Ikon Ambulance Services Ltd

Grange Farm

Inspection report

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Date of inspection visit: 29 November 2022
Date of publication: 06/02/2023

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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inspected but not rated**
Are services well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out an inspection of Grange Farm using our focussed methodology under the core service framework of Emergency and Urgent Care and Patient Transport Services.

The inspection was a focussed inspection to follow up concerns from our inspection of the service on 6 September 2022, when we imposed an urgent suspension on the registration of the service. As this was a focussed inspection, we did not inspect all elements of the key questions. We reviewed elements of three of the five questions: are services safe, effective and well led. We did not review the questions: are services caring and responsive.

The previous overall rating for the service of inadequate remains.

Our inspection was announced the day before we conducted onsite visit. We gave the provider short notice of the inspection date to ensure their availability on the day.

Following our inspection, we issued an urgent notice to suspend the registration of the service further. We issued a notice of proposal to cancel the registration of the provider. We took this action because there was a high risk that a service user may be or will be harmed. We had serious concerns about both services and suspended Grange Farm's registration for 6 months, preventing them from operating regulated activities during that time.

We told the provider that they must take action to comply with the regulations.

For details of the individual services, see the service sections of this report.

We rated this service as inadequate because:

- The service managers continued to be unable to demonstrate a full understanding of their roles and responsibilities and the duties delegated to them by the Health and Social Care Act 2008
- Safety systems, processes and standard operating procedures were still not fit for purpose.
- The service did not evidence that staff had training in key skills. The service did not manage safety well. The service did not control infection risk well. Staff did not assess all risks to patients. They did not manage medicines well. The service did not manage safety incidents well and did not learn lessons from them. Staff did not collect safety information to improve the service.
- The service did not monitor response times. Managers did not monitor the effectiveness of the service and could not evidence that staff were competent. Staff were not supervised or managed effectively.
- Leaders did not have the necessary experience, knowledge, capacity, capability or integrity to lead effectively. There was no stable leadership team. There were limited examples of leaders making a demonstrable impact on the quality or sustainability of services. Leaders did not run services well using reliable information systems. Leaders did not support staff to develop their skills.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services	Inadequate 	Patient transport services is a small proportion of the services activity. The main service was urgent and emergency care. Where arrangements were the same, we have reported findings in the urgent and emergency care section. We rated this service as inadequate.
Emergency and urgent care	Inadequate 	Our rating of this service stayed the same. We rated it as inadequate because: • Safety systems, processes and standard operating procedures were still not fit for purpose. The service did evidence that all staff had training in key skills. The service could not evidence that staff could protect patients from abuse and did not manage safety well. The service did not control infection risk well. Staff did not assess all risks to patients. They did not manage medicines well. The service did not manage safety incidents well and did not learn lessons from them. Staff did not collect safety information to improve the service. Managers did not monitor the effectiveness of the service and could not evidence that staff were competent. • The service did not consider how children would be transported safely. • Leaders did not have the necessary experience, knowledge, capacity, capability or integrity to lead effectively. There was no stable leadership team. There were limited examples of leaders making a demonstrable impact on the quality or sustainability of services. Leaders did not run services well using reliable information systems. Leaders did not support all staff to develop their skills. However: • The service had adequate supplies of personal protective equipment at the base and within vehicles.

Summary of findings

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Summary of this inspection

Background to Grange Farm

Grange Farm is operated by the registered provider IKON Ambulance Services Ltd. It is an independent ambulance service that supplies paramedics, emergency technicians, and first responders. The service provides first aid support at organised sporting and public events such as stock car racing, horse shows, and agricultural shows - this activity is out of scope of our regulations. As part of the events support, IKON Ambulance Services Ltd also provide medical transportation, including emergency transfers to local emergency departments, which is a service regulated by CQC.

The service also provides a patient transport service, however, at the time of the inspection there had been three journeys between September 2021 and September 2022.

Patient transport services is a small proportion of service's activity. The main service was urgent and emergency care. Where arrangements were the same, we have reported findings in the urgent and emergency care section.

The provider was registered with the Care Quality Commission in 2018 to deliver a patient transport service and urgent and emergency care.

The service is registered to carry out the following regulated activities:

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

The previous inspection of IKON ambulance service took place on 9 September. Following the inspection, IKON ambulance services Ltd. was served with an Urgent Section 31 suspension of regulated activities for 12 weeks to allow the service to address our concerns. This inspection was a focussed follow up inspection carried out on 29 November 2022, to assess if the provider was now compliant.

How we carried out this inspection

We carried out a short notice announced inspection on 29 November at the provider's operating base at Grange Farm, Reps Road,

During the inspection visit, the inspection team:

- looked at the quality of the environment; this included the office space, storage areas, the converted barn that was used to store the medication and vehicles.
- Spoke with the registered manager, clinical director and other members of staff.
- Inspected three vehicles.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies, procedures and other documents relating to the running of the service.

The on-site team that inspected the service comprised of two CQC inspectors, and a specialist advisor to CQC. A CQC inspection manager and a medications inspector was available by telephone during the inspection to provide advice and guidance. The inspection team was overseen by a Head of Hospital Inspection. We reviewed information we requested from the service after our inspection visit.

Summary of this inspection

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

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

The service must ensure there are systems and processes to support an effective cleaning regime. (Regulation 12(2)(h)).

The provider must ensure policies accurately reflect the service provided and reflect current national guidance. (Regulation 17(1)(2)(d)).

The provider must ensure the risk management process identifies current risks to the service, monitors and identifies actions to reduce the level of risk, and risks are kept under review. (Regulation 17(1)(2)(b)).

The service must ensure staff manage clinical waste in line with clinical guidance. (Regulation 12(2)(h)).

The service must have processes that demonstrate staff are trained and competent to use medicines. (Regulation 12(1)(2)(c)(g)).

The service must ensure there is an effective and documented system in place for managing and monitoring staff compliance with mandatory training and reviewing staff competency. (Regulation 17 (1)(2)(b)).

The service must complete staff appraisals and supervisions. (Regulation 18(2)(a)).

The provider must ensure governance processes provide an assurance of the quality of the service. (Regulation 17(1)(2)(a)).

The service must have a full audit trail of use of medicines and their storage. (Regulation 12(1)(2)(g)).

The provider must ensure medicines are managed safely. Staff responsible for the management and administration of medication must be suitably trained and competent and this should be kept under review. Staff must follow policies and procedures about managing medicines. (Regulation 12 (1)(2)(g)).

The provider must ensure that staff who are inducted into the service are competent and receive appropriate training, supervision, and appraisal. Regulation 18 (1) (2) (a)).

The service must ensure that it operates a robust recruitment procedure, including checks to ensure all staff employed are fit and proper people for their roles. The service must ensure robust procedures are in place for ongoing monitoring of staff to make sure they remain able to meet the requirements. This also includes ensuring DBS checks are undertaken prior to employment start and monitored ongoing and staff risk assessments are undertaken where required. Regulation 19 (1)(2)(3)(4).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Inadequate	Inspected but not rated	Not inspected	Not inspected	Inadequate	Inadequate
Emergency and urgent care	Inadequate	Inspected but not rated	Not inspected	Not inspected	Inadequate	Inadequate
Overall	Inadequate	Inspected but not rated	Not inspected	Not inspected	Inadequate	Inadequate

Inadequate

Patient transport services

Safe	Inadequate
Effective	Inspected but not rated
Well-led	Inadequate

Are Patient transport services safe?

Inadequate

For safe please see urgent please see and emergency section of this report.

Are Patient transport services effective?

Inspected but not rated

This was a focussed inspection and therefore we did not inspect and rate all of effective.

For effective please see urgent please see and emergency section of this report.

Are Patient transport services well-led?

Inadequate

Our rating of well-led stayed the same. We rated it as inadequate.

For well led please see urgent please see and emergency section of this report.

Inadequate

Emergency and urgent care

Safe	Inadequate
Effective	Inspected but not rated
Well-led	Inadequate

Are Emergency and urgent care safe?

Inadequate

Mandatory training

The service provided mandatory training in key skills and made sure everyone had completed it.

The service had an electronic system to record and alert managers when mandatory training had been completed or when staff needed to update their training. Mandatory training consisted of e-learning modules that included a range of subjects. Training for staff providing care was aligned to the Core Skills Training Framework – this included basic life support, safeguarding and the mental capacity act 2015.

The service collected information that staff had blue light training. We saw that staff had certification from health practice associate's council to evidence their qualification to drive ambulances with emergency lights.

Following the inspection, the service the submitted data confirming all staff had completed their mandatory training.

Safeguarding

Some staff understood how to protect patients from abuse.

Staff did not receive training specific for their role on how to recognise and report abuse. The safeguarding intercollegiate documents for children and adults specify that staff should receive training that is appropriate for their role. The safeguarding vulnerable adults policy did not reference best practise from the royal college of nursing: Adult Safeguarding: Roles and Competencies for Health Care Staff document. The service did not have evidence that paramedics were trained to level 3 and that cleaning staff had completed any safeguarding training. Safeguarding level one training was not provided or completed by cleaning staff as set out in the intercollegiate documents which best practice should be based on.

The service had an updated policy for safeguarding children however there was no evidence that staff would need training specific to their role.

The service was now able to evidence most staff that had completed safeguarding children and vulnerable adults to level 2. This was an improvement since our last inspection. The service had revised its safeguarding policy to reflect updated guidance.

We reviewed 5 staff records and saw that all staff had DBS checks.

Not all staff knew how to make a safeguarding referral and who to inform if they had concerns. We spoke to 6 staff and 4 said they knew how to escalate a safeguarding concern by reporting these immediately.

Cleanliness, infection control and hygiene

The service did not control infection risk well. They did not keep equipment, vehicles, and the premises visibly clean.

There were limited processes or systems in place to ensure all areas were clean and well-maintained.

Audits continued to fail to identify deficiencies in vehicle maintenance and cleanliness. Processes in place to provide assurance that areas and equipment were clean and well-maintained remained ineffective. Passenger seating within the ambulance had tears in the cushioning which would prevent effective cleaning. Leaders within the service had performed the vehicle checks and audits on the vehicle. These defects were not picked up within the service. We were not assured that leaders were capable sustaining the maintenance of environment and equipment in the service. We reviewed records that evidenced that the vehicle checks had been completed. Audits remained ineffective as leaders were not aware that equipment was damaged despite the service having undertaken no regulated activity since the service had been suspended.

There was no assurance that staff were competent to clean vehicles. There was no evidence that cleaning staff were trained to handle Control of Substances Hazardous to Health (COSHH) requirements. Under the COSHH regulations, an employer has a duty to protect its workers from exposure. This means it must assess the risks associated with the use of chemicals, solvents and other agents, and take all necessary steps to prevent exposure to risks.

The service did not have a standard operating procedure that set out how vehicles should be cleaned. The service did not provide training to cleaning staff so there was no assurance that vehicles were being cleaned in line with best practise. The service could evidence that vehicles had cleaning records however there was no audit framework in place to assure that vehicles were clean.

During the inspection we found that disposable mop heads were being reused. There was a risk of contamination and spreading infection.

There were no cleaning records to demonstrate that all areas within the premises were cleaned regularly. Leaders did not have any formal arrangements to clean workspaces.

During the inspection we found old and damaged equipment that was being stored onsite. We raised a concern onsite relating to the storage of mouldy equipment bag. The service did not perform robust environment checks to demonstrate that risks were identified and acted upon.

The service had no assurance that staff followed infection control principles including the use of personal protective equipment (PPE). The service did not audit staff compliance with hand hygiene best practise. There was risk that patients would be put at risk by poor infection prevention and control practice by staff.

Following the inspection, the service submitted a revised infection prevention and control policy that included information about the decontamination of vehicles.

Environment and equipment

Inadequate

Emergency and urgent care

Processes were not in place to ensure the maintenance and use of facilities, premises, vehicles and equipment kept people safe. The service did not have an effective system for clinical waste disposal.

The service did not have enough equipment to help them safely care for patients.

The service did not have safety harnesses to transport children safely. The service did not have any equipment to transfer children safely in the event of an emergency. Leaders within the service had not anticipated how children would be appropriately transported within the ambulances. The service operated at public events where children were in attendance. The service had not anticipated how a child as a patient or traveling as a dependant of a patient would be transported and supported by the service. There was a risk that children would come to harm if they were not secured appropriately within the vehicle. Following the inspection the service submitted evidence that child harnesses had been purchased.

The shelves were being used as storage for events equipment. We found an old and mouldy events bag on a shelf within the vehicle depot, this concern was escalated on the inspection and no action was taken. There was no assurance that the service could distinguish equipment that was in use or being stored. This was a concern at our initial inspection in September 2022.

We saw some improvements since our previous inspection. Vehicle keys were now stored in secure lockable storage. Fire extinguishers were in place within the premises following our previous concerns. Medical gasses had been moved to within the vehicles depot and had appropriate signage. The make ready areas had sluice sink that was now connected to running water.

The service had loaned some of its equipment to another provider, so we were unable to inspect equipment used to move patients.

Assessing and responding to patient risk

The provider did not have arrangements to act if there a patient deteriorated in an emergency.

The service did not provide guidance to staff to deal with any specific risk issues.

The service did not have a deteriorating patient policy to provide information and support to staff in the event of a medical emergency requiring urgent clinical attention. Leaders said they would rely on staff judgement if there was a requirement for patients to travel under blue lights that are used by emergency services. Staff had access to paper copies of JRCALC within vehicles, however, there was no policy or protocol for staff to follow on the use of blue lights. The service did not record if blue lights were used to transport a patient to hospital.

The service had not considered risks to patient safety when transporting a patient. Leaders admitted they made on oversight when considering how to transport children in ambulances, whether as a patient or as a dependant of a person receiving treatment.

Staffing

The service could not evidence that staff always had the right qualifications, skills, training, and experience to keep patients safe from avoidable harm. There was not an established induction process. Leaders reviewed and adjusted staffing levels.

Inadequate

Emergency and urgent care

The service was able to evidence the competency of paramedics and event responders. However, leaders were not fully aware of competency requirements for staff to safely administer medicines. During the inspection, the service was unable to demonstrate that all paramedics were competent to administer penthrox. Leaders could evidence that 4 of 12 paramedics had completed e-learning on the safe administration of the medication. Leaders were unaware of the requirement for clinical staff to have completed e-learning on the safe administration of the medication.

The service had developed an induction policy and had started to induct staff in accordance with the new policy. However, we were not assured the induction training for staff would continue to be effective as we identified inconsistencies in the policy relating to infection prevention and control training requirements.

Records

As there had been no regulated activity since the last inspection there were no patient records to review.

Medicines

The service did not have effective systems and processes to safely prescribe, administer, record and store medicines.

The service did not have systems and processes to prescribe and administer medicines safely. The service did not have a PGD in place for tranexamic acid and clopidgrel medications. These medications were stored for use. The service did not have a medical director and did not update their management policy at the time of the inspection. Following the inspection, the service submitted a reviewed medicines management policy, however, the service did not have a medical director to provide the appropriate level of assurance. We were not assured that the service would prescribe and administer medicines safely as the service did not take action to make sure PGDs were used to administer medicines legally. There was a risk that the service would cause harm to patients.

The storage and disposal of out of date medicines did not follow best practice guidelines. We saw out of date medicines were placed into an unsealed box to be disposed of later. We were told that a pharmacy collected and disposed of medications, however, there were no records to confirm this arrangement. There was a risk that medicines could be misused as there was no appropriate audit of their disposal.

We found a sharps disposal receptacle in the medicines storage area which had been commissioned after the service had been suspended in September 2022. There were discarded needles seen in the bottom. We raised this with the senior leadership team who were unable to account for this.

We saw the service had audited medicines following our initial inspection and made changes so there was more accountability for medication stock.

Incidents

The service did not manage incidents well.

Inadequate

Emergency and urgent care

The previous inspection raised concerns regarding the management and administration of medicines. The service responded by investigating medication count errors as an incident. The service had not investigated medication count errors in line with their policy. There was no evidence that leaders had received any training in investigating incidents. We found that the root cause analysis for the incidents did not assist in identifying causes for the errors, or opportunities to make improvements to the way the service operates.

Learning from the incidents were not shared with staff so there was no leadership in delivering improvement. Incidents were not routinely discussed with staff. Incidents and near misses were not routinely discussed at a leadership level or in communications to staff.

We were not assured that the service had a culture of openness and transparency. When we fed back concerns that the service had no provision to transport children safely, we were told that this was an oversight. The service was regularly commissioned to attend events that were open to the public. Governance arrangements within the service had not flagged that children may require urgent transportation to hospital and that ambulances did not have the required equipment and there were no provider policies to support children to use the service safely.

Are Emergency and urgent care effective?

Inspected but not rated

This was a focussed inspection and therefore we did not inspect and rate all of effective.

Evidence based care and treatment

This was a focussed inspection and therefore we did not inspect and rate all of effective.

Evidence based care and treatment

Leaders did not always check to make sure staff followed guidance. Staff did not have access to up-to-date policies and procedure while working remotely.

Policies and procedures did not support staff to manage patients in a way that followed national guidance. Detail in policies did not always reflect the service and therefore did not support the delivery of an effective service. There was no process for leaders to furnish the service with updates to legislation, standards, and evidence-based guidelines. The service aligned its protocols to guidance from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), however, the service relied on staff having received training in their substantive roles within the NHS. The service did not provide staff with updated electronic versions of the JRCALC guidelines. We did not see evidence the provider could be assured that managers made sure staff had read policies. We were not assured managers checked consistently to ensure staff followed provider policies and guidance. Staff were required to sign when policies had been read. These records were not audited so there was no assurance that policies had been understood.

Pain Relief

The provider did not have a pain scoring system for patients with some specific needs.

Inadequate

Emergency and urgent care

The service did not use communication aids. There was a risk that children, non-verbal patients and patients with additional needs would not have their pain managed appropriately.

Competent staff

The service did not always make sure staff were competent for their roles. Managers had started to appraise staff's work to provide support and development.

We reviewed 5 staff files and found that the service could evidence competencies in line with their recruitment policy. Following our inspection, the service had conducted 2 staff appraisals. Staff had completed mandatory training. The service had developed an induction policy, however, this had not been ratified at the time of the inspection.

We were told that directors meetings were opened up to all members of staff, however, these were not well attended. We saw minutes of a directors meeting that was attended by 1 member of operational staff. We did not see evidence that minutes of the directors meetings were shared with staff.

The service was able to demonstrate that staff were qualified in First Response Emergency Care Level 3 (FREC 3) and had blue light training. This was an improvement since our last inspection.

Are Emergency and urgent care well-led?

Inadequate

Leadership

Managers did not demonstrate the right skills and abilities to run a service providing high-quality sustainable care. They did not demonstrate they understood and managed the priorities and issues the service faced. They did not support staff to develop their skills.

We continued to have concerns over the leaderships capability in running the service safely.

We found little improvement in leadership and management of the service following the previous inspection in September 2022.The leadership still did not demonstrate full understanding of the priorities, risks and issues the service faced.

We were not assured that the leaders had oversight of the service. There was little, or no attention given to the

development of leaders within the service. The provider had made limited progress to address our concerns since our last inspection in September 2022 where we had issued the provider with a 12 week suspension notice.

There were limited examples of leaders making a demonstrable impact on the quality or sustainability of services.

Inadequate

Emergency and urgent care

Following our inspection in September we raised concerns with the process of cleaning vehicles. Following our reinspection of the service, we remained concerned that vehicle cleanliness remained. There was 1 vehicle make ready member of staff. There was no evidence that this staff responsible for cleaning vehicles was trained appropriately. There was also no framework to direct staff on how to clean vehicles in line with best practise. There was no evidence that staff were trained to handle Control of Substances Hazardous to Health.

Leaders could not articulate consistently their roles and responsibilities within the organisation and were not aware of some of the duties delegated to them in company policies.

Since our last inspection in September 2022 we received a notification that the registered manager had resigned from their position and remained employed within the service as a director. We did not receive an application from the registered manager to remove their registration. We did not receive an application for the operations director to become registered manager as intended. The operations director had assumed the position of registered manager within the service.

Vision and Strategy

Leaders had not identified a clear vision for the service. There was no strategy to improve the service.

Staff did not know the vision of the service. The service had limited engagement with staff. We did not see staff being consulted or having input on service improvement. Following our inspection, we were told the services' vision was 'To be the nation's most trusted provider of event medical services, considered as experts in medical event planning and specialists in high-risk sporting events and large gatherings.'

The service did not have a strategy. The service did not have objectives and plans for high-quality and sustainable delivery. Staff did not understand how their role contributed to achieving the strategy.

There was no credible statement of vision and guiding values. Key stakeholders had not been engaged in the creation of the vision. Staff were not aware of or supportive of, or did not understand, the vision and values, or they were developed without staff and wider engagement. There was no effective approach to monitoring, reviewing or providing evidence of progress against delivery of the strategy or plans.

Culture

Leaders did not promote a culture based on delivering high-quality care. The service did not demonstrate a strong culture of learning when things went wrong.

There was no understanding of the importance of culture to drive an improvement within the service. The service did not monitor levels of staff satisfaction. There was no challenge within the service. There was limited evidence of staff reviewing actions in meetings. There was limited evidence that staff being included in or being notified of changes to policy. The service did not hold team meetings for all staff.

Staff were not focussed on the needs of patients. The service had not considered how children would be transported within the service. There was no evidence that governance arrangements were in place to support safe patient care.

Governance

Inadequate

Emergency and urgent care

Leaders did not operate effective governance processes

The did not have a framework to monitor the safety and quality of the services provided.

Since the last inspection there had been little progress to develop a governance process to review key items such as the strategy, values, objectives, plans or the governance framework. The service had been suspended in September for 12 weeks following serious concerns to patient safety. Since that service had been suspended there had been two directors' meetings. We reviewed minutes from these meetings. Minutes showed that updates were provided from directors, however there was no actions or monitoring of ongoing risk.

We were told that the medications errors highlighted at the previous inspection in September 2022 would be reviewed in line with their incident policy process. On the inspection we found that leaders had not followed their own incident reporting process. We remained concerned that the service could not make the necessary improvements to ensure staff could learn and improve.

Leaders were unable to articulate what changes to policies had been introduced, changed or removed following our previous inspection and subsequent suspension of the service. Most directors did not have defined roles and responsibilities. The registered manager had devolved their responsibility to the operations director who had assumed the position. The registered manager had not responded to our attempts to ensure the correct registered managers details were documented. We remained concerned that leaders did not have the knowledge of their responsibilities as set out in the regulations of the health and social care act.

Quality checks and audits did not identify any of the issues that we identified during this inspection. The service had not considered how they would manage a patient when their condition was deteriorating.

The service had developed a template agenda, however, this was not used routinely. It was unclear who had authority to sign off policies.

Management of risk, issues and performance

The service did not manage risks and performance effectively. Leaders did not identify and escalate relevant risks and issues and did not identify actions to reduce their impact.

The service had a risk register. However, none of the risks that we identified during either of our inspections were included in the risk register. The risk register still contained generic risks related to day-to-day operations within the service. The risk registers main risk was deterioration of standard of service or reputation and that work was underway to demonstrate adherence to CQC standards and regulation. This risk had been updated following our inspection. Leaders had not implemented governance arrangements during the suspension to support the service to have oversight of risk issues and performance.

There were no effective clinical governance processes in place and no effective system for identifying, capturing and managing issues and risks. The service did not have oversight on how they would transport children safely within the service. The service had reviewed its safeguarding policy once following our initial inspection of the service in September. Leaders had not considered how a child would be transported within vehicles, as a patient or as a dependant of a patient receiving treatment. The service had been contracted at events that were open to the public where a child may require an emergency transfer to hospital.

Inadequate

Emergency and urgent care

The service had not developed any systems to monitor the performance of the service to provide assurance about the safety and quality of patient care. Following the inspection the service submitted a set of key performance indicators (KPI) and a KPI register.

Information Management

information management systems were not operated to effectively to consistently provide assurance.
Information management systems were not operated to effectively to consistently provide assurance

The service had updated policies since our last inspection, however, these were not always version controlled. The policies accessible on the app were not always the same that leaders had approved. There was a risk that staff would be accessing the wrong policy.

Leaders were able to access staff records to provide assurance that competencies and checks had been stored and recorded.

Engagement

Leaders and staff had limited engagement with people who used the service and the wider community.

There was limited evidence of staff engagement since the last inspection. A member of staff had attended the directors meeting. Staff were not sent minutes of directors meetings.