

# Mediskills

## Quality Report

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Are services responsive?

Good



Are services well-led?

Requires improvement



### Overall summary

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

Mediskills provides services to patients taking part in or attending a television studio event and also provides

training services. These types of arrangements are exempt by law from CQC regulation. Therefore, the services provided to patients taking part in or attending the television studio event were not inspected.

The service provides a regulated patient transport service in the event that a patient requires transfer to hospital. During the previous year one transfer had taken place.

# Summary of findings

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced visit to the service on 15 July 2019.

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.

We rated this service as Good overall.

- The service provided managers with access to staff's mandatory training history in key skills and made sure everyone completed it.
- 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.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Whilst the organisation did not own ambulances and leased them, they had processes in place to keep vehicles clean and also kept their premises and equipment visibly clean.
- Staff had systems in place to completed and updated risk assessments for each patient and removed or minimised risks. Staff could identify and quickly acted upon patients at risk of deterioration.
- 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. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

- The service managed patient safety incidents well. Staff had processes in place to recognised incidents and near misses and could reported them appropriately.
- The service provided care and treatment based on national guidance and evidence-based practice
- 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.
- The service planned and provided care in a way that met the needs of people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

However:

- Governance systems to manage risks and performance needed to be further developed to be more robust.
- The vision and strategy for the service needed to be further developed.

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

**Ann Ford**

**Deputy Chief Inspector of Hospitals (North region),  
on behalf of the Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

Mediskills had one contract to deliver a patient transport service to hospital from an event, should the need occur. The service had transferred one patient in the last year.

We rated safe, effective, responsive and well-led as good. We were unable to rate caring due to the lack of regulated activity.

# Summary of findings

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Good 

# Location name here

## Services we looked at

Patient transport services

# Summary of this inspection

## Background to Mediskills

Mediskills provides an independent ambulance service which is based in Stockport, Manchester.

Mediskills main business is primarily as a training and events organisation. It provides events medical support via fully qualified NHS trained professionals who are either registered paramedics or nurses to support events, training and TV/Film units.

Mediskills presently has one small contract to deliver an events and patient transport service to hospital, should the need occur, with a Manchester based film studio.

At the time of inspection, the service had no vehicles of its own and contract hired ready to use ambulances from a local provider.

It has a base and provides all relevant equipment for hired ambulances from the building.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 15 July 2019.

The service is registered to provide the following regulated activities:

- Patient Transport Services.
- Treatment of disease and injury

During the inspection, we visited its base in Hyde Manchester. We spoke with three staff including; the two

owners of the organisation, one of which was a consultant nurse and the other a registered paramedic. We also talked to an employee of the organisation who also provides medical support for the present regulated activity provided and is also a registered paramedic. We spoke with no patients because the service was not providing any regulated work on the day of our inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (June 2018 to March 2019)

- In the reporting period June 2018 to March 2019 there were one patient transport journey undertaken.

Track record on safety

- Zero Never events
- Clinical incidents - one no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- Zero serious injuries
- Zero complaints

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one CQC support inspector. The inspection team was overseen by the Head of Hospital Inspection.

# Summary of this inspection

## Information about Mediskills

Mediskills is an independent ambulance service which is based in Hyde Manchester. The organisations main focus is on providing bespoke training on health and safety as well as events work, which it conducts from a training venue in Hyde.

Mediskills provides a patient transport service to hospital as part of a small events contract. The events contract is the only process in which the organisation provides regulated activities and it is commissioned by a Manchester based film studio.

In the last year before our inspection Mediskills provided only one patient transport as part of this contract.

Mediskills has a training base and also storage rooms and provides equipment for its ambulances. The organisation has no vehicles or garages and contract hires ambulances from a local provider on the day of events.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 15 July 2019.

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.

# Detailed findings from this inspection





## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	N/A	Good	Requires improvement	Good
Overall	Good	Good	N/A	Good	Requires improvement	Good



# Patient transport services

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

## Summary of findings

- Managers had access to staff's mandatory training history in key skills and made sure everyone completed it.
- 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.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Whilst the organisation did not own ambulances and leased them, they had processes in place to keep vehicles clean and also kept their premises and equipment visibly clean.
- Staff had systems in place to complete and update risk assessments for each patient and removed or minimised risks. Staff could identify and quickly act upon patients at risk of deterioration.
- 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.
- Staff had systems to keep detailed records of patients' care and treatment. The record we reviewed was clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff had processes in place to recognise incidents and near misses and could report them appropriately.

- The service had systems in place to provide care and treatment based on national guidance and evidence-based practice.
- 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

However:

- Governance systems to manage risks and performance needed to be further developed to be more robust.
- The vision and strategy for the service needed to be further developed.

# Patient transport services

## Are patient transport services safe?

Good 

We rated it as **good**.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

All mandatory training, including safeguarding, medicines management, infection prevention and control, information governance and conflict management was undertaken at an NHS Ambulance Trust. The staff who provided regulated services in Mediskills were all current ambulance paramedics who worked with the manager, who was also the co-owner of Mediskills. The manager worked at the trust alongside all the staff, as a registered paramedic.

Mediskills had systems in place to monitor staff compliance in training. The manager of the service had access to training compliance from the NHS trust that staff were employed and we were shown how compliance was accessed through its systems.

The manager could review individual training compliance through this system with employees. All registered paramedics within the NHS organisation that Mediskills staff came from, had to have completed training at over 95% in a full calendar year otherwise their performance was reviewed by managers in the trust with the possibility they would not be able to drive. Drivers were already issued with a driving permit which showed the category of vehicle each driver was permitted to drive and we were shown evidence of this by the two registered paramedics we interviewed.

The manager of the organisation and one other paramedic participated in the regulated activity undertaken by the organisation and his training was readily accessible through on-line access and he had completed his training.

The manager of the organisation training compliance was at 92% with only one non-related patient safety course still to be completed.

We were told training was delivered face-to-face and through online training modules.

The nurse consultant lead who was also the registered manager provided some bespoke training and we were also told that any new training required would be purchased by the organisation.

Registered paramedics working on the ambulances at events were required to complete continuing professional development every year as part of their development. In addition, staff were required to complete online training modules, for example information governance.

### 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.**

The provider had a level 4 lead in safeguarding who was the Nurse Consultant and registered manager of the organisation and we were shown notification of her training at that level.

The lead supported and advised staff and they had good access to safeguarding advice and support.

The regulated activities via the film studio element of Mediskills were supported by the nurse consultant trained to level 4, her business partner, registered paramedic and co-owner who was trained at level 2 and a registered paramedic who supported events at level 2. We were shown proof of training and they were DBS checked.

Staff had access to an up to date safeguarding policy. The policy defined what abuse was, types of abuse and actions to take in recognising and escalating concerns.

The provider informed us that the policy would be reviewed by the nurse consultant lead to reflect any future requirements.

The manager could check safeguarding training compliance through an application on his phone.

Whilst the two paramedics had been trained, the nurse consultant had missed her Level 4 refresher course by one month. This was rectified on the day of the inspection when we were shown evidence of the booking of the course for the following month.

# Patient transport services

Whilst we were shown evidence that training had been completed through the applications online, there was no hard copy available to show comprehensive training courses had been completed on time.

The staff team understood their responsibilities and demonstrated how they would report safeguarding concerns.

We were told that staff would report issues using existing ties paramedics had to safeguarding processes which included hospital and local authority links and the local film studio they had a contract with. The team gave us examples of when safeguarding concerns would be escalated and we were told that any concerns had to be relayed to the film studio as part of their role.

## 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.** Whilst the organisation did not own ambulances and leased them, they had processes in place to keep vehicles clean and also kept their premises and equipment visibly clean.

Mediskills had an infection, prevention and control policy that was available to all staff electronically via the provider. The three staff we spoke with were aware of their responsibilities related to infection, prevention and control.

Mediskills only employed NHS Ambulance and NHS trust staff who completed modules on infection, prevention and control that included effective handwashing, management of waste and of contact with bodily fluids and sharps. All staff had completed their training.

We were told that any future staff would have their knowledge and skills assessed during their induction.

Staff had access to personal protective equipment at Mediskills base station to use on ambulances, including disposable clinical gloves.

We observed a completed “vehicle deployment confirmation checklist” which consisted of sections to complete covering whether the vehicle cleaning and what equipment.

We were shown a completed “vehicle-based response bag” checklist which had been checked for the bag containing such equipment as cannulas and oxygen masks.

All of the equipment and consumables that we observed appeared to be clean and in date. However, there was no formal checklist for checking of equipment prior to use, such as the glucometers used to check a patient’s blood sugar and no asset numbers or servicing dates on equipment used in patient treatment. We were told that they had been checked but we were shown no evidence of this.

We were shown evidence of the service’s clinical check for ambulances they rented on an ad hoc basis which included checks for cleanliness and infection control measures.

The provider showed us infection prevention measures such as hand gel which would be used in ambulances at events.

We were told all rented vehicles were checked on delivery and if the organisation were not satisfied with the cleanliness of the vehicle it would be changed for another.

Staff from Mediskills allocated time at the beginning of their events shift to clean their vehicle and completed daily task sheets which were kept on the ambulance for the period they attended the event.

A deep clean of vehicles was undertaken by the lease company.

Staff told us that clinical waste was bagged and disposed of either at the base or at the hospital immediately after use.

Staff were provided with uniforms and were responsible for washing them. During our inspection, we observed staff uniforms were visibly clean and staff were observed to be bare below the elbow. Wrist watches were not worn by staff and the service provided all staff with a fob watch which attached to their tunic.

Cleaning equipment for ambulances was seen to be colour coded and clearly marked as to the area that it was to be used for cleaning. For example, red colour code was only to be used in toilets and showers, green for kitchen areas and yellow for ambulance interiors only.

However, at the time of our inspection the cleaner in the building had placed the mop bucket in the in the entrance room to toilet area of the building. The manager removed this immediately and we were told that staff would discuss this with the owners of the property who provided the cleaner.

## Environment and equipment

# Patient transport services

**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 base was situated in a business park in Hyde, Manchester and the service was situated on the first floor of a rented building space.

We found the base, including equipment storage areas, were clean and well laid out. They were spacious, tidy and fit for purpose with a lift for accessibility.

The forecourt was accessible, and we were told the business park were well lit at night.

We observed that checklists were in place for the manager to carry out checks of the building, environment and equipment.

Fire checks were conducted by the building owners and the service has access to fire exits and fire extinguisher.

Staff had access to a kitchen area, rest room and bathroom and toilet facilities.

Staff were expected to perform journey, vehicle and cleanliness checks when vehicles were leased for an event. We were shown evidence of vehicle checks.

Stock including equipment and consumables such as dressings was stored in two dedicated store rooms with equipment. We observed an ample supply of stock available to staff during our inspection.

We were told that vehicles that were used were equipped to support staff in carrying out basic observations of patients during transport to monitor for signs of deterioration in the patient's health. Vehicles were crewed by higher clinical qualification staff e.g. paramedic, to meet the potential needs of patients likely to be encountered in a hospital transport. Ambulances were provided with all the items necessary to support patient transport. Staff showed us equipment that was used on ambulances and these were in line with requirements.

The service did not own their own vehicles. Ambulances were hired, as required. The rental company were responsible for ensuring road tax and MOT certificates were in place, as required.

We checked for paediatric life support equipment including airways, masks and oxygen mask and they were all stored at the base ready for use on ambulances as part of the contract.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

The service had only one hospital transfer in its last year of operation and this was low risk after an incident at the film studio where it has its contract, it therefore did not have any direct calls or emergency transportation to NHS providers.

Crews working on behalf of the organisation had access to an escalation policy. We were told staff would follow this if and when a patient deteriorated.

We were shown evidence that ambulance events crews could complete observations and they had access to a reference book that described action to be taken if the observations were outside of an expected range.

If a patient was at serious risk, we were told that crews could contact the hospital to highlight any concerns. We were told in emergency situations ambulance paramedics would either use their skills to transport individuals to a suitable location or if necessary call for support from specialist services dependent on the nature of the injury.

We were told that service worked closely with the film studios to pre plan any events and this was done in conjunction with the health and safety team attached to the studio.

We were also told that medical conditions or allergies that may require an intervention or review were also discussed if needed.

We were shown a "call sheet" that was generated by the recruiting company who employed Mediskills to provide emergency cover for television of movie stunts. This included a comprehensive risk assessment of the situation and a list of the appropriate local hospitals. For example, the call sheet we were shown was in regard to a stunt where an actor would be set on fire. Contained within the assessment was the nearest burns unit to the site where the stunt was to take place.

# Patient transport services

## 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.** Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency and locum staff a full induction.

Data provided showed that, in December 2019 there were three staff working in regulated activities. These were:

Two registered paramedics one of which was the manager.

One nurse consultant who was also the registered manager

The owners of the Mediskills told us in the last 12 months there had been no changes in contracts with its existing clients who were a film studio in Manchester.

We were told that levels of staff depended on contracts. At the time of our inspection, the service was not providing any service. We were told, the service had enough staff to cover current contractual obligations.

All staff worked on an ad hoc basis and were employed by NHS Trust or Ambulance Trust. We were told that this could change in the future.

Contract staffing, and skill mix was arranged by the co-owners of Mediskills, who were a registered paramedic and the registered manager. This was done in conjunction with the film studio.

Patterns of work depended on the contract, but staff generally worked in the day.

The provider was committed to expansion and wanted to give future regular work to casual staff but they were explicit in wanting to maintain staff competencies and avoided the need to re-train or recruit from outside the pool of staff they already had.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

The service used standardised, patient report forms for patient transfers and these were completed in real time as part of their contracts with the film studio.

Patient record forms consisted of patient's medical history, current medication, allergies and observations, care and treatment given.

Due to the nature of work of the organisation, the service had only undertaken one patient transfer at an event.

We reviewed the one patient record dated 17 September 2018 and found that the form was correctly completed.

The patient record was stored safely in a locked cabinet in the building and we were told it would be stored on base for three years. All records remained confidential due to the nature of the contract with the film studio. We were told that any record generated would be collected daily and taken to the base.

Staff told us they understood the need to review and hand over any patient information likely to support patient care when a patient was transferred to a treatment site or hospital.

## Medicines

**The service had systems in place to processes to safely prescribe, administer, record and store medicines.**

The service had a medicines management policy available to all staff. The purpose of this policy and supporting procedures was to ensure that any medicines used were suitable for purpose, met internal and external safety standards, were procured, stored, prescribed, dispensed supplied, administered and disposed of safely and effectively.

Whilst this was the case, no medicines were stored in the building or procured by the organisation.

## Incidents

**The service managed patient safety incidents well. Staff had the ability to recognise incidents and near misses and reported them appropriately. Managers could investigate incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff had the potential to apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

The provider had an incident management framework policy and incident reporting procedure.



# Patient transport services

Staff had access to a paper-based incident reporting system including forms for incidents involving vehicles and those involving patients or staff members.

We were told that incidents were shared by the team verbally by telephone usually owing to the relatively small size of the organisation. We were told that incident would be reviewed by management and changes would occur dependent on urgency. Managers and staff had access to a closed What's App group where information could be shared.

Mediskills gave us examples of two minor incidents which had occurred in 2017 and told us how these had satisfactory been addressed.

The service had reported no never events within the last year or incidents in the last year. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

## Are patient transport services effective? (for example, treatment is effective)

Good 

We rated it as **good**.

### 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.**

Mediskills managers showed us that policies were based on national guidelines that they could access through their day to day work as registered paramedics and nurses. These included the National Institute for Health and Care Excellence and the Joint Royal Colleges Ambulance Liaison Committee national service frameworks, national strategies, national patient safety alerts and other guidelines applicable to the service.

Policies for staff were available on the providers internal electronic system. The policies were based on national guidelines. The manual covered general guidance, such as consent, patient assessment, transfer of care, duty of candour, safeguarding and manual handling. The manager registered manager and registered paramedic staff member we talked to told us that they were aware of the policies and procedures and were able to access them.

### Nutrition and hydration

**Staff had the ability to assess patients' food and drink requirements to meet their needs during a journey. The service had the ability to make adjustments for patients' religious, cultural and other needs.**

Mediskills staff told us that any journeys to hospitals from an event were short and were not planned, however water would be available in ambulances for patients. We were told any specific cultural needs of staff would be discussed as part of the contractual arrangements with the film studio.

### Pain relief

**Staff could assess and monitored patients regularly to see if they were in pain but did not provide any medicines on board ambulances.**

Whilst no specific medicines were carried or available, staff who transported patients did have a pain score assessment tool.

### Response times

**The service had no agreed response times but were on site at events and were readily available.**

The provider told us they did not monitor response times of journeys or patient outcomes, as it was not a requirement of their contract with any organisation. However, we were told that response times would be immediate because they were on site if an accident occurred.

Times could be recorded on patient record sheets and reviews on response times would be conducted with the film studio if an incident occurred.

### Patient outcomes

# Patient transport services

**There was limited evidence regarding patient outcomes as only one patient transfer had occurred in the previous year. However, they did plan patient care so that good outcomes could be achieved.**

Managers told us that, although they did not monitor patient outcomes, they did receive verbal feedback on patient outcomes from their patient and the film studio.

We were told that events crews would take patients to the nearest appropriate hospital for their treatment if an incident occurred. We were told scenarios were discussed as part of the planning process with the film studio. Staff told us if a patient or the studio requested an alternative hospital, the ambulance crew would refer back to the studio for advice dependent on risk to the patient.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and discuss development.**

Staff who were new to the service received a local induction before commencing on any event.

We were told that events staff were to be given the opportunity to develop and progress within the service from being paramedic to management through additional training and support.

The two managers told us that training requirements were role or task dependent and staff were assessed through a review programme to ensure they were competent. If staff did not have the satisfactory revalidation for their role within the ambulance trust, it would lead to individuals becoming non-operational.

Drivers were already issued with a driving permit which showed the category of vehicle each driver was permitted to drive and we were shown evidence of this by the two registered paramedics we interviewed.

All staff completed an appraisal in their respective organisations and we were told this was going to be reviewed internally within the service.

Managers told us that staff could raise any training requirements with them and they were keen to share ideas with present or future staff.

We were told by the service managers that internal staff appraisals and competencies done in the individuals present organisations needed to be incorporated in the organisations own competency framework and it was one of the areas where the service would review its practice should it grow.

## 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.**

We were told that there was good multidisciplinary team working between the organisation and the film studio.

Managers liaised with the studio management team to ensure that each was organised and properly prepared for any event taking place. Mediskills told us there was a particular focus on safety and we were shown evidence of how planning was conducted by the studio. The review before the event helped Mediskills assessing, plan and delivering people's care and treatment when needed.

## Health promotion

**Staff had the ability to give patients practical support and advice to lead healthier lives.**

We were told that due to the nature of the work the service did little in the way of providing health promote information.

However, the service had a facility to do this through its nurse lead and access to an internal occupational health facility.

## 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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**

Staff told us if they had concerns regarding a patient's capacity to consent they would discuss this with the film studio for advice on the patient's wishes. Due to the limited

# Patient transport services

amount of regulated activity work undertaken, we were unable to corroborate this. We did see a pre-assessment which could highlight any concerns and how these would be dealt with.

We were told that the patient report forms would be used to record mental capacity and whether consent was gained and these were viewed by us and were satisfactory.

When we discussed patient capacity, staff demonstrated a good understanding of explaining treatment and gaining the consent of the patient to treat them.

Staff told us it was part of their everyday experience as paramedics and they told us staff in the service would always explain treatment and procedures and provide patients with the opportunity to ask questions before gaining consent.

Staff had received training on Gillick competency and Fraser guidelines as part of their paramedic safeguarding training. Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to those under 16 without parental consent.

The provider did not routinely provide transport services to individuals being detained in accordance with the Mental Health Acts (1983 and 2007).

## Are patient transport services caring?

**We were unable to rate caring as there was insufficient evidence to rate.**

## Are patient transport services responsive to people's needs? (for example, to feedback?)

Good 

We rated it as **good**.

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

**The service planned and provided care in a way that met the needs of people it served.**

Over the last year, the provider had only delivered one patient transport, therefore there was limited evidence regarding the responsiveness of the service.

The provider had a contract with a local film studio to provide an events ambulance and patient transport services. We were told there were options to extend the contract to 2020.

We were told the shifts were only available to registered ambulance paramedics and this was used to engage companies to contract with them.

We were told major events were planned in advance and the two managers worked closely with the studios particularly their health and safety team. We were told that briefings were held with the organisers of filming before events started to review the service provision at individual events.

The briefings enabled the service to plan for specific events so that they met people's needs. Mediskills also reviewed their performance at events and looked at areas for improvement at future events.

Events could come in differing forms such as basic filming or general stunt work and included both actors and filming crew. Mediskills staff were given notice of the general size of the event so they could prepare effectively.

We were told that the provider would decline any events activities if it did not have the ability to deliver them. At the time of inspection, they had not declined any event activities.

Managers told us that they always planned in advance for crews and vehicles so that contracts could be delivered.

The company had no spare resilience vehicles, but we were told that the provider of vehicles had always been able to supply an appropriate vehicle.

### Meeting people's individual needs

**The service had systems in place so it was inclusive and took account of patients' individual needs and preferences. Staff could make reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

The provider had access to trained ambulance paramedics who were still in service and working professionally within NHS Trusts.



# Patient transport services

Staff had the skills to deal with patients with specific needs, including dementia and mental health. However, this would be highlighted in advance at the planning stage of the event and was very unlikely.

The service did not have access to a telephone interpreting services, but we were told that this could be arranged if it was necessary with the studio depending on need. We were also told that staff would also have access to communication aids for those patients who had visual impairments in the same manner.

The service showed us a “multi lingual emergency phrase book” which consisted of 21 basic questions commonly used in an emergency situation in 41 differing languages. They told us they were in the process of purchasing these booklets to be used by all of their staff as this was what they used in their NHS ambulance role.

Staff told us they were made aware of issues that may need to be addressed due to a specific individuals requirement, or a disability, through the film studio and made practical adjustments, to meet individual needs prior to transporting patients.

## Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

We were told the service could be provided at different times during the day and the night, and over the weekend dependent on the studio.

Ambulances were generally stationary all the way through an event and additional vehicles were accessible through the ambulance provider, so the service could continue in the event of vehicle breakdown.

The service recorded relevant timings for on set. The patient report forms also had the ability to record times.

The crew had access to mobile telephones, so they could communicate any delays directly to the NHS hospital control room in an emergency. Crews worked locally in their full time employment in Greater Manchester area and were there aware of where hospitals were and what they delivered services.

It was difficult to benchmark the services performance against other areas or specific organisations due to its nature.

## 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.**

The service had a complaints policy and the service was tied into the general complaints policy with the film studio. We were told complaints would be investigated in conjunction with the film studio.

Mediskills told us they had not received a complaint in the last year.

We were told that complaints would be taken seriously because the organisation could potentially lose its business if the studio deemed the complaint serious enough to see it as a breach of contract.

Whilst this was the case, we were told that patient complaint and satisfaction forms were not provided on the ambulances and this would be addressed. The organisations website did not have a complaints section but an email and telephone contact process were available.

## Are patient transport services well-led?

Requires improvement 

We rated it as **requires improvement**.

## 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.**

We found good leadership structures in Mediskills. The management team comprised of two managers, an operational manager responsible for the core ambulance service and Nurse Consultant manager responsible for training and regulatory performance.

The two managers were also the main providers of services and at the time of the inspection no activity was being under taken and only one other individual was providing support services.

# Patient transport services

Whilst the two managers had different portfolios, it was clear that they supported each other and when needed supported staff. Whilst responsibilities were clear, there was a strong sense of togetherness in supporting each other and staff.

We found them to be open and honest and they acknowledged that the services ambulance activity was minimal but important.

They told us that they were in the process of reviewing structures and developing extended plans for the organisation.

The leaders clearly had the skills and knowledge to do the job well. We were told that they were fully focussed on delivering quality services to its present commissioner who expected high professional standards.

We discussed the managers abilities with the present paramedic and he told us that the manager's had the skills and knowledge to do the job well.

Managers and staff interacted well during our inspection and were positive and responsive to each other.

## Vision and strategy

**The service had a vision statement for what it wanted to achieve, however there was limited evidence of a strategy to turn it into action or how progress was monitored.**

The service was owned by the director who was also the registered manager. The registered manager was also a nurse registered with the nursing and midwifery council.

Mediskills mainly supported events, training, TV and Film medical support and specialist medical teams supporting various projects.

The service has a vision statement "Your health. Fairly important, we think you'll agree. We utilise our expertise to ensure your wellbeing is our priority."

The service told us it was presently reviewing its strategy. It presently had a number of goals including events and ambulance services.

We were told that managers were seeking to expand the knowledge base of its present staff and future staff and the registered paramedic we interviewed was being developed for a future management role.

Management spoke positively about change in the organisation and felt that it would make Mediskills ready for the challenges it faced in the future. The managers told us that the increase in staff responsivity would allow managers to think more clearly about expansion and develop a more efficient and effective service.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

The managers in Mediskills told us that there was a good positive culture where staff felt able to raise concerns. The registered paramedic staff member we interviewed supported the view that concerns could be shared and addressed organisationally without individual blame.

Managers informed us that they would support welfare checks on staff if they had faced a trauma or stressful incident. Managers were aware of the demands on ambulance staff and told us that work under taken by staff members was balanced with their on-going full time commitments so that staff were fresh and able to perform at their best in both organisations.

We found a culture of developing future staff and managers wanting to use evidence or ways of working that they had picked up through experience.

Managers told us they would always contact staff that were off sick on to check on their welfare and arrange additional support if needed. Staff already had access to counselling services if required through their full-time work.

## Governance

**Governance systems were simple and mainly relied on conversation and face to face contact and basic paperwork. The systems needed to be further developed to be more robust.**

We were told that managers wanted to improve monitoring within its governance structures especially if Mediskills expanded so it could be fit for purpose for growth.

# Patient transport services

We were told that governance meetings were face to face. Although only two members of the organisation were present usually at any one time, governance needed to be recorded better with clear minutes and audit trails.

At the time of inspection, managers took a long time to find relevant data on site and the service needed to review how it stored data so it was readily accessible.

Policies and procedures were available and could be communicated to staff through the intranet and face to face meetings.

## Management of risks, issues and performance

**Systems were in place to manage risks and performance. However, the systems needed to be further developed to be more robust.**

No present risks were identified in the service, but the service had access to a risk register and managers were able to explain performance. Managers suggested that the extension of the organisation's film studio contract showed that the organisation was doing well. Managers told us that they would work together to resolve issues as and when necessary.

We were told that meetings were face to face. Although only two members of the organisation were present usually at any one time, decisions about risk, issues and performance needed to be recorded better with clear minutes and audit trails.

We identified no major risk to patient safety during our inspection.

## Information management

**The systems and processes in the organisation were present but slow to access.**

Policies were present but could not be reviewed or printed easily. The organisation needed to review how it collected and used performance data. Information was available across different pieces of paper and in differing resources.

We were told that managers were presently reviewing this and we saw evidence that staff were making the first steps in developing a regulatory folder under different key lines of enquiry.

## Public and staff engagement

**Staff felt supported and engaged. There was limited public engagement due to the nature of the contract.**

We were told that if the service grew staff would be continually consulted to review how the service was doing.

It was clear in our discussion with the registered paramedic felt supported and engaged in the direction of the organisation.

The provider told us it did seek feedback from patients and the organisation but could not provide any data on feedback.

Mediskills had a public website which provided information on the organisation its role and contact information.

## Innovation, improvement and sustainability

**Managers told us that business continuity and sustainability was challenging because of contract stability.**

The organisation was presently based on a part time business model with short term contracts. We were told that this could be frustrating because new ways of working and the organisational structure was specifically designed for the contracts in place.

The service did not own its vehicle stock but the loan of ambulances from a recognised provider allowed some flexibility in future direction.

The structure of the ambulance operations service was being reviewed and we felt this was positive and showed the organisation was reviewing its sustainability.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must review and improve governance arrangements to demonstrate effective systems are in place to assess, monitor and improve the quality of the services provided.

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

- The provider should implement plans to review and develop the strategy and vision for the service.
- The provider should review the need for a formal checklist for checking of equipment prior to use.
- The provider should review access to patient complaint and satisfaction forms and information.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>Effective governance arrangement were not in place to assess, monitor and improve the quality of the service provided.</b>