

Buxton

# Peak Medicare Ltd

## 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

Emergency and urgent care services

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Peak Medicare Ltd is registered to provide patient transport services, triage and medical advice remotely and the treatment of disease disorder or injury.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 3 October 2017, along with an unannounced visit on 15 October 2017.

The ambulance service provided bespoke medical cover to sporting events including medical care and treatment on site (this is not a regulated activity and is therefore not included in this report). The care and treatment provided during conveyance to hospital is regulated and was the focus of this inspection. The inspection took place in reference to the urgent and emergency services framework. 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.

Peak Medicare Ltd operates an independent ambulance service in North Derbyshire, primarily providing first aid and emergency response at motorsport events at Buxton Speedway and the Bell Vue circuit Manchester. Additionally they provide a first aid and emergency response service at community and national events held in the North Derbyshire area.

### Services we do not rate

We regulate independent ambulance services but do not, currently, have a legal duty to rate them. We highlight good practice and identify where service providers need to improve. Taking regulatory action as necessary.

We found the following areas of good practice:

- Scheduling included a paramedic lead plus a minimum of emergency technicians or first responders.
- All vehicles and equipment was maintained and serviced regularly.
- All vehicles were visibly clean with established cleaning schedules with commercial deep cleaning contracts in place.

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

- Incident reporting policy.
- Medicines management.
- Mandatory training & Competencies.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, to help the service improve. We also issued the provider with six requirement notice(s) that affected urgent and emergency services]. Details are at the end of the report.

### Heidi Smoult

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

#### Emergency and urgent care services

### Rating Why have we given this rating?

Urgent and emergency services are the only registered activity provided by Peak Medicare Ltd. We have not rated this service, as we currently do not have the legal duty to rate independent ambulance services. This was a comprehensive inspection, which inspected all elements of the five key questions, however during our announced and unannounced inspection period; we did not observe any patient care within their regulated activity.

We found Peak Medicare Ltd provided safe care to patients. However, there lacked robust systems, processes and policies to monitor quality and evaluate the service provided.

# Peak Medicare Ltd

## Detailed findings

### Services we looked at

Emergency and urgent care

# Detailed findings

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### Detailed findings from this inspection

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## Background to Peak Medicare Ltd

Peak Medicare Ltd was an independent ambulance service based in Buxton Derbyshire providing first aid and emergency response to speedway and motorsports events at Buxton speedway and Bell Vue Manchester. Additionally they provide first aid and emergency response at various community events throughout Derbyshire.

The service primarily provides assessment, treatment and advice on site to competitors and spectators, occasionally transporting patients to hospital for further treatment.

The service was registered in 2011 and has had a registered manager in post since this date.

## Our inspection team

The team inspecting the service comprised a CQC lead inspector and a specialist advisor with expertise in ambulance services as a registered paramedic.

The inspection team was overseen by Bridgette Hill Inspection Manager.

## Facts and data about Peak Medicare Ltd

Peak Medicare was registered to provide the following regulated activities:

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

During the inspection, we visited the service location base at Buxton Derbyshire. We spoke with three staff at the base including a registered paramedic, the registered manager and business partner. Following our announced visit, we contacted one paramedic by telephone. We also spoke with one senior paramedic and six first aiders at our unannounced visit.

We reviewed ten patient record forms including one for a patient transferred to hospital within the period October 2016 to September 2017.

There were no special reviews or investigations of the service on going by the CQC at any time during the 12 months prior to this inspection. The service was previously inspected in February 2014 when it was found to meet all the standards of quality and safety inspected against.

### Activity

# Detailed findings

For the twelve months October 2016 to October 2017 Peak Medicare Ltd had transferred one patient to hospital for further treatment.

- All paramedic, technician support staff and first aiders work on a self-employed basis, as required. Peak Medicare Ltd does not employ any substantive staff.
- Peak Medicare Ltd provides first aid and emergency response support to motorsport events at Buxton speedway and Bell Vue Manchester. Additionally they provide onsite support to local and national events, which take place within North Derbyshire.

- Peak Medicare Ltd had the facilities and expertise to enable them to transfer patients to hospital. However, due to the remoteness of events and the travel time involved, patients were usually cared for and monitored at the event and the local NHS ambulance provider or air ambulance called to provide transfer to hospital.

## Track record on safety

- Peak Medicare Ltd have no recorded incidents or injuries.
- The service had received no complaints.

## Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

## Notes

# Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

# Emergency and urgent care services

## Are emergency and urgent care services safe?

### Incidents

- Peak Medicare Ltd had not reported any incidents since registration of the service in 2011.
- Incident-reporting forms were available on each of the four emergency vehicles with additional copies available through the registered manager. The form included date, location, staff name and paramedic registration number, details of the incident, action taken and patient record form (PRF) number. However, the provider did not have an incident reporting policy to support and advise staff on recognising and reporting incidents. We escalated this to the registered manager (RM).
- Staff we spoke with during the announced and unannounced inspections were able to describe when they would complete an incident form and where to find one. However, they told us they had never had reason to complete an incident form whilst working for Peak Medicare Ltd.
- There was no established system in place to promote sharing and learning from potential or actual incidents.
- There is a requirement for all health related services to report never events. "Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers." Peak Medicare Ltd had reported no such events.
- The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology.
- Following discussions at our pre-inspection visit Peak Medicare had prepared a Duty of Candour policy. The inspection team reviewed the policy and found it to be comprehensive and appropriately referenced. However, there was not a review date included in the document.

- The policy had not been shared with staff at the time of our inspection or unannounced visit. However, staff spoken with during the inspection visits were able to describe the duty of candour and understood the principle of being open and honest when things go wrong. The registered manager told us the policy would be shared with all staff by email.

### Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The service did not produce or use a clinical quality dashboard.

### Cleanliness, infection control and hygiene

- We inspected all four emergency response vehicles and found them to be visibly clean and tidy.
- We were provided with an ambulance-cleaning schedule, which clearly described cleaning activity including, frequency, method and expected standard. The schedule included instructions for the disposal of items following contamination with body fluids. For example, equipment with Velcro type fastenings, which could not be cleaned or decontaminated effectively should be removed and disposed of in the appropriate waste disposal bins located at the business premises.
- Peak Medicare Ltd had a contract with a national company for the disposal of clinical waste and sharp items. The contract was for collection six monthly. This had been reduced from monthly due to minimal waste for collection. We saw designated, colour coded waste bins, with tamper proof lids, which were empty at the time of our inspection; the last routine collection was September 2017.
- We reviewed all four vehicles cleaning schedule records and found them to be completed, signed and dated. However, the provider did not audit cleaning schedules.
- There was antiseptic wipes for cleaning equipment between patients.
- Within the ambulance garage area, we saw colour coded disposable mop heads and buckets for use in designated areas such as driver's cab and ambulance floors. This met recommended practice for the prevention of cross contamination.



# Emergency and urgent care services

- There was ample supply of personal protection equipment (PPE) such as gloves and aprons on each vehicle and access to hand cleansing gel. However, we did not have opportunity to observe the use of PPE or hand hygiene in practice.
- Peak Medicare Ltd had a contract with a specialist company for deep cleaning the vehicles every six months or following contamination with body fluids. The specialist company took swabs to monitor microbial contamination levels of each ambulance pre and post cleaning. Reports were provided to Peak Medicare Ltd, which included pre and post deep clean swab results. We saw documentary evidence of the contract and the most recent swab analysis report from September 2017, which demonstrated effective cleaning.
- Within the garage area, we saw storage racking. There were plastic boxes with lids containing a stock of disposable items; all items in the boxes were within their use by date. No boxes were stored at floor level.

## Environment and equipment

- Ambulances were kept in a garage located directly behind the company owner's residence and business premises. Adjacent to the garage there was an area equipped for cleaning the exterior of the vehicles.
- The garage was alarmed with a direct link to the local police station.
- The garage was for the emergency response vehicles and associated items only. It was noted to be visibly clean and tidy.
- Peak Medicare Ltd had four emergency response vehicles. We viewed documents relating to all vehicles and found them to include ownership papers, ministry of transport (MOT) certification, service histories and insurance details, which were all in date.
- Vehicle keys were stored in a locked cabinet with number code access.
- Observation of the vehicles found them to appear visibly clean, have tyres in good order, working lights inside and out, including blue flashing lights and the recognised alerting sounds were effective.
- There was no vehicle replacement programme, one vehicle (not one of the four inspected) had recently

been decommissioned and replacement was planned when finances supported the purchase. As a contingency Peak Medicare Ltd could hire an emergency front line vehicle if required, although this was rare.

- Electronic equipment on each vehicle including suction units, thermometers and defibrillators were regularly serviced and tested for safety. We saw documentary evidence of this.
- Patient trolleys and transport chairs had not been included in service contracts. We checked each one and found them to be operational, including the hydraulic mechanisms and all safety belts responded to manual inertia testing. We escalated the requirement for servicing and testing of these items to the registered manager who agreed to contact the manufacturers to arrange servicing. We have been informed since the inspection that this has taken place.
- The ramps to access the rear of the vehicles were all working and had been tested during maintenance and servicing.
- Each ambulance had emergency equipment in suitable sizes for both adults and children.
- Vehicle checklists were completed prior to each event. Paramedics spoken with said if items were identified as faulty or out of date they were repaired or replaced quickly. At our unannounced visit, we saw documentary evidence of the vehicle check prior to being driven to the event.
- Each ambulance had two grab bags containing emergency dressings and medicines, which were taken to any incident attended; these were stored on the ambulance and were included in the pre event checks. We checked all items in the bags and found them to be visibly clean and within their use by date.
- Fire extinguishers were found on each vehicle. One was out of date (2016) this was escalated to the manager who immediately removed and replaced it.
- Staff were provided with high visibility jackets and identification, which indicated they were worked for Peak Medicare Ltd.

## Medicines

- The provider held a stock of medications for administration by paramedics. This included a range of

# Emergency and urgent care services

emergency medicines for use in life threatening situations. For example, cardiac arrest. Additionally there was adult and paediatric analgesia (pain control medicine) available on the vehicles.

- Medicines were obtained safely. However, we were concerned about the legality of arrangements in place for purchasing medicines.
- The service did not have a formal arrangement with a GMC registered doctor to oversee and approve medicines purchased, as required by the MRHA (Medicines & Healthcare products Regulatory Agency).
- Peak Medicare did not hold a Home Office licence for ordering and storage of prescription only medicines (POM) and controlled drugs (CD's). This was raised with the registered manager who told us they would investigate the need for a licence.
- Each ambulance had a grab bag, containing medicines for use in an emergency. When not at an event, medicines were stored safely at the registered premises. We saw records of stock, usage and expiry dates, which were comprehensive and complete. During our unannounced visit, we witnessed a paramedic checking medicines, including the expiry date with a colleague. Both signed to confirm the stock was correct and in date.
- Peak Medicare had a contract with a recognised licenced company for the disposal of expired medicines. A tamper proof container provided by the company was collected on request. There were no medicines in the disposal container at the time of our inspection.
- Peak Medicare Ltd had a medicines management policy in place, which described the service requirements for recording medicine administration, stock control and disposal. However, the policy was not dated or include a review date.
- We reviewed one patient record form (PRF) for a patient transferred to hospital and found a clear record of medications administered to the patient. Administration was signed by a Paramedic and witnessed by a second member of the crew.
- Oxygen cylinders and Entonox cylinders (50% Oxygen, 50% Nitrous Oxide - an inhalation gas used for pain relief), were stored securely on each vehicle. All cylinders were within their expiry date. No additional stock of

medical gasses was stored on the premises.

Replacement was through a licenced provider on request. We saw invoices which confirmed all medical gases were purchased from a licenced provider.

## Records

- We reviewed ten patient record forms (PRF) for patients seen and treated by Peak Medicare Ltd, including one for a patient transferred to hospital for further treatment. We found them to be appropriately completed and signed. The PRF's included patient demographics, observations, details of condition, treatment or advice provided and consent to treatment.
- The one PRF for a patient transferred to hospital was reviewed and found to be comprehensively and clearly completed. Documentation included details of the handover information provided to the emergency department staff. This complied with the Peak Medicare Ltd, treatment of patient's policy.
- Staff told us a copy of the PRF was offered to all patients treated by them. However, patients usually chose not to take it. A copy of each PRF was retained by Peak Medicare Ltd and stored in locked filing cabinets. We were told all PRF's had been retained since registration in 2011, all filing cabinets were at the business base.

## Safeguarding

- Peak Medicare had a Safeguarding Children and Vulnerable Adults Policy, which included responsibilities to report a safeguarding concern to a senior member of staff or event lead and instructions for immediate action if required.
- The registered manager had completed safeguarding training as part of personal involvement with local community groups e.g. a junior football team. We were told this was both classroom and on-line based. Post inspection the registered manager provided evidence of her personal safeguarding training in the form of certification.
- All paramedics working for Peak Medicare Ltd were required to maintain their personal professional registration, which included safeguarding training. We were shown how the registered manager confirmed

# Emergency and urgent care services

each individual's professional registration was up to date on-line. However, this did not indicate the level of safeguarding training attained to maintain paramedic registration.

- Emergency technicians and first aiders working for Peak Medicare Ltd were all in substantive positions within NHS organisations. Staff spoken with told us they had safeguarding training as part of their substantive role requirements. However, they were unable to confirm the level of safeguarding training.
- Staff records within Peak Medicare Ltd did not include confirmation of level of safeguarding training attained by those working for them. Levels of safeguarding should comply with the Safeguarding Children and Young People: roles and competences for health care staff intercollegiate document. Which states staff having contact with children, and young people should be trained to level three safeguarding. Those responsible for overseeing safeguarding must be level four and there should be clear policies and guidelines for raising a safeguarding concern if identified. The provider was unable to provide evidence of training levels. This was escalated to the registered manager who explained they were in the process of updating staff records and developing a spread sheet of all training. We saw a copy of the spread sheet, which was incomplete and in the early stages of development. We were not assured the information being collected would meet the requirements of the intercollegiate document and confirm levels of safeguarding training.
- Events attended by Peak Medicare Ltd have an organiser's brief as part of the commissioning process which includes key contact numbers for any concerns, including safeguarding.

## Mandatory training

- Peak Medicare Ltd did not have an established mandatory training programme in place. However, a paramedic who worked for the service had recently gained a Level 3 Award in Education and Training (a recognised teaching qualification), which enabled the holder to teach skills up to the level of paramedic. Planning was underway to implement mandatory training for non-paramedics who worked for the service. Topics planned for inclusion were basic life support, first aid, patient assessment and observations (pulse, blood

pressure, temperature & respirations) and safe use of equipment appropriate to individual roles. Training was planned to take place in February / March prior to the start of the 2018 planned activity.

- Staff working for Peak Medicare Ltd were requested to provide evidence of completed mandatory training within their substantive roles. However, staff records reviewed did not include evidence of completed training for all staff. We were therefore not assured the registered manager had oversight of training completed by each individual. This was raised with the registered manager who told us they would include this in the process of gathering training evidence and the planned mandatory training in the New Year would be recorded on their training record.
- The paramedics who attended events had completed 'Blue Light' driver training within their substantive roles. However, this was not clearly evidenced in the staff records.

## Assessing and responding to patient risk

- The majority of patient contact with Peak Medicare Ltd was for first aid and minor injuries.
- In the event of serious injury or a medical emergency, we were told patients would be monitored in the emergency response vehicle at the event, whilst alternative arrangements were made for transfer to hospital. The equipment on the vehicles enabled the paramedic and first aiders to monitor a patient for signs of deterioration. However, we did not observe a medical emergency during the inspection.
- We saw evidential documentation of observations carried out on the PRF of a patient who had been transferred to hospital.
- In the event of a patient requiring additional medical intervention, the paramedic would call 999 to arrange urgent transfer to a local emergency department. We were told it was generally impractical to undertake patient transfer themselves due to the geography of locations and the risk of leaving an event without emergency medical support.

# Emergency and urgent care services

- The paramedic lead communicated with the event leader or circuit manager at the commencement of each event regarding specific contact details. We observed the paramedic discussing medical cover and contact details at our unannounced visit to a speedway event.
- Following each event a debrief took place to discuss any clinical treatment provided or advice given. These debriefs were not recorded. However, we did observe staff discussing the how the event had progressed at our unannounced visit, these discussions included a review of the minor incidents which had occurred.
- Staff told us they had not experienced the need to manage disturbed or violent patients whilst attending an event or when transporting a patient to hospital.

## Staffing

- Staff were not substantially employed by Peak Medicare Ltd. Each staff member was recruited on a freelance, self-employed basis and paid an hourly rate to attend events.
- All staff working for Peak Medicare Ltd were employed by NHS organisations and were introduced through recommendation by an existing health care provider working with the service. This was an informal arrangement, using verbal recommendation; no written references were requested from substantive employers.
- The provider had 21 people available to them with a range of healthcare experience. This included six paramedics and 15 people with emergency medical technician or first aid experience.
- One paramedic plus four technicians or first aiders was the minimum number of staff to attend each event. Additional staff requirements were based on the brief provided by the event organisers. At an unannounced visit to a Buxton Speedway event, there was one paramedic and six first aiders in attendance.
- Staff were informed, by email, approximately six months in advance of scheduled events for which they require paramedic and support staff. Staff responded to the provider confirming their availability.
- Peak Medicare Ltd did not employ agency staff and only accepted bookings for events for which they can guarantee an appropriate number of staff.

- A paramedic took the lead medical director role for each event and had overall responsibility for overseeing the first aid and emergency treatment provided. Peak Medicare Ltd had job descriptions for each role, which outlined individual responsibilities according to skills and experience.
- Peak Medicare did not have a doctor affiliated to the service for additional clinical advice or support.

## Response to major incidents

- There was no major incident policy or training provided by Peak Medicare.
- In the event of a major incident, staff told us they would take direction from the event organiser, the police and other emergency services.

## Are emergency and urgent care services effective?

### Evidence-based care and treatment

- Peak Medicare Ltd provided us with copies of policies they had in place outlining the standard of care and treatment they expected to achieve. These included treatment of a patient, management of medicines, safeguarding children and vulnerable adults and record keeping. However, none of these policies included references to reflect they were written based on current best practice, were dated or included a date for review. We were therefore not assured the provider was working to, or was aware of the recommendations of national organisations including National Institute for Health and Care Excellence (NICE) or the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2016 guidelines.
- Paramedics spoken with told us they followed Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2016 guidelines in line with their registration requirements. They told us they were aware of the Peak Medicare Ltd policies referred to above.
- We raised the need to review all policies, include references and review dates.

### Assessment and planning of care

# Emergency and urgent care services

- The service used information provided to them through the event booking process in order to plan care requirements. We were told club and team leaders were required to declare known medical conditions of any competitors to the event organisers. However, we were told this was not always fully completed and therefore could not be relied on. Patients were routinely asked if they had any medical conditions or allergies, during assessment by the ambulance crews, to ensure they had up to date information.
- Staff told us, due to the geographical remoteness of the majority of events attended there was always an awareness of the potential need to arrange alternative transportation of patients. Crews coordinated patient transfers in conjunction with the event organisers, patients and their carers. Transfer could be by local NHS emergency ambulance, air ambulance, by Peak Medicare or self-transportation depending on patient need.
- All emergency technicians and first aiders working for Peak Medicare Ltd were required to provide evidence of formal qualifications and training; however, we found staff records did not consistently include this evidence. We escalated this to the registered manager who told us they were in the process of gathering this information. We were not assured that the provider had oversight of the qualifications and training for all those who worked for them.
- Paramedic qualifications were confirmed online through HCPC (Health Care Professional Council) records. Each paramedic carried an identity card, which confirmed their registration date. We saw evidence of how registration could be confirmed on-line and a photocopy of the registration card was within staff records.
- Paramedics have a personal, professional responsibility to fulfil their professional registration requirements by providing evidence of professional development and training updates to the HCPC, in order to legally practice. HCPC require, upon request for registrants to present to them a written profile explaining how they have met the Standards for continual professional development as part of the process of re-registration. However, on-line registration did not include details of training undertaken. Peak Medicare Ltd therefore, could not be certain of individual paramedic training status.
- Staff told us of periodic training, which was specific to the type of events attended. This included management of speedway accidents and common injuries encountered. This was pre-planned to enable staff to attend. However, the training was informal and not documented within staff records.
- Emergency technicians and first aiders were asked to declare their qualifications and present certification of training attended to the registered manager on joining the service. Staff records included a list of qualifications and training each individual possessed and signatures to indicate these had been presented. However, records were incomplete and evidence of certification was not found in the majority of staff records on file.
- Peak Medicare Ltd did not have an appraisal process for the staff working for them. We were told informal feedback was given to staff, however this was not documented.

## Response times and patient outcomes

- Peak Medicare Ltd had transferred one patient to hospital in the period October 2016 to September 2017.
- At speedway and other motor sport events, paramedic staff were positioned at the side or centre of a circuit to facilitate rapid access to competitors who may be injured. We observed this in action at our unannounced visit to Buxton speedway.
- At other community and public events, we were told ambulances were placed in visible, easily accessible positions, which would also enable rapid exit if required.
- Patients requiring transfer to hospital were generally transported by local NHS providers accessed through a 999 call. Whilst waiting for other transport to arrive patients were monitored in the Peak Medicare emergency vehicle based at the event site.
- At all events, the ambulance crew had telephone or radio contact with the event organisers or circuit manager to direct attendance to another area of the event grounds if required.
- Peak Medicare Ltd did not formally audit patient outcomes.

## Competent staff



# Emergency and urgent care services

- Peak Medicare Ltd did not facilitate or record clinical supervision relevant to individual roles.
- New staff spent an undefined period working with established crewmembers until they and the lead paramedics were confident they were competent to carry out the duties as defined in their job description. However, this was not documented and there was not a formal induction pack outlining the competencies required.
- Recruitment was an informal process based on personal recommendation by staff who work regularly for the provider. Verbal references were attained however; written references were not requested from applicants substantive employers.
- Disclosure and barring service (DBS) certification was not requested specifically for employment with Peak Medicare Ltd. We saw copies of DBS certification relating to substantive employment in five of the 21 staff records viewed. We were told by the registered manager, all staff had confirmed and signed to say they had DBS certification as part of their substantive employment and this was considered acceptable by Peak Medicare Ltd. DBS certification can be checked on line, subject to consent by the certificate holder and on payment of an annual fee. We saw where this facility had been established. However, not for all staff we were therefore not reassured that DBS certification had been evidenced for all staff.

## Coordination with other providers and multi-disciplinary working

- Peak Medicare Ltd worked on contractual arrangements for event organisers providing first aid and emergency medical cover. They worked closely with the competitor's team managers or event lead in the event of an accident.
- Local police and NHS ambulance providers were informed of local event scheduling.
- We did not observe a patient handed over to a hospital setting. However, we did see where this had been documented fully on a patient record form.

## Access to information

- Due to the nature of the events covered by Peak Medicare Ltd, there was a reliance on patients, their parents or event leads to inform them of any medical conditions or allergies at point of treatment.
- For larger public events, those taking part completed application forms, which included declaration of medical conditions and allergies. The crew consulted event organisers for any information, which may be useful in planning care provision for an emergency. However, we were told there was very rarely any information available.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards.

- Peak Medicare did not have a policy or guidance for staff in relation to mental capacity, consent or deprivation of liberty. We were therefore, not assured the provider was able to ensure decisions made met the requirements of the Mental Capacity Act 2005.
- The patient record form (PRF) included mental capacity assessment and consent. The three paramedics we spoke with felt able to assess mental capacity and told us they were trained to do so. However, we did not have the opportunity to observe this and staff records did not include evidence of this training. The PRF for the one patient transferred to hospital had the mental capacity and the consent section was completed and signed by the patient and paramedic.
- We were told all competitors, under the age of 16 were accompanied by a responsible adult at the events attended.

## Are emergency and urgent care services caring?

### Compassionate care

- During the inspection and unannounced visit, we did not observe the provision of emergency treatment or the transfer of a patient to hospital as none was required. The majority of care delivered was to patients on site at events and therefore not regulated.
- At our unannounced visit, staff appeared compassionate and understanding about the specific needs of potential patients, they were there to assist.

# Emergency and urgent care services

## Understanding and involvement of patients and those close to them

- Staff told us patients they treated were generally accompanied by their club lead or in the case of community events by a friend or relative. Some may be some distance from home and the crew would help them make contact with loved ones if they wished.
- Patient record forms (PRF) indicated patients were involved in decisions about their care and treatment and there was clear documentation of advice provided about after care and about seeking further medical advice if required.

## Emotional support

- Staff spoke positively about their commitment to supporting people attending events and being there to provide help where required. They were able to verbalise the importance of being aware of individual needs and ambitions when attending a competitive event and their role in supporting this.

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

## Service planning and delivery to meet the needs of local people

- Peak Medicare Ltd provided first aid and emergency cover to local speedway circuits, community and national events held within North Derbyshire. The service was able to plan ahead based on fixture dates and commissioned activity. Speedway is seasonal running from early spring to late autumn.
- The registered manager told us Peak Medicare Ltd only accepted bookings for events for which they could guarantee the correct resources to meet the brief provided by the organisers.

## Meeting people's individual needs

- Peak Medicare Ltd staff had a range of health care experience enabling them to care for patients with a wide range of individual needs. For example senior paramedic, ambulance technician and hospital health care assistants. However, there were no specific arrangements or equipment to assist or support patients with learning difficulties, living with dementia,

physical difficulties or the larger (bariatric) patient. Staff told us they would adapt as needed to individual situations and had not experienced any difficulties in caring for patients.

- The service had not experienced difficulties related to language. They told us they were aware of, and would access telephone translation services if required.

## Access and flow

- The service was an on-site service and able to respond within minutes of being requested to attend a patient.
- Patient record forms (PRF) included timings of attendance, treatment, discharge or transfer to hospital. However, this was not audited for quality purposes.

## Learning from complaints and concerns

- Peak Medicare had not received any complaints since their registration with the CQC in 2011. The registered manager told us they had confidence any concerns raised, at an event, could be resolved calmly in a timely manner.
- The provider had a complaints policy, which clearly indicated responsibility to respond to concerns raised in a timely manner. The policy included timescales for response.

The service had received emails providing positive feedback from event organisers.

## Are emergency and urgent care services well-led?

## Leadership / culture of service related to this core service

- Peak Medicare Ltd expressed a vision to continually develop and expand the service to cover a wider range of events across Derbyshire. However, this was not documented and in the absence of staff meetings was not shared with those who worked for them.
- The provider had recognised a requirement to provide regular formal training to staff. They were developing a training package, in conjunction with a qualified paramedic trainer, to maintain and promote competencies specific to the type of events Peak

# Emergency and urgent care services

Medicare Ltd attend. This would reduce the provider's reliance on training provided by substantive employers and enable them to monitor the content and quality of training provided.

## **Governance, risk management and quality measurement**

- The service was run with an informal management system. This meant management systems and processes were not always complete, robust and effective, in demonstrating the service met the requirements of being well led.
- Peak Medicare did not have a formal governance framework through which to monitor the quality of care and treatment provided. There was no documented management or staff meetings. However, the registered manager explained informal discussions about service development did take place.
- Peak Medicare Ltd did not carry out any audits to monitor the quality of the service.
- Peak Medicare did not have a robust recruitment process, to meet Schedule Three of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity. Recruitment was an informal process based on personal recommendation and an interview with the registered manager. No formal health checks were requested.

- Staff told us they would be comfortable reporting a concern about clinical or managerial practices to the registered manager although there was not a formal process for doing this.
- There was no risk register maintained by the provider. However, we identified several risks during our inspection process. For example possible delays in patient transport due to locality of events. We were therefore not assured the provider was aware of or was appropriately monitoring risks within the service.

## **Public and staff engagement**

- Peak Medicare did not actively seek feedback from patients seen, treated or transferred to hospital. However, they did have evidence of positive feedback correspondence from event organisers.
- The registered manager told us the service did not hold specific staff meetings, as it was impossible to get staff together due to their shift patterns, this meant there was not a system for sharing information face to face.
- Communication with staff was via email which staff spoken with told us was the most effective way of sharing information. The provider also kept telephone numbers as an alternative form of contact.

## **Innovation, improvement and sustainability**

- Peak Medicare Ltd had recognised a need to provide in-house training for staff and had a plan to commence this in early 2018.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must produce revised policies to demonstrate compliance with national guidelines and include a date for review.
- The provider does not have a formal arrangement with a GMC registered doctor to oversee and approve medicine purchased, as required by the MRHA (Medicines & Healthcare products Regulatory Agency).
- The provider must ensure medicines management meets the legal requirements of the Home Office and the Medicines and Healthcare Products Regulatory Agency (MRHA).
- The service must ensure the registered manager and all staff have safeguarding training to an appropriate level as stated in. Safeguarding Children and Young People: roles and competences for health care staff intercollegiate document.
- The provider must develop a system to identifying and monitoring risks
- The provider must implement audits to monitor quality and safety of care provided.
- The provider must put in place an induction package for new staff and an assessment system to ensure competencies are achieved.
- The provider must put in place staff appraisals, maintain a record of qualifications and training and implement a programme of clinical supervision for all staff.

- The provider must put in place a policy or guidance for staff in relation to mental capacity, consent or deprivation of liberty.
- The provider must implement a robust recruitment process to meet Schedule Three of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.- Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity.
- The provider must develop a governance framework to monitor risks and quality of service provided, including documented meeting notes.

### Action the hospital **SHOULD** take to improve

- The provider should consider maintaining a log of activity from each event for sharing and learning purposes.
- The provider should have an incident reporting policy to support the identification of untoward incidents and promote learning from themes identified.
- The provider should communicate its duty of candour policy to all staff.
- The provider should have a policy to guide staff in the event of a concern.
- The provider should consider developing a policy to guide staff in the event of a major incident.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12(1) Provider should consult nationally recognised guidance about delivering safe care and treatment and implement this as appropriate.</b></p> <p>How the regulation was not being met:</p> <p>Policies and procedures in place did not include references to nationally recognised guidance for delivering safe care and treatment. Therefore there was no assurance the provider was meeting recommended best practice in line with the National Institute for Health and Care Excellence (NICE) or the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2016 guidelines.</p> <p>Peak Medicare did not have a policy or guidance for staff in relation to mental capacity, consent or deprivation of liberty.</p> <p><b>Regulation 12 (2)(g) Proper and safe management of medicines.</b></p> <p>How the regulation was not being met:</p> <p>Peak Medicare Ltd did not have suitable processes in place for the procurement of medicines as required by the MRHA (Medicines &amp; Healthcare products Regulatory Agency) and Home Office.</p>
Regulated activity	Regulation
	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Regulation 13 (2) Safeguarding training to an appropriate level.</b></p>

This section is primarily information for the provider

## Requirement notices

How the regulation was not being met:

Peak Medicare Ltd did not provide evidence to demonstrate the manager and staff were trained to a level of compliance with the; Safeguarding children and young people: roles and competences for health care staff intercollegiate document.

### Regulated activity

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **Regulation 17(2)(b) Risk Management**

How the regulation was not being met:

Peak Medicare did not have robust and effective systems in place to identify and manage risk.

#### **Regulation 17(2)(d) Monitor and improve quality**

How the regulation was not being met:

Peak Medicare Ltd did not have systems or processes in place identify where quality and safety improvements were required or improved

Peak Medicare Ltd must develop a governance framework to monitor the quality of service provided, including documented meeting notes.

### Regulated activity

### Regulation

## Requirement notices

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Regulation 18 (2)(a) Persons employed by the service provider in the provision of a regulated activity must receive appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.**

How the regulation was not being met:

Peak Medicare Ltd did not have an induction programme in place to prepare staff for their role or formally assess competencies

Peak Medicare Ltd did not carry out annual appraisals of the staff working for them.

Peak Medicare Ltd did not maintain a current record of qualifications or other training undertaken by staff working for them.

Peak Medicare Ltd did not facilitate or record clinical supervision relevant to individual roles.

### Regulated activity

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Reg 19(1)(a) of good character**

How the regulation was not being met:

Peak Medicare did not have a robust recruitment processes which met Schedule Three of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.- Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated

This section is primarily information for the provider

## Requirement notices

Activity. Recruitment was an informal process based on personal recommendation. There was no evidence of written references acquired prior to employment, copies of DBS certificates were not found in all staff records.