Hardcore Medical & Ambulance Services Limited

Hardcore Medical & Ambulance Service

Quality Report

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

Ratings

Overall rating for this ambulance location	Good
Emergency and urgent care services	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Hardcore Medical & Ambulance Service is operated by Hardcore Medical & Ambulance Services Limited. The service provides an emergency and urgent care transport service.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 21 August 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.

Hardcore Medical & Ambulance Service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provides emergency and urgent care. It also provides first aid services at public events, which is not inspected by Care Quality Commission (CQC) because this falls outside of the scope of CQC registration.

Hardcore Medical & Ambulance Service registered with the Care Quality Commission in March 2017 and has not previously been inspected.

We rated this service as good overall. Our ratings were good for safe, effective, caring, responsive and well led.

We found the following areas of good practice:

- The service had a positive safety culture. Incidents were reported appropriately and lessons learned shared throughout the team.
- Staff received effective training in safety systems, processes and practices. Mandatory training compliance was at 95% and staff had good access to additional training relevant to their role.
- Infection prevention and control (IPC) was given sufficient priority. Audit results demonstrated areas were clean and staff adhered to IPC practices.
- Staff used recognised tools when monitoring patients for signs of deteriorating health and assessed patients against Joint Royal Colleges Ambulance Liaison Committee (JRCALC) protocols.
- Nurses, a pharmacist and doctors were available as part of the service to act as clinical experts and were a source of support and information for all staff.
- Individual care records were written and managed in a way that kept patient's safe. Records were clear and complete, dated, timed and signed and followed Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- The service had patient group directions (PGDs) in place to enable qualified nurses to administer medications in a timely manner.
- Policies, procedures and clinical guidelines were based on evidence-based best practice, national guidance and relevant legislation.
- Ambulance response times were consistently better than times stated in the Ambulance Response Programme (ARP) approved by the Secretary of State for Health in 2017.
- Without exception, online patient feedback was positive about the way they were treated by staff. Staff were described as "caring and non-judgemental". A relative, we spoke with, described the care as, "exceptional".
- The service had received no complaints, either formal or informal, since registration in March 2017.

Summary of findings

- The operations and clinical director(s) had the skills, knowledge, experience and integrity that they needed to run the service.
- The culture of the service encouraged candour, openness and honesty, staff told us they felt supported, respected and valued and directors described their staff as their "greatest asset".
- The operations director had recently designed and introduced an online management application (App). The App, which was in the operational testing stage, provided the directors with an 'all in one' performance monitoring system that was accessible by any member of the team.

However, we also found:

- The service did not monitor the room temperature where medicines were stored.

Following this inspection, we told the provider that it should ensure action is taken to comply with the regulations. Details are at the end of the report.

Heidi Smoult
Deputy Chief Inspector of Hospitals on behalf of the Chief Inspector of Hospitals

Good

Hardcore Medical & Ambulance Service

Detailed findings

Services we looked at
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Detailed findings

Contents

Background to Hardcore Medical & Ambulance Service

Hardcore Medical & Ambulance Service is operated by Hardcore Medical & Ambulance Services Limited. The service opened in 2017. It is an independent ambulance service in Coalville, Leicestershire. The service primarily serves the communities of north west Leicestershire. In addition, the service cover events across the United Kingdom and Europe. The service provides services to the adult population.

The service provides first aid and emergency care provision to patients, if required, when attending booked events, this includes transport off site at events if required to the local NHS emergency departments. The service also provides support to North West Ambulance Service during times of winter pressure. The service does not provide mental health transfers for a detained patient.

Hardcore Medical & Ambulance Service registered with the Care Quality Commission in March 2017 and has not previously been inspected.

The service is registered to provide the following regulated activities:

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

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

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced on 21 August 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and an additional CQC inspector. The inspection team was overseen by Simon Brown, Inspection Manager.

Emergency and urgent care services

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

Information about the service

Hardcore Medical & Ambulance Service has one vehicle which is a frontline ambulance. It is equipped to provide emergency support and/or transportation and includes blue warning lights, a defibrillator and medical gases. The vehicle operates from the service location address.

The service is available 24 hours a day, seven days a week.

Staff directly employed by the service includes the operations director, trained to level four in First Response Emergency Care, and the clinical director (registered manager) who is a registered nurse. In addition, self-employed contractors working for the service on an 'ad-hoc' basis includes:

- Two Doctors
- Four Registered Nurses
- A Pharmacist (trained to level three in First Response Emergency Care)
- Four ambulance crew (trained to level four in First Response Emergency Care)
- Six first responders (trained to level three in First Response Emergency Care)

During the inspection, we visited the location address. We spoke with six staff including the operations and clinical directors. During our inspection, we reviewed 19 patient report forms (PRFs). During this inspection there was no clinical activity we were not therefore, able to observe the delivery of care. Following our inspection we spoke with one relative.

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.

Between August 2017 and July 2018 there were six emergency and urgent care patient journeys from an event site.

Between 22 December 2017 and 22 March 2018 there were 50 emergency and urgent care patient journeys undertaken on behalf of an NHS ambulance trust.

Activity (August 2017 to July 2018)

- Zero Never events
- Three clinical incidents
- Zero serious injuries
- Zero complaints

Emergency and urgent care services

Summary of findings

We rated this service as good overall. We rated safe, effective, caring, responsive and well led as good.

The culture of the service encouraged candour, openness and honesty. The service had a positive safety culture. Incidents were reported appropriately and lessons learned shared throughout the team.

Staffing levels were planned appropriately and staff had received effective training in safety systems, processes and practices. Mandatory training compliance was at 95% and staff had good access to additional training relevant to their role.

Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Staff followed Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

Staff demonstrated to us that maintaining a patient-centred culture was important to them. Staff appeared highly motivated and inspired to offer care that was kind and promoted patients' dignity.

The service had received no complaints, either formal or informal, since registration in March 2017.

The leadership, management and governance of the service assured the delivery of high-quality person-centred care, supported learning and innovation and promoted an open and transparent culture.

Staff felt supported, respected and valued. Staff were enthusiastic about their roles and told us they were proud to work for this service. Leaders were described as going 'above and beyond' when supporting staff both professionally and personally

Are emergency and urgent care services safe?

Good

Incidents

- 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. Since registration in March 2017, the service reported no incidents classified as never events.
- For the reporting period August 2017 to July 2018, three clinical incidents had been raised. Of these, one occurred whilst the service was carrying out a regulated activity. We saw where this incident had been appropriately investigated and the outcome shared with staff.
- An incident reporting policy describing the service's approach to incident reporting, management and investigation, was available to staff. The policy defined the types of incidents that could occur and clarified the process of reporting and classification of incident grading. Staff we spoke with told us they understood the process to follow when raising an incident.
- Incidents, including near miss incidents, were reported using the service's incident reporting form. A document pack was held on the ambulance and in each medical facility or tent ran by the service and contained all necessary guidance documents and reporting forms. All sections of the form were to be completed as fully as possible. If appropriate, additional sheets were available to record further information such as, the patient report form (PRF) number and staff name.
- Where an incident had occurred, lessons learned were shared across the service to minimise the risk of similar incidents taking place. Shared learning from incidents was discussed directly with members staff involved in the incident and through a quarterly clinical governance report. We reviewed three such reports during our inspection and saw where incidents, including outcomes, had been discussed.
- In the event of an incident occurring whilst undertaking work for the NHS ambulance trust, staff had a 'point of

contact' at the trust where their incident report would be submitted. The investigation would be carried out by the trust and outcomes fed back to the directors of this service. Outcomes would be cascaded to frontline staff through the service's closed social media page and through the quarterly clinical governance report.

- 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 duty of candour policy and procedure. The policy included the ten principles of being open, saying sorry when things went wrong, a template communication letter to use when a need was identified, along with guidance on what to say both in the initial discussion and subsequent meetings.
- Staff we spoke with were clear about their responsibilities for duty of candour in the event of an incident occurring under their delivery of care and treatment and in the event of joint responsibility with the NHS ambulance trust. Staff talked to us about being "open" and "transparent" with members of the public who were using their service.

Mandatory training

- All staff, including those staff who were employed by both the NHS and this service, were subject to mandatory training in subjects such as adult basic life support (including the safe use of an automated external defibrillator), complaints handling, conflict resolution, control of substances hazardous to health (COSHH), equality, diversity and human rights, handling medication and avoiding drug errors (level two), health safety and welfare, Infection prevention and control (level two), information governance, record keeping and Caldicott protocols, manual handling, Mental Capacity Act 2005, RIDDOR, safeguarding vulnerable adults (SOVA) and child protection (level two).
- At the time of our inspection we were told the service was in the process of re-qualification of staff in these subjects. Mandatory training records we reviewed showed the current training rate was 95% (18 out of 19 staff).
- Mandatory training was delivered through a one-day, face to face course and through electronic learning (e-learning). All the staff we spoke with told us e-learning was undertaken during work time, usually during an event, there was no expectation for staff to complete e-learning in their own time.
- Driver training was made up of a combination of different external qualifications. At the time of our inspection the service had four approved blue light drivers. Blue light drivers were trained by the Fire Service to a high standard of blue light training in large vehicles. In addition, drivers had training and an assessment by an external provider to ensure their suitability to drive ambulances.

Safeguarding

- All staff received training in child and vulnerable adult safeguarding. At the time of our inspection the current training rate was 95% (18 out of 19 staff).
- Staff we spoke with were knowledgeable about safeguarding and told us they had good access to relevant policies and procedures. Systems were in place to allow staff to report safeguarding incidents appropriately. The safeguarding lead for the service was the registered manager who was responsible for referring to the local authority if deemed appropriate.
- In the event of a safeguarding incident occurring whilst undertaking work for the NHS ambulance trust, staff had a 'point of contact' at the trust where their safeguarding concern would be submitted. The trust assumed responsibility for alerting the local authority and feeding back to the directors of this service. Feedback would be cascaded to frontline staff through the service's closed social media page and through the quarterly clinical governance report.
- The service did not transport children and young people. However, the operations director and the registered manager were trained to level three in safeguarding children. All other staff were, as a minimum, trained to level two.
- The service had processes in place to identify if there was a protection plan in place for any patient they were attending to. When dealing with a patient, a clinician would be expected to take a full history including social history where appropriate. This allowed the clinician to log any form of protection plan in the section of the patient report form under 'social history'. In addition, where the transfer was for the acute NHS ambulance trust, the emergency operations centre (EOC) would relay the information to the crew.

Emergency and urgent care services

Cleanliness, infection control and hygiene

- The service had an infection prevention and control (IPC) policy in place which provided staff with appropriate advice and support. We reviewed the policy, it was up to date with a clear date for review and referenced The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- All staff received training in IPC. At the time of our inspection the current training rate was 95% (18 out of 19 staff).
- The service had one vehicle; a front-line ambulance. We observed the ambulance to be clean and well maintained. Sterile consumables were stored correctly, personal protective equipment was readily available and hand sanitiser gel provided. Decontamination cleaning wipes were available on the vehicle to ensure equipment was appropriately and safely cleaned after each patient use. A body fluid spillage kit was readily available for the clean-up of bodily fluids.
- We observed cleaning records to be up to date and demonstrate that the ambulance was regularly cleaned.
- The operations director had recently designed and introduced an online application (App). The App provided an all in one system accessible by any member of the team that allowed the recording of IPC daily checks that included for example; a daily hand hygiene audit, appropriate stock of hand sanitising gel and adequate stock of personal protective equipment (PPE). The director was able to produce a report from the App which allowed performance to be reviewed and action taken when necessary. Reports we reviewed showed 100% compliance with IPC checks including hand hygiene.
- Deep cleaning of the ambulance took place every 45 days. As an indicator of how effective the cleaning process was, Adenosine Triphosphate (ATP) swab testing of the interior of the ambulance including, equipment and surfaces, was carried out following the deep clean. ATP swab testing is a test which checks for growth of microorganisms (germs). Results for February and April 2018 demonstrated the level of cleanliness was within an acceptable range.
- There was a process in place for managing and disposing of clinical waste. Secure clinical waste bins were stored in a locked room and collected quarterly (or earlier if required) by an external contractor.
- Staff were made aware of specific known infection and hygiene risks associated with individual patients through the NHS ambulance trust's emergency operations centre (EOC).
- Linen and staff uniforms were purchased and managed by the service. The laundering of both was managed by an external company.
- The registered manager was the director of infection prevention and control (DIPC) and was available to staff for advice and support regarding infection control matters.

Environment and equipment

- The head office and vehicle base was located in a business centre with the service's own secure premises within. The business centre provided access to toilets and kitchen areas with drinks machines. It also provided a large training room facility with disabled access all around. The office was divided into two parts. One part was the main office and administration room and the other was the storeroom and cleaning and maintenance area.
- The service had one vehicle which was a frontline ambulance. It was equipped to provide emergency support and/or transportation and included blue warning lights, a defibrillator and medical gases. The vehicle was stored at the location's registered address.
- We checked the ambulance and found it was well maintained. The vehicle had a current MOT, service and was properly insured. A major vehicle service took place in October of each year, and a minor service annually in April. MOT, service and insurance records, we reviewed, were all in date.
- Appropriate harnesses were available on the ambulance to ensure patients were safely secured whilst being conveyed to hospital. The ambulance was also equipped to convey a bariatric patient. The ambulance had the appropriate clamp fittings on the floor of the ambulance for the conveyance of a patient in a wheelchair. However, the service did not have the clamps that hold a wheelchair in place, nor were staff trained to use the clamps. In the event of a patient being conveyed in a wheelchair, the patient would either be, transferred onto the patient trolley or, staff would call the local NHS ambulance provider to convey the patient.
- All equipment within the vehicle, including the vehicle ramp, vehicle harnesses and chairs had been serviced

and we saw visible safety tested stickers indicating a service due date of May 2019. Non-consumables, including single-use items were sealed and in date. Fire extinguishers and oxygen and nitrous oxide cylinders were in date and securely stored.

- Appropriate resuscitation equipment including a suction machine and an automated external defibrillator (AED) was readily available. Resuscitation equipment was safe and ready for use in an emergency. Single-use items were sealed and in date and emergency equipment had been serviced (May 2018). Records indicated resuscitation equipment had been checked by staff with no gaps in checking. An AED is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm.
- The service had four AEDs, all with a manual 'override' facility for use by those staff with a certificate in advanced life support.
- We saw gas cylinders and equipment were stored securely, with designated areas for full and empty cylinders, in the service's locked store room when not in use. Intravenous fluids and medicines were stored in a locked cupboard within a locked room.
- The operations director had recently designed and introduced an online application (App). The App provided an all in one system accessible by any member of the team that allowed the daily recording of the vehicle and equipment check against a standardised vehicle equipment list. This included the checking of mobile equipment bags and the recording of tests on hardware such as patient monitors and suction devices. In addition, the App allowed staff to record any equipment faults or stock deficiencies, once recorded an email alert would be sent instantly to the operations director to enable the fault to be addressed or restocking provisions made.
- Where a fault in equipment had been identified the equipment was immediately taken out of use and we saw where red 'out of service' tags were attached to the item indicating it should not be used. All patient equipment including medical devices were repaired and/or maintained by an external company.
- Within the service's store room, we saw medical devices including for example, blood glucose monitors had been appropriately serviced and calibrated (where required). Safety tested stickers indicated a service due date of May 2019. Non-consumables within the store room were plentiful and in date.
- Grab bags were available for staff in the event that equipment was needed quickly. Without exception all grab bag equipment followed a structured standardised format to ensure all staff were familiar with the contents and storage.
- Keys, including vehicle, medicine and stock keys were securely stored in a key safe within a locked room.

Assessing and responding to patient risk

- A standard operating procedure (SOP) was available for all staff on how to escalate the unwell patient using aids such as the National Early Warning Score (NEWS) as a tool in their escalation decision making. NEWS is a nationally recognised tool used to monitor patients and to prompt additional support when required. Our review of 19 patient report forms (PRFs) showed where NEWS had been used appropriately.
- All staff had been trained in NEWS. The service was in the process of implementing training on NEWS2; the latest version of the NEWS, first produced in 2012 and updated in December 2017. NEWS2 has received formal endorsement from NHS England and NHS Improvement to become the early warning system for identifying acutely ill patients, including those with sepsis. Training had commenced in July 2018, at the time of this inspection eight staff had completed this training.
- Staff assessed patients against Joint Royal Colleges Ambulance Liaison Committee (JRCALC) protocols. In addition, we saw SOPs for NEWS, sepsis, maternal sepsis and trauma were visibly displayed in the ambulance.
- When undertaking work for the NHS ambulance trust the service operated within defined parameters as detailed in their service contract. The service responded to/conveyed those patients deemed by the emergency operations centre (EOC) as; category three (urgent: two-hour response time) or, category four (less urgent: three-hour response time).
- Any patient scoring a NEWS of four or more required the remote advice of a registered clinician. When carrying out NHS work for the acute ambulance trust this advice came from the EOC. Likewise, if the crew believed that a patient did not require hospital admission, then this again, was discussed with a registered clinician from the EOC telephone clinical desk.

- Two members of staff were trained in advanced life support (ALS), four in immediate life support (ILS) and 18 out of 19 staff were trained in basic life support (BLS).
- Nurses, a pharmacist and doctors were available as part of the service to act as clinical experts and were a source of support and information for all staff.
- The service had a system in place for flagging patients experiencing a mental health crisis. When dealing with a patient at an event, a clinician would be expected to take a full history including mental health history. This allowed the clinician to log any form of mental health history in the section of the patient report form (PRF) under 'medical history'. Through NHS work, this information was passed onto the service when being mobilised by the EOC, or when receiving the patient from hospital. Staff however, were still expected to take a full history and complete the PRF accordingly.
- The service did not undertake mental health transfers for a detained patient. However, the service had undertaken some work with the NHS ambulance trust which involved the transfer of patents to hospital that were being transferred as voluntary patients. These patients were triaged by a clinician to ensure that they were suitable for this service to assess and transport. The service's transportation criteria included patients at low risk of absconding and low risk of suicide.

Staffing

- Staff directly employed by the service included the operations director and the registered manager who was a registered nurse. In addition, self-employed contractors working for the service on an 'ad-hoc' basis included; two doctors, four registered nurses, a pharmacist, four ambulance crew and six first responders.
- For the reporting period August 2017 to July 2018 the service reported a vacancy rate of 0% for urgent and emergency care staff.
- For the reporting period August 2017 to July 2018 the service reported a sickness rate of 0% for urgent and emergency care staff.
- The service only did 'ad-hoc' work in the field of urgent care. A system was operated therefore, whereby staff would tell managers their availability, shifts would then be booked based on staff availability.
- Staffing requirements were aligned to demand and determined by event organisers and the registered manager following health and safety legislation and 'purple' guidance. During inspection we saw where staffing levels had been appropriately risk assessed before an event.

Records

- We reviewed 19 Patient report forms (PRFs). We saw individual care records, including clinical data, were written and managed in a way that kept patient's safe. Records were clear and complete, dated, timed and signed and followed Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- PRFs were reviewed quarterly by the operations and clinical directors. Outcomes were RAG rated (red, amber, green). PRFs with a red rating were discussed through the clinical governance meetings and actions agreed. We saw the minutes following four such meetings. Changes as a direct result of the PRF reviews included amendments to the capacity and consent section of the PRF and an additional check box for data protection.
- Staff were made aware of 'special notes' to alert them to patients with, for example, pre-existing conditions or safety risks or, those patients with an up-to-date 'do not attempt cardio-pulmonary resuscitation' (DNACPR) and end of life care plan, through the emergency operations centre (EOC).
- PRFs were stored securely in a locked cupboard within a locked room. Keys were held by the operations and clinical directors. The length of time PRFs were held for was 10 years.
- The process for managing and disposing of confidential waste was for it to be destroyed by crosscut shredding.

Medicines

- The service had a medicines management policy in place. Our review of this policy showed it was current (in date) and version controlled. We also saw the policy was written in line with relevant legislation and current national guidance including, for example. Nursing and Midwifery Council (NMC) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- A 'Safe Storage of Medicines' audit was carried out annually and included for example, the ordering, storage and administration of medicines. Results for the reporting period June 2017 to June 2018 showed 100%

compliance. In addition, medicines stock levels and expiry dates were checked three-monthly. Records we saw, indicated where three-monthly checks had taken place.

- Medicines were stored securely. On the ambulance, medicines, including intravenous (IV) fluids and emergency medicines were stored in a locked cupboard. In the provider's main office medicines, including IV and emergency medicines were stored in a locked cupboard within a locked room. All the medicines we checked were in date.
- The service did not use controlled drugs. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs.
- Keys to medicines held within the main office were held by the operations and clinical directors. When at an event or conveying a patient for the NHS ambulance provider, keys were held by a registered practitioner, for example, a nurse. A key safe was available at the main office when keys were not in use.
- The operations director had recently designed and introduced an online application (App). The App provided an all in one system accessible by any member of the team that allowed staff to record the signing in and signing out of medicines.
- All staff were required to complete 'handling medication and avoiding drug errors' (level two) training when commencing employment with the service. At the time of this inspection 18/19 staff had completed this training.
- Clear guidance was available on the medicines that staff in different roles were able to administer including parental (injections) and non-parental (oral, inhaled, rectal, and topical) medicines.
- The service had patient group directions (PGDs) in place to enable qualified nurses to administer medications in a timely manner. Patient group directions provide a legal framework to allow registered health professionals to supply and/or administer specified medicines, to a predefined group of patients without them having to see a doctor. Medicines administered under a PGD were only those medicines listed within the provider's medicines management policy. The approved list was based on Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK Ambulance Services Clinical Practice Guidelines 2016 and 2017 (Supplementary Guidelines). Qualified nurses were assessed as competent by the clinical director and/or pharmacist and were required to sign the PGD before administration. We saw signed competency records within staffs' personal files.
- A protocol was in place giving authorisation for the administration of oxygen by staff trained to level four in First Response Emergency Care.
- Administration of IV medicines was completed by nurses who had completed an appropriate IV training package as part of their substantive employment with an NHS trust. Staff were assessed as competent by the clinical director. We saw signed competency records within staffs' personal files.
- At the time of this inspection we were not assured medicines were always stored at the correct temperature. The service did not monitor the temperature of the room where 'room-temperature' medicines were stored. We escalated this to the directors of the service who told us the room temperature would be monitored daily to ensure a temperature range of 15 to 25 degrees Celsius was maintained. Results of the daily temperature monitoring were to be recorded on the online App and would include actions for staff to take where the temperature was found to be outside the desired range.

Are emergency and urgent care services effective?

Good

Evidence-based care and treatment

- Policies, procedures and clinical guidelines were based on evidence-based best practice and relevant legislation and were accessible to all staff members. We reviewed 27 policies during our inspection. Paper copies referenced the location of the latest electronic copy, were version controlled and had a review date documented.
- We saw where policies referred to relevant national guidance and legislation, for example, National Institute for Health and Care Excellence (NICE), Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Medicines and Healthcare products Regulatory Agency (MHRA) and Health and Safety Executive (HSE).

- Standard operating procedures (SOPs) were available for staff to follow. These provided details of the care that was required in line with recognised guidance. Examples of SOPs available for staff to use were management of; penetrating chest trauma, deteriorating patient, anaphylaxis, burns and acute asthma.
- JRCALC national guidelines were being followed. Staff we spoke with told us they had access to an up to date electronic JRCALC application on their mobile phone. Patient report forms (PRFs) we reviewed demonstrated patients had been assessed appropriately in line with JRCALC.
- The service ensured that patients went to the most appropriate hospital for treatment. For conveyances carried out for the NHS ambulance trust this was decided by the emergency operations centre (EOC). When conveying off an event site, staff had pre-determined the location and facilities of the local NHS trust.
- Staff were able to explain the procedure for not conveying a patient to hospital. Where staff believed that a patient did not require hospital admission, this was discussed with a registered clinician from the EOC telephone clinical desk. A section on the PRF prompted staff to record any non-conveyance and the reason why.

Pain relief

- Patient's pain was assessed and managed appropriately including those patient's where there were difficulties in communicating. Staff used a faces pain scale based on the 'Wong-Baker Faces Pain Rating Scale'. The faces pain scale is a pain intensity rating scale useful for all older adults, including those with mild to moderate cognitive impairment. This scale requires either verbal ability or the ability to point to the image on the scale that most closely represents their pain.
- Patient report forms (PRFs) we reviewed showed where pain had been assessed and treated with analgesia (pain killers) as required.
- Following our inspection, we spoke with one relative of a patient who had received care from this service. They told us, the patient's pain was well managed.

Response times

- As part of the service's contract with the NHS ambulance trust the service was contracted to attend category three (urgent: two-hour response time) or, category four (less urgent: three-hour response time) calls. Data provided by the service for 22 December 2017 to 22 March 2018 showed an average response time of 25 minutes. Response times varied between one minute and 71 minutes.

Patient outcomes

- Between 22 December 2017 and 22 March 2018 there were 50 emergency and urgent care patient journeys undertaken on behalf of the NHS ambulance trust. Data collected during this time period included; response time, time at address, travel time and time at hospital. Comparison data was not yet available. However, the service had monitored their performance with the NHS ambulance trust's contract in winter 2017 and intended to compare this against data taken from winter 2018.
- The operations and clinical directors monitored patient outcomes by reviewing completed patient report forms (PRFs). PRFs were reviewed quarterly, outcomes were RAG rated (red, amber, green). PRFs with a red rating were discussed through the clinical governance meetings and actions agreed. Any concerns were discussed with staff through a closed social media page and through the quarterly clinical governance report.

Competent staff

- The service had worked hard to provide an in-depth training and development plan for their staff, and tried to ensure that it was above the standard expected within an NHS organisation.
- Due to the nature of the work undertaken, as a minimum staff were QualSafe First Response Emergency Care (FREC) level three trained, ambulance crews were QualSafe FREC four qualified. FREC is a qualification delivered by QualSafe for people who work as emergency care providers in various healthcare settings and who would be expected to assess patients using a variety of methods including physiological measures and be able to act on their findings.
- Additional training was in place for 'bolt-on' skills such as for example, road traffic collision training or minor injuries in-house training modules.
- Directors of the service told us they had plans to introduce a 'clinical skills passport' in 2019 to enable staff to access areas of training they may not have been previously exposed to.
- All staff had a continuing professional development file (CPD). Content included for example; pre-employment

checks, training from their substantive job (if applicable), current training records, evidence of attendance at mandatory training day and evidence of appraisal. We reviewed five CPD files and saw where all appropriate pre-employment checks had been carried out and staff had undertaken training applicable to their role.

- All staff who drove any vehicle for the service were checked either annually or six-monthly dependant on their contract. NHS contracts were six monthly checks and non NHS contracts were 12 monthly. Driver licence checks were detailed in the service's 'Vehicle and Driver Policy' which stated that all drivers must complete a driver license check form which allowed managers access to the driver and vehicle licensing agency (DVLA) database. This meant managers could check current licence categories, disqualifications and points.
- Staff, new to the service, had a minimum of three supernummary shifts where they worked with one of the directors. In addition, all staff completed an annual observation assessment carried out by the operations director. Senior staff told us this was to give them assurance that staff training was effective. We observed four records of observation during this inspection.
- All the staff, we spoke with, told us there were "excellent" training opportunities with good support to develop.
- Staff were required to complete an online self-assessment of their clinical skills at each event they worked at. This generated a clinical skills report that formed the basis of their appraisal. At Hardcore Medical & Ambulance Service all staff were required to complete an appraisal. As of July 2018, 100% of staff had an appraisal within the 12 months preceding this inspection.

Multi-disciplinary working

- To facilitate handover between ambulance and hospital staff, staff used the patient report form (PRF). PRFs were carbon copied allowing one copy to be left with hospital staff.
- The service worked closely with the NHS ambulance trust to reduce admissions to hospital. Where staff believed that a patient did not require hospital admission, this was discussed with a registered clinician from the emergency operations centre (EOC) telephone clinical desk. A section on the PRF prompted staff to record any non-conveyance and the reason why.

Consent and Mental Capacity Act

- Staff we spoke with were clear about their responsibilities in obtaining consent. We were told of two examples where individual patients were experiencing a mental health crisis. Staff told us, through patience, compassion and time, staff were able to develop a good rapport with the patient and convey them to hospital.
- Staff received training on the Mental Capacity Act 2005, Mental Health Act 1983 (MHA) and the transportation of patients experiencing a mental health crisis. At the time of this inspection 18/19 staff had received this training.
- Capacity and consent was assessed and recorded on the patient report form (PRF). A section on the form required staff to record; mental capacity to consent to treatment; implied consent; informed consent; presumed consent and no consent. Our review of 19 PRFs showed where consent had been documented.
- The service did not provide transfers for patients detained under Mental Health Act 1983 (MHA).
- The service did not transport patients requiring physical or mechanical restraint.

Are emergency and urgent care services caring?

Good

Compassionate care

- Due to the low level of regulated activity provided by this service and none occurring at the time of our inspection we were unable to observe any direct patient care.
- Patient feedback was gathered through the service's social media page. We reviewed the feedback from seven patients who had received care, under a regulated activity, in the year preceding our inspection. Without exception, feedback was positive about the way they were treated. One patient described the staff as "caring and non-judgemental".
- Following our inspection, we spoke with one relative of a patient who had received care from this service. They told us, staff treated the patient with compassion, understanding and dignity. The care was described as, "exceptional".

- We spoke with six members of staff including the directors of the service. All the staff demonstrated to us that maintaining a patient-centred culture was important to them. Staff appeared highly motivated and inspired to offer care that was kind and promoted patients' dignity. Staff told us, "there is not one moment in a day when staff don't give their very best" and "I would be happy for my friend or relative to be cared for by this service".
- As part of the staff survey for July 2018, staff were asked, if a friend or relative needed treatment, would you be happy with the standard of care provided by this organisation. Of the 13 staff who responded, 100% said they would be happy.
- Staff we spoke with, demonstrated to us they understood and respected the personal, cultural, social and religious needs of patients and how these related to care needs. All the staff we spoke with told us they had completed a compassionate care and equality, diversity and human rights module, personal, cultural, social and religious needs formed the basis of the patient's initial assessment and staff had participated in a simulation exercise involving a distressed patient.
- Staff described to us how they preserved an individual's dignity by the appropriate use of screens, a blanket and ensuring the rear door of the ambulance was closed. They also asked the patient for consent before allowing a friend or relative in the ambulance whilst they were receiving treatment.
- All the staff we spoke with told us they would have no hesitation in raising concerns about disrespectful, discriminatory or abusive behaviour or attitudes. They told us they would do this regardless of whom the person was; patient, friend/relative or a member of staff.
- Staff appeared to respond in a compassionate, timely and appropriate way when patients' experienced physical pain, discomfort or emotional distress. Patient report forms (PRFs) demonstrated staff were delivering care at the time it was needed and ambulance response times indicated staff were attending patients quickly.
- All staff completed an annual observation assessment carried out by the operations director. Senior staff told us, observation assessments had been a positive experience and provided them with assurance that staff were providing compassionate care. We reviewed four records of observation during this inspection.
- We interviewed the operations and clinical directors as part of our inspection and we were assured 'the patient' was at the forefront of their business and formed the basis of their business strategy going forward; 'provide exceptional care to our patients'.

Emotional support

- We spoke with staff about providing emotional support for patients and their friends or relatives. Staff told us they saw this as an important part of their role. Staff gave examples of encouraging relatives to travel in the vehicle with the patient to alleviate emotional distress and told us this was of particular importance when they were conveying a vulnerable patient, for example, a patient living with dementia or, a patient receiving end of life care.
- Staff told us of times where they had to provide emotional support to patients who were distressed, anxious or confused because of drug and/or alcohol consumption. By spending time with the patient and not judging their 'life-style' choices they were able to encourage the patient to accept care and treatment.
- Staff gave an example of where they were conveying a patient who was experiencing a mental health crisis. The patient was distressed and refusing treatment. Staff told us they had sat with the patient, outside of the ambulance, until they were calmer. By developing a rapport with the patient, they were able to persuade the patient to return to the ambulance.
- As part of the staff survey for July 2018, staff were asked if patients received enough emotional support from staff in the organisation. Of the 13 staff who responded, 100% responded positively.

Understanding and involvement of patients and those close to them

- Patients were supported by staff to understand relevant treatment options, including benefits, risks and potential consequences. Staff told us they explained treatment options to the patient during their assessment. We saw this recorded on the patient report forms (PRFs) we reviewed.
- As part of the staff survey for July 2018, staff were asked if they involved patients in decisions about their care and treatment. Of the 13 staff who responded, 100% responded positively.

Emergency and urgent care services

- Following our inspection, we spoke with one relative of a patient who had received care from this service. The relative told us both them and their spouse had been told what was happening and care had been explained to them in a way which they could understand.

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

Good

Service delivery to meet the needs of local people

- Hardcore Medical & Ambulance Service provided prehospital care to public events such as public open days and festivals. Services were provided across the United Kingdom (UK) and Europe. In addition to this the service had an ad-hoc contract with an NHS ambulance trust to provide support to their paramedic emergency service in the field of urgent care.
- The service consulted Health and Safety Executive guidance when planning and delivering services during public events. In addition, the operations director told us consideration would also be given to the event population and demographics and the location of the closest NHS emergency department. A risk assessment was also completed prior to any event work, where a regulated activity was to be carried out.
- Contracted work with the NHS ambulance trust was planned in consultation with the trust's regional operations manager and emergency operations centre (EOC).

Meeting people's individual needs

- Patients were offered a copy of their healthcare records at the time of treatment unless they were directly transferred to another health service provider in which case the record would be transferred with the patient. Additional copies could be obtained by contacting the operations director through the service's website.
- The service was committed to respecting, and not discriminating against, the spiritual needs of their patients and those they came in contact with through their work. The service's directors and clinical staff recognised the importance of respecting different spiritual needs and beliefs, and understood that this was particularly important when dealing with the transportation of the deceased. Through training and awareness, staff told us they did their best to respect the wishes of the family. If any personal wishes from the deceased had been made apparent to the service in advance, staff would carry these out wherever practicably possible.
- Within the service's Do Not Attempt Resuscitation (DNAR) policy, it detailed that no one would be discriminated against for any defining features or beliefs, and nor would their care suffer as a result.
- Our review of 19 patient report forms (PRFs) demonstrated to us where staff had considered individual patient needs for example, age, disability, race and religion or belief. This meant discrimination was avoided when making care and treatment decisions.
- The Accessible Information Standard (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. The service complied with the AIS. For example, the service accessed translation services through their contracted work with the NHS ambulance trust and through an online application, individual communication needs were highlighted on the patient report form (PRF) and information was shared appropriately during the handover process with the NHS trust.
- Where possible, the needs of vulnerable patients for example, patients living with a learning disability or dementia were considered prior to the patient's transfer. Staff told us they would consult relatives or carers, confirm information with the EOC and/or consult the patient's 'this is me' passport. In addition, relatives and carers were encouraged to accompany the patient in the ambulance.
- Staff we spoke with told us they worked closely with local NHS trusts, the Police, local authorities and volunteer organisations when required to ensure patients received the right care. For example, those patients experiencing symptoms as a result of excess drug or alcohol consumption were signposted to a relevant voluntary organisation that could offer support. In addition, the service had access to a range of patient information leaflets that could be given to patients following their treatment.

Access and flow

Emergency and urgent care services

- The service monitored response, on scene and turnaround times as part of their contract with the NHS ambulance trust. As they had only one set of data since their work commenced with this provider, it had not yet been reviewed. The operations director told us the service was awaiting their annual review with the trust whereby their data would be reviewed.

Learning from complaints and concerns

- The service actively encouraged patient feedback. A poster was visible in the ambulance next to the trolley advising people how to give feedback, this included Care Quality Commission (CQC) contact details, giving the patient the option of providing feedback to the CQC instead of the service.
- The service had received no complaints, either formal or informal, since registration in March 2017.
- A process was in place to handle and manage complaints effectively. A complaints policy was in place. All complaints were to be acknowledged no later than three working days after the day the complaint was received and an offer would be made, as appropriate, to discuss with the complainant the action plan for handling the complaint. Responses to a complainant would be, wherever possible, by the patient's preferred method of communication.
- On receipt of the investigation report a response to the complaint would be prepared and the designated lead for the complaint would include information on the next stages of the complaints procedure should the complainant wish to take matters further. As soon as it is reasonably possible after completing the investigation, and within the timescale agreed with the complainant, the service would send a formal response in writing to the complainant.

Are emergency and urgent care services well-led?

Good

Leadership of service

- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.
- Both the operations and clinical director(s) demonstrated they had the skills, knowledge, experience and integrity that they needed to run the service.
- Leaders at all levels demonstrated they had the level of experience, capacity and capability needed to deliver effective and sustainable care. The operations director had been chosen based on their experience in the fire service, pre-hospital medical care and the events industry and was trained to level four in First Response Emergency Care. The clinical director had been appointed due to their degree level education in nursing and also their experience as a nursing sister in an emergency department at a local NHS trust.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. The operations director worked closely with the clinical director to coordinate the organisations agendas ensuring that the service met all regulatory, corporate and mandatory obligations.
- Staff told us and we saw that, comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture.

Vision and strategy for this service

- The service had a clear vision and a set of values, with quality and sustainability as the top priorities. A three-year strategy and vision plan (2017-2020) described the aim of the service to 'provide exceptional care to our patients, and provide extraordinary service to our clients' and the vision, 'to be the ambulance provider of choice'.
- All the staff we spoke with were aware of the vision of the service.
- As part of the strategy and vision plan, five strategic aims had been identified. The strategy and vision plan were stretching, challenging and innovative, while remaining achievable.
- The strategic aims of the service were: Integrate clinical, quality governance and risk management into the organisations culture and everyday management practice; clearly define the organisations approach and commitment to clinical quality governance; raise staff awareness, knowledge and skills; ensure that the directorate team are appropriately implementing the clinical quality agenda; manage clinical quality through

the clinical subcommittee; manage risks as part of normal line management responsibilities and provide funding to address 'risk' issues as part of the normal business planning process.

Culture within the service

- The culture of the service encouraged candour, openness and honesty and staff told us they felt comfortable raising concerns. A 'Whistle Blowing' policy was in place to support and encourage employees and others who had serious concerns about any aspect of the organisations work to report those concerns.
- The clinical director was a Freedom to Speak Up Guardian (F2SUG). The role of the F2SUG is to encourage and enable staff to speak up safely within their own workplaces. Staff told us they were actively encouraged to speak up if they had concerns about patients, clinical practices and concerns about their colleagues.
- 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. Staff we spoke with were familiar with the duty of candour and the concepts of openness and transparency.
- The Duty of Candour lead was the registered manager. All staff were trained in the duty of candour process and obligations. This was carried out as part of the induction training. At the time of our inspection 100% of staff had been trained.
- Directors described their staff as their "greatest asset" and told us how proud they were of their team.
- Staff told us they felt supported, respected and valued. Staff described leaders as going 'above and beyond' when supporting staff both professionally and personally.
- Staff were enthusiastic about their roles and told us they were proud to work for this service. Without exception, all staff demonstrated to us that the primary aim within their day to day work was to ensure patients had the best possible experience of their service.

Governance

- The clinical director had overall accountability for clinical and quality governance and was supported in their role by the clinical subcommittee, comprising of; a doctor, a nurse and a pharmacist.
- Governance procedures were in place for managing and monitoring the service's contractual obligations to an NHS ambulance trust. We saw where a two-year contract, dated November 2017, was in place between the two providers. The contract included; aims, objectives and description of the service provided, the population covered and acceptance and exclusion criteria. We saw where the contract was due to be reviewed in November 2018.
- A robust governance framework was in place to monitor performance in for example, infection prevention and control, medicines management, equipment maintenance, stock control and staff performance and development. The clinical director demonstrated to us a good oversight of performance in all areas across the service and staff we spoke with were knowledgeable of audit results and changes across the service.
- Staff performance and development was high on the director(s) agenda and seen as instrumental in providing high quality care. Staff were given good and equitable opportunities to attend training and training was regularly evaluated through self-assessment, observation and appraisal.
- Pre-employment checks included evidence of a valid Disclosure and Barring Service (DBS) check. At the time of our inspection all staff had a valid DBS check.

Management of risk, issues and performance

- The operations director had delegated responsibility for managing the strategic development and implementation of organisational risk management.
- Robust arrangements were in place for identifying, recording and managing risks. We saw a risk register was in place with six risks identified. Risks had been RAG (red, amber, green) rated according to severity and reviewed appropriately by the clinical director. Both the operations and clinical director(s) demonstrated to us a good oversight of their recorded risks.
- A credible emergency / major incident response plan and policy was in place. The aim of the major incident plan was to ensure that Hardcore Medical & Ambulance Service staffs response to a major incident was, patient focused, clinically led and effectively managed. The plan provided a generic framework for operational response to nine key tasks including, but not limited to, activation, escalation and mobilisation, arrival at scene, scene assessment and command, control and co-ordination.

- Major incident 'grab' bags were available for staff in the event that guidance and equipment was needed quickly. Content included for example; action cards, tabards and relevant guidance. The service's major incident procedure followed the five principles of JESIP (Joint Emergency Services Interoperability Principles).

Information Management

- The service respected patient confidentiality at all times, and complied with the Data Protection Act, 2018 in relation to all records held by the service. The provider was registered with the Information Commissioner's Office.
- The patient report forms (PRFs) had recently been revised to include a section prompting staff to explain to patients that patient identifiable data was managed in accordance with the Data Protection Act, 2018.
- The operations director had recently designed and introduced an online management application (App). The App, which was in the operational testing stage, provided the directors with an 'all in one' performance monitoring system that was accessible by any member of the team. The App allowed for example, the recording of all equipment bags checks against inventories and expiry dates, daily checks on hardware such as patient monitors and suction devices, infection control daily checking process and daily vehicle inspections and defect reporting. The benefit of the system was that if there were any deficiencies or defects with any process such as vehicles, infection control, daily kit tests or equipment, the defect was instantly emailed to the operations director so it could be addressed or restocking provisions made. Future plans of the App were to include incident reporting.

Public and staff engagement

- The service engaged with all members of staff. Leaders of the service communicated with staff through a dedicated staff page on the organisation's website in addition to, a closed social media group.
- The operations director had recently introduced a staff survey. The survey was accessed by staff electronically and had been carried out in July 2018 The operations director told us the plan was to repeat the survey annually. The survey was made up of two sections. Section one had nine questions and was staff related. Section two had four questions and was patient related. The response rate for the survey was 76% (13/17 staff). Results showed there were no negative responses to any of the staff or patient related questions.

Innovation, improvement and sustainability

- The service leaders strove for continuous improvement within the service. Managers recognised their biggest challenge as limited financial investment to make the service more environmentally friendly with projects such as electronic patient report forms (ePRF) and other paperless suggestions.
- The seasonality of work; summer for festivals and winter assisting the NHS in frontline work contributed to the financial status of the company, but managers were aware they were providing services in a very competitive market. Competitors had better access to the market due to being bigger and having access to a larger fleet, more resources and larger staff pools.
- Managers were exploring different office accommodation around the north-west Leicestershire area that they could expand into allowing a cost saving on the units currently being occupied.
- The service was also exploring an affordable and General Data Protection Regulation (GDPR) compliant ePRF system, including barriers such as cost, implementation costs and also training required for the staff.
- To address the financial stability of the company, the service was looking for investment from a larger source to facilitate a growth in business. The service had investigated government and local authority grants to try and secure funding but felt a positive outcome was unlikely.
- In the winter of 2018, the service was considering running a recruitment event to expand their skilled work force.

Outstanding practice and areas for improvement

Outstanding practice

The operations director had recently designed and introduced an online management application (App). The App, which was currently in the operational testing stage, provided the directors with an 'all in one' performance monitoring system that was accessible by any member of the team.

Areas for improvement

Action the hospital SHOULD take to improve

The provider should ensure, where medicines are stored, room temperatures are monitored appropriately to ensure medicines are stored at the desired range.