

Mobile Medical Cover Ltd

Mobile Medical Cover Ltd

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Mobile Medical Cover Ltd operates from a base in Unit 6, Adam Smith Street, Grimsby, North East Lincolnshire DN31 1SJ. The company provides an emergency and urgent care service at public and private events and a patient transport service. In addition the company provides first aid courses for external customers.

This service was subject to an unannounced highly focussed inspection on 8th February 2017. The focus of this unannounced inspection was in relation to staffing, particularly the checks required to ensure staff were safe to provide care to patients

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? For this inspection we only inspected the safe and well-led domains of the service.

The managing director told us that the company had transferred four patients from events they were covering to hospital and two patients from home to hospital appointments as part of their patient transport services in the last 12 months.

Throughout the inspection we took account of what staff told us and how the provider understood and complied with the Mental Capacity Act 2005.

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had recruitment procedures that ensured staff were only employed after references and employment documents including the Disclosure and Barring Service (DBS) checks had been received and reviewed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people, including children.
- The service had a thorough understanding of available sources of external information to confirm the qualifications and suitability of contracted staff including Health and Care Professions Council (HCPC) body in respect of the registration of paramedics.
- The service had conducted secondary on site verification of qualifications and DBS checks. This ensured that staff who were employed at short notice were suitably qualified and safe to work with patients.
- Following events the service provided staff with feedback from the supervisors, patients, event organisers and partner services which included what went well and what could be improved upon. This was a formal process and the feedback was recorded.

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

- The service needs to improve the process around recruitment including verification of supporting employment references and DBS checks by including timescales for the return of documents.
- The service needs to improve the timescales for the return of the internal application and vetting procedures by including timescales for the return of documents.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating

Why have we given this rating?

The service provider tendered for event contracts throughout the country. Services were provided according to the contract, for example providing emergency and urgent care services at an event which could include transporting patients to hospital. In the last 12 months the registered manager told us the company had transferred four patients to hospital from events.

The company also provided a patient transfer service from home to hospital. In the last 12 months the registered manager told us the company had transferred two patients to hospital from home.

In addition the company provided first aid courses for external customers.

Mobile Medical Cover Ltd

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to Mobile Medical Cover Ltd

Mobile Medical Cover Ltd was first registered with the CQC on 29 March 2016. It is an independent ambulance service based in Grimsby, which operates throughout the country. The service provides urgent and emergency paramedic and first aid medical coverage at both private and public events. At some events the company provides on-site ambulance cover which can be used to transfer patients to hospitals in the local proximity. The company also provides patient transfer services.

The service has a registered manager who is also the managing director.

The service company does not employ staff directly. The company tenders for business around the country to

provide medical support at events. When a contract is secured they advertise the staffing requirements through various social media sources after consultation with the event Safety Advisory Group (SAG). Suitably qualified staff from a range of organisations, both public and private, who are technically self-employed, apply to work at the event. There is a pool of staff who are contracted by Mobile Medical Cover Ltd on a regular basis.

Unit 6, Adam Smith Street, Grimsby DN31 1SJ is the operational base of the company. It is a two storey premises in Grimsby which is leased from the local authority. The building provides an office facility, an equipment storage area, a garage and a classroom.

Our inspection team

The inspection team comprised of a CQC lead inspector and an Assistant Inspector. The inspection team was overseen by Amanda Stanford, Head of Hospital Inspection.

Emergency and urgent care services

Safe	
Well-led	
Overall	

Information about the service

The service is registered to provide the following regulated activities:

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

During the inspection we visited the operating base at Grimsby. We spoke with the managing director and operations manager. We reviewed numerous company policies and procedures as well as staffing records. The managing director told us that the company had transferred four patients from events they were covering to hospital and two patients from home to hospital appointments as part of their patient transport services in the last 12 months.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. We had not inspected this service before this unannounced 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 in the two domains it was inspected against.

Summary of findings

We found that the service was safe and well led. During inspection we saw evidence of Safeguarding and that there were systems in place to ensure staff were safe to work with the public .The service was well led . Both the managing director and operations manager both evidence of their knowledge and experience in their roles, and in relation to the service provided.

Emergency and urgent care services

Are emergency and urgent care services safe?

This unannounced highly focussed inspection covered staffing, particularly in respect of the checks required to ensure staff were safe to provide care to patients.

Safeguarding

- We saw documentary evidence of company policies and procedures that supported patient safety including safeguarding and infection control.
- We saw documentary evidence that the company verified that staff contracted to work for them were fully trained in safeguarding. Staff had to produce copies of their training certificates obtained through their primary employer.
- The managing director and operations manager provided both documentary and verbal evidence of their working knowledge of safeguarding.

Staffing

- The managing director and operations manager provided both documentary and verbal evidence of their working knowledge of the Health and Care Professions Council (HCPC) body in respect of the registration of paramedics, Disclosure and Barring Service (DBS) checks and reference checks from current and previous employers.
- We saw documentary evidence that demonstrated events were staffed with the appropriate skill mix of staff who that had relevant and up to date training.
- The Mobile Medical Cover Ltd registered manager reviewed then assessed the professional qualifications and clinical experience of staff applying to be employed by the company to establish if they were safe to work with the public.
- DBS checks were verified before staff were used at events. The company provided evidence that they completed additional on- site checks before the event to confirm the qualifications and the DBS check, particularly in relation to staff who attended at short notice that had not previously had time submit them.

- The managing director and operations manager both provided written and verbal evidence of the importance of staff maintaining an up to date portfolio containing a record of their qualifications and DBS check.
- We saw evidence of company procedures including an internal application procedure which provided an additional level of safety for patients. The information provided could be checked against external sources of information which would verify that any member of staff who applied to work at an event with Mobile Medical Cover Ltd was suitably qualified and safe to treat patients.
- We saw evidence of how the company risk assessed staff working for the company and how any concerns were mitigated. The risk assessments and mitigation strategies formed part of the event plan.
- We saw evidence as to how the company would take appropriate action if a member of staff scheduled to work was unable to produce, on the day, documentary evidence of their qualifications and DBS check.
- We saw documentary evidence of a member of staff who attended an event being unable to produce their current DBS forms. They were not allowed to work on the event and were asked to return home. The evidence we saw showed the person attending was not allowed on the event site.
- We saw evidence that the company declined to tender for an event because the managing director felt the staffing levels requested by the organisers were not safe.
- Documentary evidence was provided which showed how the company dealt with adverse feedback from event organisers regarding the performance of the company and its staff. This included individual feedback and action planning to improve performance.
- We saw evidence that a member of staff was suspended from working for Mobile Medical Cover Ltd until the company were able to verify information from a number of external sources that they were safe to treat patients.
- There was evidence that the company maintained a robust administrative system including holding hard copies of required documents. We saw one staffing file which contained correspondence from a local police force which provided reassurance that the member of staff was safe to work with patients.

Emergency and urgent care services

- The managing director was able to produce evidence of a new process of ongoing reference checks completed by the company as opposed to relying on third party checks. However, this was not yet fully embedded.
- We did not see evidence of the timescale the company worked within to complete recruitment checks for new staff prior to the allocation of work. We acknowledged that the commencement of recruitment checks undertaken by the company was a new process and ongoing at the time of the inspection.
- The company had two full time employees. The managing director represented the company at external meetings and events. The managing director had both an administrative role and operational role. The operations manager worked in a similar way but had more operational responsibility at events.
- The leaders were visible at partnership meetings and during events where they had an operational functional responsibility on site. They briefed and debriefed staff and verified their suitability to work at the event. This was evidenced in documents we reviewed during the inspection.

Response to major incidents

- We saw evidence that staffing at events was set in accordance with the requirements of the Safety Advisory Group (SAG).
- We saw evidence and understanding of the Silver and Bronze command structures with suitably trained staff filling the roles. This command structure is used by the emergency services of the United Kingdom to establish a hierarchical framework for the command and control of major incidents and disasters.
- Evidence was provided that demonstrated effective preparation prior to an event commencing. The managing director carried out a pre event site visit the night or day before to ensure nothing had changed which could affect the staffing requirements and confirmed that there were sufficient identification badges for the staff attending.
- The managing director and operations manager evidenced how they staffed events to include the right skill mix dependent upon the type of event, including whether alcohol would be sold, the age profile of those attending and any intelligence from previous events.
- The managing director and operations manager demonstrated that they had a sound working knowledge of major incident plans by explaining what they and their staff would do in the event of them being involved in a major incident.

Are emergency and urgent care services well-led?

Leadership / culture of service related to this core service

- We saw evidence of the directors proactively seeking advice from the CQC in relation to a staffing issue.
- We saw documentary evidence of an applicant who wanted to work for the provider being suspended from doing so until internal vetting checks could be finalised.

Vision and strategy for this this core service

- The company had a vision and strategy which was to become the best in the country providing urgent and emergency cover at public and private events and a patient transfer service.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- We saw documentary evidence of governance processes and arrangements linked to the Safety Advisory Group (SAG) requirements.
- There was documentary evidence that risk was managed both via the SAG process and also by the managing director and operations manager who both demonstrated an up to date knowledge of event management including management and mitigation of risk. For example, there was evidence of the company declining to staff an event because it was felt safety would be compromised.
- We reviewed documentary evidence of an effective briefing process at events to reduce risk by requiring staff to attend 30 minutes before the start of the event. This enabled them to be fully updated with any changes

Emergency and urgent care services

to the operational plan and ensured all staff attending were subject to secondary on site verification. This ensured they were suitably qualified and safe to work with patients.

- We saw documentary evidence of the company considering the impact of third party information in relation to the suitability of staff to work with patients and instigating an internal vetting and application procedure. It was also explained that a current DBS check would be a prerequisite for staff to be considered for employment by Mobile Medical Cover Ltd.

We found the following areas of good practice;

- There was evidence that the company considered the impact of third party information in relation to the suitability of staff to work with patients and instigated an internal vetting and application procedure to support that.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The provider needs to improve the process around recruitment including verification of supporting employment references and DBS checks including timescales for the return of documents.
- The provider needs to improve the timescales for the return of the internal application and vetting procedures including timescales for the return of documents.