilst working on film production sets with multi ethnicity actors, staff informed us, an interpreter would always be available, provided by the film production companies.
- Only staff that had completed the NHS trusts induction day could fulfil requested shifts for that provider. This ensured staff with the appropriate skills and vehicles with the appropriate equipment were supplied to meet the patient's needs.
- The identification of patients with complex needs, such as those living with dementia, learning disabilities or physical disabilities, were identified both at the booking stage and through crew interaction with their patient. Staff had received training to identify patients with specific needs.
- The service's stretchers in the ambulances were unsuitable for bariatric patients. NHS trusts would be required to answer calls for bariatric patients for both front line and private event or film production work.

- Staff observed patient confidentiality at all times. Ambulance doors remained closed whilst the crew spoke with patients before conveying them to hospital. Handovers were in an area where staff could not be overheard.

Access and flow

- Contracting NHS trusts booked the ambulances from the provider for set shift times, which varied dependent on the requirements of the trust.
- Contracts with the NHS ambulance provider were new and figures were not yet available regarding response rate to calls including red calls. Red calls are where the presenting condition may be immediately life threatening.
- The NHS ambulance provider monitored on-scene and turnaround times as each of the services ambulances included a computer aided despatch system (CAD) and satellite navigation system.
- Managers told us on commencement of a shift all crews were under the direction and control of the contracting trust. However, all vehicles had tracking devices, which enabled the service to monitor their whereabouts if required.

Learning from complaints and concerns

- The provider had a complaints policy, which detailed the complaint process and timescale for acknowledgement of receipt. This included acknowledgement of complaint at three days, investigation time of 15 days and feedback provided within 25 days. The service reported they had not had any complaints at the time of the inspection.
- A central database contained complaints and incidents and once investigated any a lessons learned register detailed any outcomes and actions required. We reviewed the lessons learned register and there were no logged complaints.
- There were two managers responsible for investigating complaints, the clinical lead dealt with the clinical complaints and the operations manager dealt with non-clinical and service delivery complaints.

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- The manager explained if they received a complaint regarding care received whilst contracted to an NHS trust, they would discuss this with the NHS provider to ensure they knew the nature of the complaint and any action taken.
- We saw evidence from minutes that discussion of complaints were included as part of the monthly contract review meeting; however, we were not able to review the responsiveness of the service to complaints, as they had not received any in the last year.
- On each ambulance we saw there was contact information for patients and families to raise complaints or concerns.

Are emergency and urgent care services well-led?

Leadership of service

- Three directors led the service, supported by the senior operations manager, clinical director, finance director and a senior management team.
- The senior management team included a clinical governance lead, a compliance manager; logistics and IT support manager, resource manager and clinic team leader.
- The senior management team participated in monthly meetings to discuss operational issues and the three directors held monthly meetings separately.
- Staff described all leaders of the service to be approachable, visible, and respected that a number of the senior managers, including the managing director, had an operational, clinical background.
- We observed members of staff interacting well with the management team during inspection

Vision and strategy for this core service

- The service had recently undergone a merger of three companies in to one and was in the process of developing their governance procedures to ensure robust processes were in place.
- The service was in the process of developing a vision and strategy and managers reported they were aware of

the need to share the vision with staff. Individual staff stated that they were proud to work for Polaris and what it stood for, which was being clinically focused and clinically excellent.

- Managers told us the service's vision was "they want to be the biggest provider in Berkshire". The managers would like the service to be 'Gold Standard'.
- The service did not have a strategy with measurable goals, however the strategy for the service for the next five years to come, was to stabilise the service and sustain the work they currently had. The statement of purpose, currently drove the service's strategy and was represented within the senior level planning meetings

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- Quality and performance was monitored by contracting trusts by monthly private provider review meetings. We observed three months of the minutes which showed the service was performing to good standards. The urgent care provider's governance reports included data such as serious incidents, complaints and statutory and mandatory training figures.
- Monthly performance and review process meetings were held to discuss internal operational issues. The directors held monthly meetings where finance, recruitment, and human resources were discussed. However there was no evidence of actions to be followed up and areas such as risks to the business were not included.
- We did not see evidence of an effective governance framework to support the delivery of the service. The managers had identified governance was a concern and told us they were planning to improve governance systems. Therefore, it was unclear how the provider was assured they were providing a quality service where risks were well managed.
- The manager told us, as the service was small most communication was informal. However, there were clear lines of accountability and clear responsibility for cascading information to staff, for example staff meetings and informal one to one conversations.
- There were a limited number of systems in place to monitor the quality and safety of the services provided.

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There were a limited number of audits which included the external infection control audit and patients records. This meant there were potential missed opportunities for learning.

- NHS trusts performed unannounced visits to monitor performance and identify areas for improvement.
- The service had recently introduced a patient satisfaction survey and results so far showed 98% of patients who used the service were very satisfied with the care they received.
- The managing director, clinical lead, governance lead and members of the senior manager team attended clinical governance meetings every month. Subjects discussed included approval of new policies and clinical documentation, complaints and audits.
- Managers were aware of the key risks and challenges to service delivery and we saw these documented on the business risk register. However, one of the risks highlighted to us at the time of inspection were fines from NHS trusts for not reaching key performance indicator targets for hand over times. These had not been recorded as a risk on the risk register. We did not see evidence the risks on the risk register were regularly reviewed, or discussed during the governance meetings or the director's meetings.
- The provider did not have a record of all incidents reported through trust processes and relied on the contracting trust to feed the information back either by telephone or during monthly contract meetings. This meant the provider did not have oversight of all incidents operational staff had been involved in.
- On discussion managers told us they had not submitted any statutory notifications to the CQC. A statutory notification is when a service is required to inform the CQC about any significant incidents, including when a service user has died or any incident which is reported to, or investigated by, the police. The managers reported they had not dealt with any such incidents however, on their incident log a member of staff had been assaulted by a patient and included a police reference number.

Culture within the service

- We observed staff were professional, supportive of each other and wanted to make a difference to patients and were passionate about performing their roles to a high standard.
- If staff wanted to raise a concern ("whistleblowing") they were advised and encouraged to go directly to a line manager or director. Human resources would also record the concern. If an incident causing concern occurred whilst a member of staff had been working with an NHS trust, the incident would be raised on the trust's web-based incident system. A redacted version of that incident report would be forwarded to Polaris Medical Ltd. by the NHS provider.
- The service participates in a 'Blue Light' programme run by Mind (a mental health charity) which supports individuals with their mental health and designed specifically for people working in the emergency services. The service was looking to introduce two members of non-management staff to be links. This will help to support staff mental wellbeing especially after a traumatic call.
- The NHS trusts communicated with the service when staff had a number of traumatic calls to ensure the managers were aware and offered relevant support.
- All staff we spoke with reported they enjoyed working for the service and found the management team approachable and supportive.

Public and staff engagement (local and service level if this is the main core service)

- Managers reported receiving patient feedback directly and through contracting trusts.
- Staff received regular emails to provide updates on both internal and external matters.
- The service had an easily accessible website where the public were able to leave feedback and contact the service.
- We were told the ambulances had been used for a show and tell session at a local school.
- The services managing director and governance lead were involved in charities and the Polaris would often cover charity events without charge.

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- Each ambulance contained feedback forms however; the managers reported the best feedback was the evidence of repeat business bookings.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- Managers told us they were a young company that had grown rapidly, and discussed their vision for the future development of the service. They acknowledged the speed of growth and understood a period of time to embed practices and develop robust governance processes was required before further growth could continue. The managers reported “they wanted to get it right first”.
- The service used a disposable ventilator (a machine to artificially provide breaths to patients) which can provide a continuous positive airway pressure (CPAP) for when a patient is not breathing. This was a new initiative within the ambulance services.

Outstanding practice and areas for improvement

Outstanding practice

- Support systems were in place to support personnel following traumatic events and incidents.

Areas for improvement

Action the hospital **MUST** take to improve

Action the provider **MUST** take to meet the regulations:

- The provider must have a robust governance system, which includes monitoring their compliance to policies and procedures.
- The provider must ensure all statutory notifications are submitted to the Care Quality Commission as required.

Action the hospital **SHOULD** take to improve

- The provider should ensure all permanent staff receive an appraisal to identify any training or development needs.
- The provider should ensure staff can access translation services and have picture books on ambulances in line with the accessible information standards requirements.
- The provider should ensure staff receive feedback following complaints.
- The provider should ensure equipment meets the needs for all patients.

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good governance: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems and processes in place to monitor staff competencies and training compliance.</p> <p>The general governance was not robust and did not demonstrate clear audit trails.</p>