Care Quality Commission

Vie Medic Services Ltd

Vie Medic Services Ltd

Quality Report

West House
West Street
Wath-upon-Dearne
Rotherham
South Yorkshire S63 7QX
Tel: 07581144538
Website: www.viemedic.co.uk

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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.

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 30 April 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.

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 service had clear incident management system for reporting, reviewing and responding to incidents with feedback processes for shared learning.
- There were suitable policies and procedures for raising safeguarding concerns which staff were aware of. The service is in the process of providing enhanced safeguarding training for staff in line with national guidelines.
- There were appropriate and comprehensive risk management structures in place with suitable risk assessments and a risk register which was informed by regular review of outcomes and quality monitoring. This included planning for safe staffing levels and relevant contingencies.
- There were safe systems for managing medicines at the service with regular audit checks and effective processes for supply and disposal.
- The service monitored environmental safety and infection control with regular equipment and hygiene checks.
- Records were managed effectively and securely with regular scrutiny as an integral part of quality monitoring.
- Staff had access to current guidance and protocols based on national guidelines which they could reference through phone apps and on the provider website.
- The provider monitored adherence to guidelines via spot checks, audits of patient record forms and patient outcomes via a clinical dashboard.
- There were effective systems for assessment and planning of support and care provided by the service with regular briefings.
- The service provided regular training for staff to ensure competence levels were maintained as appropriate and supplied updates and relevant guidance on the staff resource section of the website, including additional information and guidance using a range of methods.
- Staff received regular appraisal and review which was recorded in personal records.
- Systems were in place to ensure staff maintained their professional registration and were
- up to date with their mandatory training and clinical skills
- Consent was well evidenced and there were up to date policies relating to capacity and consent in adults and children as well as staff training.

Summary of findings

- The service took account of diversity and there was a multi-faith phrase book available for use if required.
- The service demonstrated effective management of complaints, with analysis and learning available to staff.
- The service had an enthusiastic and proactive registered manager with a senior management team to provide operational oversight and clear organisational structure. There were clear mission statements and a business development plan was in progress.
- The service had an up to date risk register and a range of quality assurance processes which demonstrated regular review and actions to maintain and improve performance and respond to any concerns.
- Staff were positive about the culture at the service and there were good systems for engagement and communication with staff using a variety of media and feedback processes.

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

- Although the service used a central database to monitor mandatory training, records were not always clear or up to date.
- The service had recruitment processes in place, however not all staff had a record of pre-employment reference checks.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ellen Armistead

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services		Vie Medic Services Ltd is operated by Vie Medic Services Ltd. The service provides mainly first aid cover at events but occasionally may be required to transport patients to local accident and emergency departments The service had developed a foundation for effective governance, with robust systems in place for assessing risk, monitoring quality and safety and good communication networks. The registered manager was proactive and responsive and had good oversight of operational performance with clear organisational structure and responsibilities. The service had recently introduced additional quality monitoring with spot checks to ensure good practice was maintained. Patient records were managed and monitored effectively and stored securely at all times to ensure patient confidentiality was maintained. The management of medicines within the service was safe and there were regular audits and safety checks of equipment and infection control procedures. Staff had regular reviews, feedback and training with a staff resource centre on the provider website for guidance, shared learning, updates and alerts. There were appropriate and accessible policies and procedures in place which were annually. reviewed to ensure that staff used best clinical practice in line with current legislation. Staff were positive about the culture and management of the service which was viewed as transparent, inclusive and supportive. There was evidence of regular communication and updates from the registered manager and staff had opportunities to express their views and provide feedback through a staff forum. Staff were aware of the underlying mission and aims of the service which were to provide good quality, safe and professional care. However, we also found the following issues that the service provider needs to improve:

Summary of findings

Although the service delivered regular training to staff, which it monitored on a central database, with training certificates in staff files, there were some gaps in recording and not consistent evidence that all statutory training had been delivered for all staff. .

Although there was a recruitment process in place, reference checks were not always in evidence in a minority of staff files.

Care Quality Commission

Vie Medic Services Ltd

Detailed findings

Services we looked at
Emergency and urgent care

Detailed findings

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Background to Vie Medic Services Ltd

Vie Medic Services Ltd is operated by Vie Medic Services Ltd. The service was registered in April 2015 and is an independent ambulance service in Rotherham, South Yorkshire. The service primarily serves the communities of South Yorkshire.

Vie Medic Services provided mainly event first aid cover and first aid training, which are out of the scope of CQC regulation. However, the service occasionally provided transport of patients from event sites within its contracts with providers, which is within the scope of regulation, and it is on this basis that the service was inspected.

The service employed two permanent staff, including the managing director who is the registered manager for the service. Vie Medic used the support of 56 other temporary bank staff, many of whom are employed in other substantive roles within NHS organisations. Vie Medic Services did not at present have their own vehicles and currently hired them from other ambulance services when covering events if required.

The service has had a registered manager in post since 10 April 2015.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,one other CQC inspector, and a specialist advisor, a paramedic with expertise in emergency ambulance services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Vie Medic Services Ltd is operated by Vie Medic Services Ltd. The service provides mainly first aid cover at events but occasionally may be required to transport patients to local accident and emergency departments. Between January 2016 and April 2018 there had been two occasions where a patient had been conveyed off site to a local hospital.

Summary of findings

We found the following areas of good practice:

- The service had clear incident management system for reporting, reviewing and responding to incidents with feedback processes for shared learning.
- There were suitable policies and procedures for raising safeguarding concerns which staff were aware of. The service is in the process of providing enhanced safeguarding training for staff in line with national guidelines.
- There were appropriate and comprehensive risk management structures in place with suitable risk assessments pre-event and a risk register which was informed by regular review of outcomes and quality monitoring. This included planning for safe staffing levels and relevant contingencies.
- There were safe systems for managing medicines at the service with regular audit checks and effective processes for supply and disposal.
- The service monitored environmental safety and infection control with regular equipment and hygiene checks.
- Records were managed effectively and securely with regular scrutiny as an integral part of quality monitoring.
- Staff had access to current guidance and protocols based on national guidelines which they could reference at events and on the provider website.

Emergency and urgent care services

- The provider monitored adherence to guidelines via spot checks, audits of patient record forms and patient outcomes via a clinical dashboard.
- There were effective systems for assessment and planning of support and care provided by the service with regular pre and post-event briefings.
- The service provided regular training for staff to ensure competence levels were maintained as appropriate and supplied updates and relevant guidance on the staff resource section of the website, including additional information and guidance using a range of methods.
- Staff received regular appraisal and review which was recorded in personal records.
- Systems were in place to ensure staff maintained their professional registration and were

  up to date with their mandatory training and clinical skills.
- Consent was well evidenced and there were up to date policies relating to capacity and consent in adults and children as well as staff training.
- The service took account of diversity and there was a multi-faith phrase book available for use if required.
- The service demonstrated effective management of complaints, with analysis and learning available to staff.
- The service had an enthusiastic and proactive registered manager with a senior management team to provide operational oversight and clear organisational structure. There were clear mission statements and a business development plan was in progress.
- The service had an up to date risk register and a range of quality assurance processes which demonstrated regular review and actions to maintain and improve performance and respond to any concerns.
- Staff were positive about the culture at the service and there were good systems for engagement and communication with staff using a variety of media and feedback processes.

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

- Although the service used a central database to monitor mandatory training, records were not always clear or up to date.
- The service had recruitment processes in place, however not all staff had a record of pre-employment reference checks.
- Although medical gases and waste, including hazardous waste and used sharps were stored in a secure locked garage there was no medical gases sign on the door of the storage area or a lockable facility within it as recommended by national guidance.

Emergency and urgent care services

Are emergency and urgent care services safe?

Mandatory training

Many of the staff worked for local NHS ambulance trusts and underwent annual mandatory

training as part of their employment. Each member of staff had an individual folder containing a personal record review form which was used to record relevant information, including an indication of when mandatory training had been completed. We reviewed eight staff files and saw that this was not consistently recorded, with only five files out of eight indicating that mandatory training had been completed.

The registered manager told us that some staff had links to an on line record of continuous personal development, which was checked to ensure that training was up to date but only one of the staff files seen contained this link.

Staff folders also contained a variety of in-house training certificates but again this was not consistent and incomplete in some cases.

Staff told us that they received regular training and updates from the service which required them to complete workbooks to demonstrate competence levels. Those working for other providers said that they also had mandatory training supplied within their NHS roles.

The service had a colour coded training database showing a training record for each member of staff. However it was not possible to clearly identify which staff had completed their mandatory training as part of their substantive employment and there were some gaps in expiry dates and dates indicating when training had been completed.

This meant the provider was not able to demonstrate fully that staff engaged by the service had up to date statutory training to ensure that skills and competencies were current.

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We found that staff were sufficiently trained and qualified to drive emergency response vehicles. Staff folders contained record to show that the necessary staff had a C1 driving licence. A C1 driving licence is required to drive vehicles with a maximum authorised mass of between three and a half and seven and a half tonnes.

Safeguarding

The service had a separate, up to date, and annually reviewed safeguarding policy for adults and children. The policy set out procedures to be followed in the event of a safeguarding concern. This required the reporting member of staff to contact the registered or duty manager in the first instance who provided the link to the relevant safeguarding authority as those attending events were not always local residents.

The policy was available for reference on the provider website within the staff resource section. Staff are issued a briefing document for use at events along with safeguarding forms which are also available on the website. There was a clinical governance group at the service who had responsibility for reviewing any safeguarding concerns.

The registered manager was the designated safeguarding lead for the service. Each event attended by the service had an allocated duty manager who was on call for any advice or escalation if the registered manager was not available.

Staff were trained to level 2 although the registered manager acknowledged that this should be increased to level 3 and is in the process of organising enhanced safeguarding training.

The 'Intercollegiate Document: Safeguarding Children and Young People (2014) states that all staff providing direct care and treatment to a child should be trained to Level 3 safeguarding children and vulnerable adults.

Although no safeguarding concerns had been reported in the previous 12 months there was a potential at any event for the provider to be required to treat children which would therefore require relevant safeguarding training.

The majority of the staff worked for the local NHS ambulance trust provider and underwent annual mandatory training as part of their employment, which included safeguarding children level 1 and 2 and safeguarding vulnerable adults' level 1. However the service did not have a clear record to demonstrate they had attended safeguarding training in the 12 months prior to the inspection.

There was a training matrix which indicated that learning packs for safeguarding had been issued to the majority of staff, although it was unclear if or when previous training had expired. Staff files viewed contained some training certificates and some had confirmation that mandatory training had been completed but information was not consistent or clearly ordered.

Staff were clear about their responsibilities and the process to follow in the event of a safeguarding concern and all confirmed that they had had safeguarding training within the last year although were unsure what level of training had been delivered.

Cleanliness, infection control and hygiene

The service had an infection control policy which was updated annually and available to staff on the provider website. This covered hand hygiene procedures, maintenance of skin integrity, use of personal protective equipment (PPE), management of sharps and blood spillage, decontamination of equipment and waste disposal arrangements as well as information on auditing and spot checks.

However, the policy did not reference any national benchmarks or guidelines, for example National Institute for Health and Care Excellence guidelines for Healthcare Associated Infections (CG 139).

There was a separate waste disposal policy which provided clear definitions of different types of waste, such as domestic, landfill, sharps and infectious waste and appropriate colour coded arrangements for disposal.

Staff received annual training on infection control and there was evidence of this on the training database matrix.

The service hired ambulances on an ad-hoc basis from other providers when attending events. We were therefore unable to inspect any vehicles or confirm if staff adhered to the infection control policy.

The registered manager carried out a monthly equipment cleaning log which consisted of a checklist and note of any required actions. This was well documented and up to date to March 2018.

In addition the registered manager told us that the designated clinical lead at each event carried out an audit of cleanliness and infection control compliance. This meant the service used opportunities to monitor staff compliance with the infection control policies.

There was a record of an event spot check which had been recently introduced by the service and this included checks on adherence to infection control policies such as cleanliness of uniforms, compliance with bare below the elbows and no jewellery requirements.

Environment and equipment

As the service did not have its own vehicles but hired them as required from other providers, there were no ambulances to view on the day of the inspection. The registered manager explained and showed that documentation was provided by these providers to assure the service that vehicles were roadworthy and had appropriate insurance.

There was a monthly equipment check record at the service which included glucometer calibration checks, a patient record form audit, a prescription only medicines (POM) audit, cleanliness audit and disposable equipment checks. We checked records for the last 3 months to April 2018 and these had all been comprehensively completed. There were also weekly blood glucose calibration checks and these were also up to date.

All equipment and supplies were stored in a self -contained lockable area in the registered manager's home.

Disposable single use equipment was in a dry store and all seen were within expiry date. There were pre-packed individual kit bags stored for use by ambulance crews and all equipment was correctly sealed and within date. There was a stock rotation system in use to ensure that disposable equipment was used in date order to avoid waste of expired items.

Electrical equipment displayed safety testing stickers which were within date, including an automatic external defibrillator and communications equipment.

There were suitable systems for logging out equipment and records were signed and dated by staff. The service was in the process of implementing improved forms for vehicle check lists and equipment check lists for individual units.

Medical gases and waste, including hazardous waste and used sharps were stored in a secure locked garage as the service did not own its own vehicles and therefore did not have a separate ambulance station. Medical gases were stored off the ground in this area which was a well ventilated and dry environment.

However, there was no medical gases sign on the door of the storage area or a lockable facility within it.

Clinical waste was stored in a large lockable bin and clearly marked.

We saw a service level agreement with a company licensed to dispose of hazardous waste, and used sharps. This ensured all hazardous waste and used sharps were disposed of safely.

Assessing and responding to risk

Each event had a completed risk assessment which was available to the organiser and staff prior to the event as well as a post event briefing to analyse and learn from any incidents and patient outcomes.

We saw examples of recent event risk assessments and documentation was thorough, with arrangements for access and egress, environmental considerations and the distance and location of the nearest hospital. There was also a staff briefing which included escalation and transfer arrangement, pre-designated roles and pre-alert numbers for hospitals.

All patients were assessed by a qualified paramedic and treated in line with Joint Royal Colleges Ambulance Liaison Committee protocols which were available for reference via an app on staff mobile phones as well as the provider website.

The service used NICE guidelines and a range of protocols was available for reference on the website including guidance for stroke, chest pain, sepsis, head injury and anaphylaxis. ..

All crews included trained paramedics who worked within their professional scope of practice to assess patient risk, detect patients who were becoming more unwell and undertake a medical intervention. If the paramedics decided they did not have the skills or equipment to deal with an emergency they would call for an NHS emergency ambulance.

The service had a formal business continuity plan which had been updated recently and provided detailed information on how the service would respond to a disruptive incident and maintain critical services until resumption of normal business.

This included a critical function checklist and analysis of likelihood and impact, with resources required to respond and a recovery timeframe.

No major trauma or motor cross work was accepted by the service.

Staffing

The registered manager used a pre-event risk assessment tool and experience as a paramedic when providing event cover to plan the skill mix needed for each event.

There was a staff skill set policy which outlined the scope of practice for different types of staff which provided guidance on staffing levels required for different events.

The registered manager told us that staff were always profiled to take account of possible emergency.

The service was contracted on an ad hoc basis; this meant that there was no rota required. There were 56 temporary and bank and the service attended approximately one event per week throughout the year.

There were no specific working hours, with some staff working every month while others worked only occasionally throughout the year.

Records

There was a records management policy at the service which was reviewed annually and referenced relevant legislation including the Data Protection Act 1998 and the Caldicott Principles.

The policy provided definitions, staff responsibilities in relation to confidentiality and access and outlined retention and disposal arrangements. The senior management team (SMT) at the service had strategic responsibility for Information Governance including records management.

The service used an A3 size patient record form (PRF) which was fit for purpose and included a record of consent, any lack of capacity, refused consent and any DNACPR information.

There was a monthly audit of a patient record forms to ensure that staff were completing them correctly with a target compliance figure of 80%. We viewed the audit data for the previous six months and saw that audit had been undertaken frequently with comments and actions noted where compliance rates had fallen below target on two occasions. However, we saw that compliance was generally good.

We viewed the patient record forms for the two patients transported to hospital during 2017 from an event and these were well completed and included the demographics of the patient, assessment of current symptoms and details of conveyance and handover to hospital.

The service used details from patient record forms to inform the clinical dashboard maintained by the service, which monitored PRF compliance as well as patient outcomes. There was also a spreadsheet maintained to record a breakdown of patient injuries and conditions which was clear and comprehensive.

Completed record forms were securely stored in a locked cabinet at the registered office. The service had a contract with an external company for the destruction of confidential waste.

Staff received training in data protection and updates to this were planned in response to changes to legislation in 2018. The service also had a social media policy which gave guidance on the use of social media sites to ensure the protection of patient confidentiality and the professional reputation of the service.

Medicines

The service had a medicines management policy in place at the time of our inspection which was reviewed annually and compliant with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines 2016.

The policy defined designated roles, individual responsibilities and restrictions, procurement and disposal arrangements along with recording systems.

Controlled drugs are not currently used by the service.

Prior to being booked out into bags or onto vehicles, all medicines were stored in locked pharmacy cupboards at the registered office. Registers of stock levels and batch numbers for each medicine were maintained and we saw that relevant audits were carried out at regular monthly intervals.

Stock records corresponded to relevant folders maintained for individual bags. All medicines were within use by date and were in accordance of the schedule 17 exemption; these are medicines which can be administered by anyone for saving life.

Prescription only medicines were clearly labelled and sealed with individual tags and medicines stored in individual paramedic bags were in date and sealed. There was a clear record of expired drugs which were secured in a separate section of the storage facility.

Any medicine administered to patient were recorded on the paper based patient report form (PRF) and the bag's drug register completed in accordance with the company procedure, with a signature or name at the side, in conjunction with the date, time and route of the drug.

Batch numbers and expiry dates were included on the forms, including those of the medical gases. Any drug administered required a signature or name at the side, in conjunction with the date, time and route of the drug

The medicines management policy required that all clinical staff provided annual assurance that they had undergone training relevant to their role, although this had not been clearly evidenced in all staff files. Regular clinical updates were also provided by the training team.

Incidents

There were no reported never events or serious incidents during 2017. Never events are defined as serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and

should have been implemented by all healthcare providers.

The service had a clear, up to date and annually reviewed Incident Management policy with definitions of types of incident, roles and responsibilities, timelines for investigation and the procedure to follow as well as reference to the statutory Duty of Candour.

Emergency and urgent care services

The service used an incident management report form to provide a detailed description of the incident as well as a risk analysis matrix. In addition there was a management feedback section for each form with any follow up actions and any lessons learned.

The incident management policy and relevant forms were available at the service and accessible on the staff resource section of the provider website along with copies of all completed reports and management feedback so that any shared learning could be disseminated along with actions to mitigate future reoccurrence. Staff were aware of the procedure and reporting process to follow in the event of an incident.

We reviewed 12 incident forms completed between March 2016 and February 2018. All had been well documented, with all forms typed and fully completed with a clear overview in the management feedback section along with measures to prevent reoccurrence where relevant and an assessment of likelihood or reoccurrence and risk of harm.

The service did not have a separate Duty of Candour policy on the website on the day of the inspection but has since introduced this as a separate policy with relevant definitions and staff responsibilities.

The Duty of Candour requirement was clearly referenced and defined within the incident management policy documentation, supported by a 'Just Culture' policy within the company which required an open and transparent culture.

The registered manager was clear about his statutory duties in relation to the Duty of Candour requirement. Staff were less clear about terminology but were clear that openness and honesty between staff and toward service users was required at all times.

Are emergency and urgent care services effective?

Evidence-based care and treatment

Staff at the service adhered to National Institute of for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JCALC) guidelines. Staff had access to JCALC guidelines via a phone app and the staff resource centre on the provider website.

In addition the website had best practice guidance on other conditions such as head injury, British Thoracic Society for oxygen administration, sepsis and resuscitation. The service also provided regular safety alerts on the website so that staff were kept up to date, for example with any issues relating to faulty equipment.

There were also guidelines available from other professional bodies that were relevant to the types of events covered by the provider, such as the Amateur Boxing Association medical aspects guidelines and the British (Equestrian) Eventing Rulebook.

This meant that staff were following the most up to date guidance when providing care.

We saw completed monthly patient care audits for the current year, using scrutiny of patient record forms, current guidance and best practice to ensure that there was appropriate correlation between the presenting condition or complaint and treatment provided.

The provider monitored adherence to guidelines via spot checks at events, audits of patient record forms and patient outcomes via the clinical dashboard.

Pain relief

Patients had their physical needs assessed including pain and provided appropriate pain relief as required, which was recorded on the patient record form.

Assessment and planning of care

As part of the pre-event risk assessment preparation, the provider identified the nearest hospitals with an accident and emergency department to the venue and calculated the estimated transfer time. These details and pre-alert telephone contact numbers for the

department were given to the crew working at the event. This ensured the patients were transferred to the nearest accident and emergency department.

There were escalation and transfer protocols which formed part of pre-event staff briefings, with a medical skill mix that tool account of possible emergency transfers. Each event had a designated lead clinician and other allocated roles as appropriate.

Staff had access to comprehensive information about the service on the staff resource section of the provider website, including all policies and procedures,

safeguarding procedures, the incident management process, relevant evidence based guidance, training, safety alerts and updates. This was very well structured and easy to navigate with a staff forum and calendar of events

Response times and patient outcomes

Patient outcomes were monitored at each event and we saw the database which analysed patient outcomes and types of patient injuries/conditions since 2016, showing that the majority of patients were discharged on site at the event.

The service was contracted by providers to provide first aid cover and transport patients from event sites and was not required to audit response times.

Competent staff

The service had a designated training officer who was responsible for oversight of training although the registered manager also coordinated training records. Training was delivered face to face or via e learning

We checked the individual folders of eight staff members, which contained personal records of Disclosure and Barring Service (DBS) and other recruitment checks, induction and training records, driving licence and professional registration checks.

The service used an application check list when recruiting new staff and staff folders contained evidence of application forms and interview records for each new member of staff along with disclosure and barring service (DBS) certificates or disclosure numbers, photo identification, verification of right to work and a record of induction training. However, reference checks were not always in evidence and were seen in four out of eight staff files. There was no evidence of a health declaration for new staff, although the provider has since supplied a form that will be introduced.

Records we saw showed the registered manager checked the professional registration of the staff on an annual basis along with driving licence checks to verify if the driving licence was current and in date along with information about the categories of vehicles staff were qualified to drive.

The records of staff also contained a variety of competency certificates demonstrating they have up to date knowledge and skills. There was also a training database with evidence of training undertaken by each staff member, including mandatory training although this was not always consistent or clear. Staff told us that they received regular training and were required to complete workbooks for different training modules to demonstrate knowledge levels. We saw examples of completed workbooks in staff files.

The staff resource section of the provider website offered additional guidance and training in relevant areas and this included e learning, videos, podcast links and information sheets on a wide range of topics to enable staff to enhance and maintain their knowledge base.

Staff told us that the registered manager provided frequent updates and any changes to guidance were posted on the staff website

The service had recently provided a section on Crew Resource Management and human factors that could affect quality of care such as stress, fatigue, situational awareness and communication. This was supported by video learning.

Staff underwent an annual personal development review and there was evidence of recent review in all staff folders seen, with objectives and any identified training needs well documented. Clinical practice reflection forms were seen in some staff folders, used to follow up results of audit and other matters aimed at improving performance with individual members of staff.

Coordination with other providers and Multi-disciplinary working

Patient record forms documented handovers between themselves and hospital staff when they took patients to the accident and emergency department.

The service only transported patients from the event venue to the local accident and emergency department.

Health promotion

The service was contracted to provide first aid cover to patients at ad-hoc events and therefore did not have regular patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Emergency and urgent care services

The service had a comprehensive and up to date formal policy for patient consent, with appropriate definitions and guidance on how to respond if there was a lack of capacity to consent, including the need to act in the patient's best interest at all times.

This also covered arrangements for consent in relation to children and young adults, including children where a parent or responsible adult was not present

We also saw the chaperone policy for the service. Training was provided on this as part of training on consent, capacity, equality and diversity.

Patient record forms included a section to evidence consent and capacity, as well as space to record refusal of treatment. The registered manager said that a new form was in development which would evidence consent in a more definitive way.

Staff told us that consent was usually verbal but that they always informed patients and asked them for consent before delivering any care or treatment. They said that children always needed to have a parent or responsible adult such as a teacher or coach who was authorised to provide consent. In the absence of a parent or guardian they would make contact the appropriate person by phone.

The service training matrix and certificates in staff files showed that some staff had received training in capacity and consent although this was not consistently demonstrated for all staff.

The registered manager confirmed that staff who had completed annual mandatory training with their regular employer would have received training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of this, although we did not see documentary confirmation of this.

Are emergency and urgent care services caring?

Compassionate care

We were unable to observe patient care or interactions, as there was no activity on the day of the inspection; however, the registered manager and staff we spoke to were able to give examples of the good care provided by staff, such as ensuring privacy, informing patients about any care or treatment to be delivered and ensuring their consent.

Staff were aware of the importance of maintaining privacy and dignity of patients receiving care. This had been identified as an item on the risk register and action taken to improve and maintain patient privacy.

The service had good mechanisms for collecting customer feedback via service evaluation forms from event organisers, patient satisfaction questionnaires given to those requiring care or treatment and there was a feedback section on the provider website. We saw recent feedback and completed questionnaires which demonstrated a high level of satisfaction with the service.

Emotional support

Patients were able to submit feedback on the provider website and comments we viewed were positive and testified to the professional and empathetic care given by staff. One customer reported**,**

'I have always felt I was dealing with a professional organisation which has not forgotten that showing the human touch is important'.

Understanding and involvement of patients and those close to them

We were unable to observe patient care or interactions, as there was no activity on the day of the inspection.

Staff were able to give examples of patient involvement and said they explained the options available to them and any treatment provided, including any decision to transfer to hospital. This was supported by customer feedback seen on the provider website.

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

Service planning and delivery to meet the needs of local people

The key stakeholders for this service were event organisers. A full risk assessment of the event was completed by the provider and given to the event organiser for agreement prior to the event.

Emergency and urgent care services

We saw good evidence of pre-event risk assessments, communication with the organiser and briefing information including the staff team covering the event, taking account of the size and nature of the event, key contacts and communication arrangements along with any environmental considerations and other special requirements.

We also saw examples of de-briefing and evaluation for staff and the organiser if required, with information on any patients treated, the nature of injuries and outcomes, so that any learning points could be communicated. .

Access and flow

For each event, the registered manager provided staff with pre-event briefing documentation, which included details of the event, designated staff roles, contact details and addresses of local NHS services and event site maps as well as any environmental considerations or other special requirements. Staff were issued with suitable radio communication equipment

Staff could access JCALC guidelines via a mobile phone app when on site, with a least one member of staff required to have a smartphone available for reference.

Pre-event risk assessments took account of the size and nature of the event and the nature of the staff team to ensure that there were suitable staff skills to support any patient that required transport to hospital and escalation policies to provide appropriate cover for any delays.

The service had transfer times and relevant contact numbers for local hospitals included in briefing packs to ensure that staff could communicate and inform services as appropriate.

Meeting people's individual needs

The service had an equality and diversity policy which stated the provider's commitment to meeting the needs of the individual, including those with special needs, and training was provided for staff in this aspect of their work.

There was a multi-lingual phrase book available for reference when needed.

Learning from complaints and concerns

The service had an up to date complaints policy which was reviewed annually and contained information on roles and responsibilities and the complaints procedure including response times. The service provided an acknowledgement of any complaint within 48 hours and investigation and response within two weeks.

Details of the complaints procedure were available on the service website, with relevant contact details.

There were no recorded complaints relating to either of the patients transferred to hospital. There was information and feedback on complaints available to staff on the staff resource section of the website with any learning and actions to avoid recurrence noted, although there were no specific learning outcomes in this case.

Are emergency and urgent care services well-led?

Leadership of service

There was a clearly defined senior management team at the service consisting of the managing director who was a qualified and experienced paramedic, a general registered manager, training registered manager and HR manager. Senior management team meetings were well evidenced and we saw minutes of recent meetings.

There was a management organisation chart with reporting lines and accountabilities shown with appointed team leaders and delegated responsibilities, including operational supervision and quality assurance. The service also has a medical director to provide advice and support.

All staff were issued with a staff handbook when joining the service which contains information on the company's mission statement, induction training, conditions of employment, whistleblowing policy and grievance procedure as well as codes of conduct.

The registered manager was considered approachable, very proactive and responsive. Staff reported that the registered manager was always available if there were any queries or concerns, providing useful information and updates on the website and mobile phones.

Vision and strategy for this this core service

The service had formal a mission, visions and values statement which had been updated for 2018 and was available on the provider website as well as in the staff handbook.

Emergency and urgent care services

The company aimed to provide a high quality safe and effective service by ensuring clinical excellence and professionalism.

Staff were aware that patient safety and a professional approach to care was an important part of the company culture.

Service values included patient focussed safe and effective care, openness and honesty, with continuous learning and evaluation.

Culture within the service

Staff we spoke with were very positive about the service which was described as a professional, friendly and caring organisation with an open culture and good systems of communication.

Governance, risk management and quality measurement

The service had a governance framework and management processes for quality monitoring and improvement, responding to risk, staff communication and learning. The service had a central database to monitor training although this was not fully completed so it was not possible to demonstrate that all staff were up to date with required mandatory training.

There were sound systems for reporting and reviewing incidents, complaints and safeguarding concerns as well as a range of quality audits and safety checks which were well documented and up to date.

The service had a risk register which was reviewed on a regular basis at senior management team meetings, and suitable risk assessments processes for individual events.

The register had been reviewed in January 2018 and currently contained 21 items of which nine were closed.

All items on the risk register were coded using a traffic light system to indicate level of risk with both pre-mitigation and post mitigation status with actions taken or required to mitigate risk clearly documented.

The service used a clinical quality dashboard to monitor aspects of service performance and this was maintained on a spreadsheet with targets, red flag levels, data sources and comments as well as any measures taken. The dashboard monitored patient satisfaction levels taken from feedback forms, complaints, patient record form compliance, medicines usage, patient outcomes and cleanliness.

An overview of service delivery could therefore be measured over time and enabled any key concerns to be identified and addressed.

Public and staff engagement

There were effective systems for staff communication, including a well structured, password protected staff resource section on the provider website. This provided information on learning from incidents, safety alerts and updates, access to training and guidance as well as company policies and procedures and staff notices, including opportunities for extra training and promotion.

Staff confirmed that there were good feedback processes within the organisation including face to face briefings post event as well as information posted on the website.

In addition there were restricted social media platforms and groups for staff and those we spoke to said that the registered manager was very good at maintaining good links and providing them with updates, alerts and other relevant information.

The website also had a staff forum which allowed staff to post their views and comments.

The service is intending to introduce quarterly staff meetings in the near future.

The service had recently conducted a staff survey and we saw an analysis of the results which indicated that management showed a good level of support with a commitment to customer safety, although earlier briefing documentation was required prior to events.

Innovation, improvement and sustainability

The registered manager is currently updating the business improvement plan and it is intended that the service will move to new premises in the near future. Although patient transfers currently represent only a small part of the service provision it is anticipated that this may increase as the service grows.

There was a very well structured staff resource facility on the provider website which was used for effective

communication to and from staff. The staff website provided safety alerts, feedback on learning from incidents, updates and relevant training.as well opportunities for extra training and promotion as well as a staff forum

The service had recently introduced an Action for Quality Initiative which included event spot checks, additional training videos on the website and an enhanced system of DBS checks for staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should ensure that systems to monitor and record staff training updates are clearly documented and up to date, including mandatory training. Where staff receive mandatory training from other employers this should be documented within their records to ensure that their skills and competencies are current.
- Staff records should demonstrate clear and consistent evidence of pre-employment recruitment checks and references in line with documented recruitment policies.
- The provider should ensure that a lockable facility is provided for medical gases within the secure storage area, along with appropriate signage.