

St. John Ambulance

St John Ambulance - South Region

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service's audits did not always ensure leaders could monitor compliance fully.
- The service did not always correctly label sharps bins when they were in use.
- There was a low level of compliance for staff appraisal rates.
- Some staff carried medicines with them that they were not trained to use.
- The service's medicines standard operating procedure did not make clear whether two staff needed to sign controlled drugs medicine's records in line with best practice.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	

Summary of findings

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Summary of this inspection

Background to St John Ambulance - South Region

St John Ambulance – South Region is a large independent service that provides urgent and emergency support to NHS ambulance services. The service has hubs across the south of England including in Ashford, Brighton, Bristol, Bicester, Bramford, Cambridge, Chelmsford, Grays, Guildford, Southampton, Isle of Wight, Norwich, Poole, Berkshire and Cornwall.

The service had not been inspected since the change in registration in 2020.

The current registered manager has been registered with the CQC since the service was registered.

The service provides the following services:

Emergency and Urgent Care Services (EUC)

St John Ambulance – South Region provides ambulances crewed with either ambulance care assistants, emergency ambulance crews, ambulance technicians or associate ambulance practitioners or paramedics to seven NHS ambulance trusts. The service also provides specialist ambulance solutions for the paediatric and neonatal decision support and retrieval service (PaNDR), an interdisciplinary team who provide specialist services for children up to the age of 16 years across Norfolk, Suffolk and Cambridgeshire, Bedfordshire, Hertfordshire & Essex, and the East of England adult critical care transfer services.

St John Ambulance – South Region provides comprehensive cover to events including sporting meetings and festivals. St John Ambulance – South Region also provided a 'Night time economy' service, which provided first aid and care to people socialising in city or town centres in the evening and early hours of the morning. Unless transport to hospital is provided, such provision is outside of the scope of registration. Provision within the scope of registration is reported under the EUC core service.

The service did not provide Patient Transport Services.

How we carried out this inspection

We carried out an unannounced comprehensive inspection, looking at all five key questions; safe, effective, caring, responsive and well led.

We visited the Brighton Headquarters of the provider and the Ashford, Guildford, Southampton and Cambridge hubs where we inspected premises, vehicles and equipment.

We approached the NHS trusts that commissioned services from the provider and made use of their contract and quality monitoring information where it was provided.

The urgent and emergency core service inspection was carried out by two CQC inspectors, two inspection managers and one specialist advisor with paramedic experience.

Summary of this inspection

During the inspection we looked at one patient record and spoke with one patient.

We spoke with 11 staff members on site, observed one patient journey and reviewed one patients set of notes.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportioned to find a breach of regulation overall.

Action the service **SHOULD** take to improve:

- The service should ensure it correctly labels sharps' bins when they are in use. Regulation 15
- The service should ensure infection, prevention and control audits monitor hand hygiene practice to ensure leaders are assured that staff are following best practice. Regulation 12.
- The service should ensure its audits compliance with areas, such as National Early Warning Scores (NEWS2) recording, pain assessment, clinical impression section completion and whether a safeguarding referral was completed. Regulation 12.
- The service should ensure all staff receive annual appraisals. Regulation 12.
- The service should consider the need to audit compliance with patient records completion.
- The service should consider the need for a risk assessment for Emergency Ambulance Crew to use the intermediate medicines pack due to it containing some medicines that staff are not trained to use or administer.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Emergency and urgent care

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

Are Emergency and urgent care safe?

Good 

We rated it as good.

Mandatory training

The service provided mandatory training in key subjects to all staff but did not always make sure staff completed it. It was unclear which subjects were classed as mandatory.

All staff received training however, it was not clear which subjects were classed as mandatory. In the evidence provided by the service, there was no clear training matrix which listed which courses were mandatory for specific staff groups. A dashboard provided to the inspection team included subjects such as data and security awareness, equality and diversity and conflict resolution but did not contain usual subjects such as fire safety and infection prevention and control (IPC). The registered manager told us training subjects were agreed between ambulance operations teams, clinical teams, assurance teams and the clinical education team. They also told us essential training would be disseminated to trainers via 'train the trainer' sessions that shared the relevant course resources and discussed requirements and learning outcomes alongside assessment criteria.

Mandatory training trainers were SJA qualified trainers who had completed the 'train the trainer' sessions in order to deliver training to staff. The registered manager also told us mandatory training was scheduled to be rolled out at specified points throughout the year and all sections of the training must be completed by year end for the individual staff member to remain compliant and registered at their specified clinical grade. Therefore, the overall mandatory training target changed depending on the agreed subjects requiring completion.

The service had a training target of 85% by the end of quarter 3 for every mandatory training module. The target increased to 95% at the end of quarter 4. This target was met overall and ranged between 91% and 95% for most staff, including EACs. However, the overall compliance was below the training target for healthcare professionals where it ranged from 78% and 79%. Managers monitored and reminded staff to complete mandatory training when it was due.

The service grouped essential training into two specific modules which all staff were expected to complete. The content of the essential training package was adapted and updated each year depending on identified issues, risks or changes in national guidance. Staff told us that they felt the essential training modules were useful and met the needs of their role.

Emergency and urgent care

Staff had the option to complete training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia, however this was not currently part of the essential or mandatory training provided. Following the inspection, the provider advised that this was being added to the 2023 plan.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received training specific for their role on how to recognise and report abuse. All staff received training in safeguarding children and adults, and they knew how to recognise and report abuse. The completion rate for teams across the south varied between 91% and 100% for safeguarding level one and 70% and 99% for safeguarding level two. Staff also completed training including terrorism (PREVENT) and modern-day slavery.

The safeguarding lead had relevant experience and knowledge to complete the role, and was trained in safeguarding children and adults' level four. Staff knew who this was or knew how to access their details and were able to approach them for advice and support.

Staff could make safeguarding referrals in different ways depending on the NHS ambulance trust they were working for that shift. Between 1 August 2021 and 26 September 2022, the service made 142 safeguarding referrals across the South region. Safeguarding referrals were also submitted by the service correctly to the Care Quality Commission, however these were only a small number (19) of all the referrals made.

The service had safeguarding policies and protocols in place for both children and adults. The service safeguarding policy was appropriately reviewed and in date. Each staff member had access to safeguarding policies and procedures and appropriate contacts for escalation. Staff used these tools for safeguarding advice, support and to report safeguarding concerns to the provider. The provider told us staff also had access to a safeguarding pocket card and a 24/7 safeguarding phone line.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and most of the premises visibly clean. Staff audited IPC but some areas, such as hand hygiene, was not included.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. All vehicles were visibly clean and well maintained. During the inspection there were four vehicles in the garage and two vehicles were checked. However outside of the headquarters in Brighton, there was a large volume of bird faeces on the ground around the edge of the building and entrances, from roosting birds above. Staff told us that this had to be regularly jet-washed away, and they were awaiting confirmation of a preventative measure to stop the birds roosting. The presence of the birds, also meant that feathers could be seen in the front door of the building that had been walked/blown in. Following the inspection, the provider told us that this issue had been addressed.

Cleaning materials were safely stored. There was Control of Substances Hazardous to Health (COSHH) information displayed which gave advice on storage and usage.

The service performed well for cleanliness. Managers audited cleanliness to ensure compliance to required standards. Data was only available for the service at a national level. These audits were conducted quarterly and the report for quarter two of 2022 showed vehicle IPC compliance was measured for both vehicle environment cleanliness and IPC

Emergency and urgent care

equipment availability on vehicles. For the vehicle environment categories set out in the audit the service scored between 91% and 99%. For IPC equipment availability on vehicles categories set out in the audit the service scored between 84% and 100%. The service replenished the IPC equipment where required and had recommendations as a result of the audit which was shared with the relevant committees. The IPC audit contained no hand hygiene practice monitoring, so leaders were unable to monitor this.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after each patient contact to reduce the risk of cross infection. The service deep cleaned vehicles as a standard on a six-weekly basis, however staff told us additional deep cleans could be booked in as necessary.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was adequate PPE available on all vehicles. All staff were observed wearing PPE in accordance with current infection control guidance.

The service had an appropriate infection prevention and control procedure in place which was appropriately reviewed and in date. It included key areas such as vehicle cleaning schedules and medical devices decontamination.

The service followed guidance around COVID-19 protocols relevant at the time. Staff were seen to observe COVID-19 precautions such as using hand sanitiser. There were dispensers for hand sanitiser available throughout the building and on vehicles.

Environment and equipment

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

The design of the environment followed national guidance. Most of the sites we visited were secure. However, one of our inspectors was able to gain entry to a site in Ashford via an open door. We reported this to the registered manager who told us there had been training planned for that day, and that one of the doors had been left open incorrectly for this purpose, but that this was not normal practice. Following the inspection, the provider told us that a full training course was underway during the inspection and the building was staffed. The door was also opened to allow for Covid 19 airflow precautions.

The garage was secure and there was CCTV, staff were present 24 hours a day at both sites we visited.

All vehicles were parked in a secure garage within the building. We observed four crews preparing to go on shift and noted that they carried out vehicle and equipment checks.

Staff carried out daily safety checks of specialist equipment. The service had a process in place to monitor medical device recall alerts, and how these notices were discussed with the team. The service had a 'red tag' system when equipment that needed repairing was identified. This ensured it would not be used in active ambulances. We observed equipment that had been 'red tagged' and was in a designated area awaiting collection for repair.

The service had an in date medical device management procedure which outlined the management of medical devices from procurement through to disposal.

During the inspection we found that two sharps bins on ambulances at the Brighton site, and one at the Southampton site had not been correctly labelled. This meant the traceability of the sharps could not be guaranteed once disposed of.

Emergency and urgent care

The service had enough suitable equipment to help them to safely care for patients. The service had enough stock which was linked to each vehicle. During the inspection stock was checked and was in date in both ambulances and in the stock room. All essential emergency equipment was serviced, electrical safety tested and secured in the vehicles.

The service had access to disposable linen and we saw clean linen available on vehicles. Staff changed linen between patients.

Staff disposed of clinical waste safely. Clinical waste bins on sites we visited were locked to prevent tampering. Staff understood guidance relating to the safe disposal of clinical waste and had appropriate systems in place at both sites for clinical waste disposal.

Assessing and responding to patient risk

Staff monitored and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff did not always complete full audits of patient risks.

Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly, including after any incident. Staff had the knowledge to identify and deal with any specific clinical risk issues. However, it was not clear if managers audited staff compliance with undertaking risk assessments. We asked the service to provide records of audits undertaken in the last three months. From the information provided by the service, it was clear certain record audits were being undertaken, such as adherence to chest pain protocol. However, there were no other records of audits that provided a general overview to assess other risks. This meant there were no audit measures to monitor compliance with areas, such as National Early Warning Score 2 (NEWS2), completion of the clinical impression section, pain assessment completion and whether a safeguarding referral was required.

The service used the NEWS2 system to carry out and record observations and assess if escalation or further treatment was needed.

All healthcare professionals who worked for the service received intermediate life support training.

Staff completed risk assessments for patients thought to be at risk of self-harm or suicide, in order to determine the best pathway for the patient. Staff demonstrated a good understanding of patients at risk of self-harm. The service had an intoxication decision tool which flagged how to escalate concerns and ensure appropriate senior clinical assistance.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough paramedic, emergency ambulance crew and support staff to keep patients safe. Staff we spoke with told us they felt they had enough staff to keep patients safe. Staff comprised of contracted staff and volunteers. All vehicles had appropriate staff allocated dependent on the shift. At the time of our inspection there were 10 vacancies for emergency ambulance crew, and one vacancy for an ambulance locality manager across the whole of the south region. The service could utilise bank staff when needed and we spoke with volunteers who were also on the bank.

The service had variable but low turnover rates. Between January and June 2022, the average turnover for full time staff was 6%. The service had a variable sickness rate. Between January and August 2022, the average sickness rate was 11%.

Emergency and urgent care

The paediatric and neonatal decision support and retrieval service (PaNDR), was staffed by three crews on duty each day, working an early, late or night shift. We were told that at times the trust could not provide six clinical teams, if this was the case the driver from SJA spent time in the hub, preparing ambulances, auditing etc.

Staff we spoke with reported overruns occurring, to reduce these especially on nights, we were told the day team offered to relieve the crew member. All staff reported that when over runs occurred they had 11 hours downtime before returning for their next shift. Staff we spoke with all confirmed that when shifts overran, they could arrive later for their next shift, ensuring a minimum of 11 hours rest. However, some staff reported that when working for some trusts, they were not allocated meal breaks. This was something that had been raised with management but as yet was not resolved.

Managers made sure all staff had a full induction and understood the service. All staff completed an induction, which identified the vision and values of the organisation, what was expected of staff and the training that the staff must complete. Staff had support from a mentor when they started working at the service.

The service had a 24 hour on call system and a process in place for escalation to ensure that the staff could seek support from a senior member of staff when needed. Staff we spoke with told us that this worked well and they never had any issues with getting a response or support from an on call manager.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date and stored securely.

The ambulance crew used patient report forms (PRFs). These were a paper-based record which

included space for demographic details, observations, body maps, and tools calculators. The one set of patient notes reviewed were clear and included a well-documented patient history and observations recorded. There was no specific box for recording whether or not a patient had a do not attempt cardiopulmonary resuscitation (DNACPR) on, however staff told us this would be recorded in the 'additional notes' box.

Records were stored securely on the vehicle until they were returned to the base. Once at the base, the PRFs were posted into a secure box, which was then checked by the ambulance locality manager (ALM) to ensure there were none missing. The box was then collected weekly by a courier, who transported them securely to the headquarters for scanning. A carbon copy of the paper record was provided to the receiving hospital to ensure continuity of care.

The service did not audit patient records for quality. Staff told us that there were sometimes spot checks on the quality of PRFs but this was not recorded. This meant that the service could not be assured that the PRFs were being completed to a high standard. Following the inspection, the provider told us that St John Ambulance is planning the electronic patient record form (ePRF) roll out at this time and this will help with auditing and quality of reports

Medicines

The service mostly used systems and processes to safely prescribe, administer, record and store medicines. However, some staff were not trained in the use of medicines that they carried.

Staff followed systems and processes to prescribe and administer medicines safely.

Emergency and urgent care

No medicines were stored on the vehicles overnight, all medicines were signed back into a locked cupboard in a locked room covered by CCTV. We reviewed records where controlled drugs were administered and saw that there was consistent practice. However, it was not clear in the controlled drugs standard operating procedure whether two staff needed to sign out controlled drugs (CD's). CD's are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.

Staff stored and managed all medicines and prescribing documents safely. All medicines we checked were securely stored and within their expiry date. Some medicines were stored in the fridge. The temperatures of the fridge were recorded daily by an automatic electronic system. The temperatures were within the recommended range.

Medicines' packs were prepared and supplied off site by the service's pharmacy at a central location. All staff checked the contents of the packs at the station prior to each shift. When a medicines pack became low or there were medicines below the minimum requirement level, they would be 'red tagged' and placed in a collection area at their nearest hub.

Staff reported that they had recently received training in medications that were held in the intermediate drug pack. This included intra-muscular and inhaled medications. Staff reported that the training had included e-learning on medication management as well as practical training on administering the medication. Knowledge was confirmed with questions on the joint royal colleges ambulance committee (JRACLC) app. However, the intermediate drug pack contained several additional medications that emergency ambulance crews had not been trained to administer, these included Chlorphenamine, Glucagon, GTN, Hydrocortisone and Ipratropium bromide. Having additional medications accessible that staff were not trained to administer increased the risk of medication errors. We requested a risk assessment that covered this risk and the mitigation that had been put into place to reduce the risk. However, we were not provided with this risk assessment.

The service held controlled medication on site. Controlled medicines are medicines that are subject to high levels of regulation as a result of government decisions about those medicines that are especially addictive and harmful. These were stored correctly, checked and audited by clinicians. The service had a system in place to track all controlled drugs, and all medicines were recorded.

Medical gases were stored separately in a locked area which was dry, well ventilated and regularly checked. Empty gas cylinders were generally stored in a separate space from full cylinders, however during our inspection some half full canisters were stored in the empty section.

Staff learned from safety alerts and field safety notices to improve practice. Managers had a good overview of safety alerts and disseminated this information to staff through the JRCALC app which all staff had access to on their mobile telephones.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and staff received feedback.

Staff knew what incidents to report and how to report them. Staff had access to electronic systems to report incidents when on the road. This meant information could be shared in real time and reviewed without delay to ensure prompt action could be taken.

Emergency and urgent care

Staff reported that they could report incidents via an online form on the service's intranet. They were able to describe types of incidents that they would report. Staff reported that feedback would be given online when the incident was closed but that they could also ask their line manager for feedback.

The service had an initiative called 'Learn and Grow'. This promoted learning from incidents and was included in the monthly publication that went to all ambulance operational staff. The Learn and Grow information included what happened, what had been learnt, how the crew had grown and how the organisation had grown.

There were 771 incidents across the south region between September 2021 and August 2022. Of these incidents 23 were high severity, 433 were medium severity and 315 were low severity. The highest number of incidents (88) came under the category 'vehicle'.

We reviewed two incidents and saw that they had been investigated, learning and any actions had been identified and disseminated where appropriate. Managers debriefed and supported staff after difficult incidents and we heard about examples of when this had occurred. Staff were also offered counselling support if required.

The service had a major incident policy and plan in place.

Staff understood the duty of candour. The duty of candour is when every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. There was a duty of candour flag on the incident reporting system to identify those incidents that were subject to duty of candour.

Are Emergency and urgent care effective?

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff and the service were following Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidelines. JRCALC combines expert advice with practical guidance to help paramedics and emergency ambulance crew in their roles and supports them in providing patient care. Staff had access to this information remotely.

When working on behalf of a trust, staff followed the trust's policies and processes meaning at times, they followed different processes depending on the trust they were working for. An example of this was that staff would usually telephone the NHS ambulance control to place a pre-alert. However, some hospitals preferred a direct call and so the crew were given the number for the hospital to alert them directly. Staff told us that they were kept up to date with any changes to NHS trust policies via regular updates.

Enhanced clinical support was available on the telephone via the NHS control centre. Staff reported that when the control centre was busy, there could be a delay in the telephone being answered and clinical support being provided. As they were not provided with radios, their only way to contact the control centre was via the telephone, therefore, they had to wait.

Emergency and urgent care

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Pain was assessed using recognised tools including the visual analogue scale for those who had difficulty communicating.

Staff prescribed, administered and recorded pain relief accurately. Staff told us they would offer pain relief quickly if needed, however we did not see any pain relief administered during the inspection. Staff could offer a range of pain relief depending on the needs of the patient.

Patients received pain relief soon after it was identified they needed it, or they requested it. A compliment received from a patient stated: "I was in so much pain and they made me feel at ease.....and took time to ensure I was comfortable and looked after whilst waiting to be signed over". Another compliment received stated: "We were waiting for the ambulance for 3.5 hours but when they arrived the team was absolutely incredible! They were in immense pain but they helped her and advocated for her at the hospital!"

Response times

Response times were monitored by the commissioning organisations. If any response time issues were identified, then this was raised and discussed with the provider during regular meetings and inspection and/or audit.

The service was contracted by the NHS to provide emergency responses to patients. As part of this service level agreement, an ambulance and crew on shift were allocated and dispatched by the contracting NHS trusts control headquarters.

The dispatches were automatically delivered to an on-board electronic control unit within the provider's ambulances. The timings relating to a response were collected and monitored by the commissioning trust. If any response time issues were identified, this was raised and discussed with the provider during regular meetings and inspection and/or audit.

Competent staff

The service made sure staff were competent for their roles. Managers appraised some staff's work performance. Staff had access to regular team meetings.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service employed staff with a wide mix of skills and experience. However, staff could be sent to one of three NHS ambulance trusts for their shift, and there were no clear guidelines for different processes of these trusts. Staff reported there were differences in the scope of their practice and in the calls they would attend, depending on which NHS ambulance trust they were providing support to. This was the NHS ambulance's decision and was not something that the service could change, however staff reported it as being frustrating that they could not provide care that they were competent to carry out.

Clinical staff were available as mentors to newer, less experienced members of the staff team, and staff had a full induction when they joined the service.

Emergency and urgent care

Not all staff had an appraisal at the time of our inspection. Data from the service showed at the time of our inspection, only 26% of staff had been appraised. The service told us this was due to the service having moved to a new staff development system in January 2022. Managers were aware of who was outstanding and had plans to complete these. The service had set a target of 85% appraisal completion by the end of November 2022.

In addition to annual appraisals, all staff with the exception of healthcare professionals who already had one, were also required to complete a yearly portfolio of continuing professional development (CPD). The portfolio included mandatory sections that staff had to evidence, including a minimum of six reflections, a shift observation and any additional learning undertaken.

The training team supported the learning and development needs of staff. All contracted operational staff were required to undertake the full training package as part of their role. The service had a comprehensive package.

Staff had access to regular team meetings. During our inspection, staff told us they attended meetings. The minutes for team meetings held within the three months prior to our inspection demonstrated regular staff meetings had occurred.

Multidisciplinary working

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

Staff worked with their colleagues and NHS staff to discuss patients and improve their care. Staff worked closely with hospital staff to be able to transfer patients into hospital safely and quickly, to meet the needs of the patients. We observed handovers between the crew and hospital staff were delivered clearly and effectively.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked with NHS trusts and with other agencies when required to care for patients, including; the police, coroner and fire service if needed.

The service also provided specialist ambulance solutions for the paediatric and neonatal decision support and retrieval service, an interdisciplinary team who provide specialist services for children up to the age of 16 across Norfolk, Suffolk and Cambridgeshire. As part of this service, St John Ambulance staff work closely with hospital's paediatric staff to ensure the safe and smooth transfer of babies and children. The service had joint risk assessments, teaching and support with the hospital staff. Managers produced a monthly performance presentation and report that was shared with the MDT and contract team.

We saw evidence of compliments from the hospital trusts that praised crew members skills and professionalism. Comments included: "SJA crew supported the resuscitation attempt and assisted in all aspects of the situation" and "Their handover was professional and concise and worked well as a unit to enable the patient the best possible outcome"

Health Promotion

The service website provided help and guidance with basic health advice.

The St John Ambulance website had a variety of step by step guides on basic first aid, situational hazards and infection control, such as how to correctly put on a surgical face mask, how to make an arm sling, and how to manage a road traffic accident.

Emergency and urgent care

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a clear policy and procedure for capacity to consent which covered the Mental Capacity Act.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We saw staff asking for consent prior to carrying out patient observations and gaining their agreement to a treatment plan.

All staff had received training in relation to the Mental Capacity Act and understood how this applied to their role. Mental capacity training was covered in safeguarding level two training, for which compliance ranged between 79% and 98% across different locations in the south region. Managers were available to give advice and support relating to capacity and consent. Staff had access to the provider's policy which covered the Children Act, consent for those under 18 years of age and how to assess for Gillick Competence for those under 16 years. Gillick competency is often used to assess whether a child is mature enough to consent to treatment.

Are Emergency and urgent care caring?

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

During our inspection we observed one patient journey and reviewed feedback from compliments and the patient survey. We saw staff treating a patient with respect and dignity. They ensured the patient was dressed appropriately for outside and provided blankets for cover. They were considerate in reducing the time the patient was exposed to rain during transfer from the house to the ambulance.

We saw feedback provided to the service between November 2021 to August 2022. The service received 60 compliments during this timeframe from patients, family members and carers. Patients said staff treated them well and with kindness. Themes within patient feedback included kind staff who were professional.

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'respected my privacy' and 'treated me with dignity and respect' the service achieved 97%. The survey results could not be broken down by region.

Staff followed policy to keep patient care and treatment confidential. Staff were aware of their responsibilities in relation to confidentiality and followed policies and procedures to protect patient's information.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Emergency and urgent care

Staff gave patients and those close to them help, emotional support and advice when they needed it. Feedback from patients and relatives through the services' compliments included: "Throughout the whole procedure, which involved various medical checks, they were so thorough and very kind and caring. I cannot thank them enough for trying to give comfort to my mother in law who was very frightened and anxious about having to go to hospital."

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'spent enough time with me', 'listened to me' and 'showed me they cared' the service achieved 97%.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care. Feedback from a patient through the services' compliments included: "They were kind, very helpful and put my mum who is 90 at ease, they explained everything which I was extremely grateful for. They were amazing"

Staff spoke with patients and family members in a way they could understand and were able to ask questions and seek more support if needed. Feedback from patients and relatives through the services' compliments included: "As a family we wanted to thank you both for the kindness and care you showed us that evening. It was clear to see that you are two special people who go above and beyond to help people like us at such a difficult time. You not only prepared us by explaining everything that would happen but made us feel safe which was so comforting."

We observed staff being respectful of relatives and their knowledge and understanding of the patient's condition. We saw that this information was handed over to hospital staff. We saw the crew provided clear advice to the relative of when to contact the hospital for an update on the patient's condition.

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'gave me information that was easy to understand' and 'explained clearly what was happening' the service achieved 97%.

Patients and their families could give feedback on the service and their treatment. Patients could give feedback; either compliments or complaints to the service. Patients and relatives could easily leave feedback using the barcode and could also take part in the ongoing patient survey.

Are Emergency and urgent care responsive?

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. The urgent and emergency provision of the service was contracted by NHS England. Therefore, the services were designed around the requirements of the trusts that were supported by St John Ambulance.

Emergency and urgent care

The service also provided specialist ambulance solutions for the paediatric and neonatal decision support and retrieval service, a multidisciplinary team who provide specialist services for critically ill babies and children up to the age of 16 across Norfolk, Suffolk and Cambridgeshire. This service was available 24/7, 365 days a year.

The service also provided urgent and emergency care at events. CQC do not regulate any care given at the event; however, we do regulate the service if they convey a patient to hospital for ongoing treatment. The service provided cover for events in line with requests from event organisers.

Facilities and premises were appropriate for the services being delivered. The service headquarters was housed in a purpose configured industrial unit with dedicated training areas. The service also had bases across the south region. The garage, offices and training space was suitable for the needs of the staff and the vehicles. Patients did not visit the premises.

Meeting people's individual needs

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

We saw staff taking the time to treat patients with consideration and treating them as individuals. Staff reported that they liked working in diverse areas with patients of different cultural backgrounds. They reported that their recent gender-identity training had provided some useful information for enabling them to understand different needs. This had been included in the essential training package for all staff.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had multilingual cards available in different languages for patients who did not speak English and we saw these in the services' vehicles.

Managers made sure staff and patients, loved ones and carers could get help from a specialist language line to access interpreters when needed.

Staff had access to communication aids to help patients become partners in their care and treatment. The service had picture cards available for patients with communication needs.

Staff had an understanding of how to support patients living with dementia and learning disabilities. However, staff told us that dementia training was no longer considered essential, as was only an optional training session.

Access and flow

People could access the service when they needed it.

The service supported NHS hospitals and NHS ambulance trusts across the south region. The service carried out their work based on requests from these services.

Staff would utilise direct access to wards where appropriate for patients. We observed an oncology patient being conveyed, who was transported directly to the acute oncology ward.

Emergency and urgent care

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff..

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The service had electronic barcodes which could be scanned to make giving feedback easier for patients and their families

The St John Ambulance website had a 'contact us' section where service users could submit compliments, comments or concerns, and also access the service complaints process and policy. We reviewed the complaint's policy and found it reflected patients' options when following up on complaints.

The service had received eight complaints from September 2021 to July 2022, one of which was later withdrawn. Of the five complaints that had been closed, two were not upheld, one partially upheld and two complaints upheld. However only three complaints had lessons learned listed on the data we received. Investigations into complaints were carried out by the management team and where appropriate a response was provided to the patient or relative. All complaints fell under the theme of 'behaviour of personnel'.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw evidence of actions taken in both complaints we reviewed. Staff shared these lessons where necessary.

Are Emergency and urgent care well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager was supported by ambulance operations managers, regional ambulance leads, a director of quality and safety, regulatory assurance manager, a medical director and many others. Below this grade were area and locality managers. They were supported by shift supervisors. This structure was the same across the organisation nationally.

The senior leadership team were able to identify and prioritise issues that arose, these were addressed in a timely manner.

Staff told us that site managers were supportive and senior managers and the registered manager were also visible. Staff told us they had a good rapport with leaders who were friendly and approachable. Senior managers worked clinically alongside staff which staff felt decreased any hierarchy and we heard examples of this throughout the inspection.

Emergency and urgent care

Staff were very complimentary about their ambulance locality manager (ALM) and reported that they were always available on the telephone for support. However, they said that due to the number of stations that they managed; they were not always present at the station. The service advised that a second ALM for the region was being recruited to.

Staff told us that they were supported to develop their skills and roles. We spoke with staff who had applied to become mentors alongside their current clinical roles.

There was always an on-call manager available 24 hours a day and staff told us that when they had to call them, they were quick to respond and were focused on problem solving.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them.

The service had a clear strategy in place from 2019 to present which was based around serving communities the best way they could. The service also had an operational and business plan in place moving from 2021 into 2022 which laid out objectives for their ambulance operations department.

The strategy clearly identified the values of the service. Staff were aware of these values and demonstrated them to us throughout the inspection. We saw the results of a recent staff survey where 95% of respondents said they understood how St John people should behave in line with the values. Staff were aware of the service's values and demonstrated these to us throughout the inspection. Staff we spoke with generally felt that their colleagues and managers displayed these values and behaviours.

However, the results were lower where the question was asked whether people see their leaders and managers role model the behaviours, with only 59% of staff agreeing.

We saw the service values displayed in the hubs we visited.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they felt there was a positive culture in the service and were supported by managers and senior managers. Staff told us that if they had frustrations, they could raise these concerns with managers and felt listened to.

Staff spoke highly of their colleagues and stated it was a pleasure to work with the crews and for the service. Feedback from patients, relatives and carers indicated they were able to share feedback openly with the service. Some staff we spoke with felt that there was still a divide between employed staff and volunteer staff. Examples given were that social media posts tended to recognise the efforts of volunteer staff over employed staff.

The service completed equality and diversity training as part of their training package and could seek advice from managers and staff diverse groups. The service had an equality, diversity and inclusion strategy in place from 2022 to 2023. This included an equality, diversity and inclusion steering group and several staff networks including; disability and accessibility, women's, pride, multi-cultural and carers.

Emergency and urgent care

The service had introduced a freedom to speak up guardian. Whilst this is not a requirement in independent healthcare organisations, it brought it in line with NHS services. However, a staff survey in March 2022 indicated that only 59% of staff felt it was safe to speak up and challenge the way things were done in St John Ambulance. This had improved marginally from the previous survey completed in August 2021. Only 50% of staff felt confident that if they did speak up, appropriate action would be taken, which had improved marginally since the previous survey in August 2021. The survey results were nationwide and could not be broken down by region.

The service provided support and de-briefing for staff experiencing difficulties. There was a Wellbeing lead, and confidential Care Support Line for staff, where staff could access counselling if needed. There were also other suggested routes for staff to follow such as contacting the Samaritans, calling 111 or talking to the service's mental health first aiders, which were advertised in the building and staff were aware of the service.

Governance

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

The service had a clear structure in place, which identified the senior manager structure and middle management structure. This was evidenced through a documented organisational structure and comprehensive and well written documentation such as policies, procedures and forms.

Staff were employed in specific roles with job descriptions and responsibilities. Staff at all levels understood their roles and responsibilities. Staff understood the areas they had oversight for.

There was a dedicated HR department and a training department.

There was a clear process in place for learning from incidents, including serious incidents, and how these were reviewed and then training identified if needed.

The NHS trusts that worked with the service told us that they had a good, open relationship with the service, who were responsive and happy to work within the defined scope of practice.

The service had regular governance meetings. The service provided several examples of governance meetings minutes and we saw that there were discussions around re-structuring, audits and training.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had an organisational-wide risk register in place. This identified the risk and any mitigation taken to reduce the impact of risks. The risk register was comprehensive, regularly reviewed and clearly showed the controls in place.

Managers and senior managers were able to explain what their three top risks were for the service and how they were addressing these. Manager's risks mirrored those upon the risk register.

Emergency and urgent care

The service had a monthly performance dashboard and used it to monitor various aspects of performance including staff sickness, mandatory training, notifications, incidents and patient feedback.

Staff told us they received feedback from risks and incidents and were aware if learning from these had taken place.

The service had business continuity policies. This included the policy along with critical functions and contact details of relevant escalation points. However, the documents were not dated and did not have a review date or review frequency listed on the version control.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

There were effective information systems in place to support the activities of the provider. Data was comprehensive and we saw it used to both operate day to day systems, manage the service and provide strategic information.

The provider operated a staff portal which enabled the distribution of information such as policy updates and bulletins. Staff were required to sign into the email as proof of reading new policies.

The service utilised QR codes, digital codes that contain information and can be scanned using a smartphone or other handheld device, to help staff access the organisations systems.

Vehicles were equipped with global positioning system-based navigation and location systems, this meant managers were able to see where their staff were on shift and if there were any issues, staff could be easily located. Staff had access to mobile phones.

Staff had access to mobile telephones, and could install clinical guidance applications such as the JRCALC on their personal mobile telephones.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

The service had a regular ambulance operation newsletter to share key messages with staff and volunteers as well as provide feedback. In the ambulance hubs we saw 'ambulance hub key info' boards, which gave an overview of performance such as incident reporting rates, compliments and complaints received each month.

The service engaged with patients and made it easy for them to leave feedback.

We spoke with two local NHS ambulance trusts that the service supported, and they told us that they met regularly and had good levels of communication.

Staff we spoke with told us there was not a regular opportunity for volunteer and paid staff to meet or interact. The service had created 'virtual ambulance units' via an online system for sharing information. Staff told us that these were useful for engaging with their colleagues, however that some questions, such as those around issues with NHS trusts, were not always acknowledged or responded to.

Emergency and urgent care

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

In October 2020, St John Ambulance launched a new 'box-body' ambulance to help transform the work undertaken by the charity. These vehicles were designed with a specialist third party company, as well as volunteers and staff, to ensure they were comfortable as well as practical. There were many improvements to the new vehicles which included being more spacious, with a fully automatic gearbox which made them easier to drive and more fuel efficient improving environmental performance. These vehicles could also be driven under a different category of driving license, which opened the role up to more staff.

The service had developed a fully electronic patient form in conjunction with staff and following best practice guidelines. This was being rolled out in other areas and would be rolled out fully amongst all staff by the end of 2022.