

GB-EMS Ambulance Service Ltd

GB-EMS

Quality Report

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

Ratings

Overall rating for this ambulance location

Emergency and urgent care services

Summary of findings

Letter from the Chief Inspector of Hospitals

GB-EMS Group is operated by GB-EMS Group Ltd. GB-EMS provides emergency and urgent care and patient transport service.

We inspected this service using our comprehensive inspection methodology. We carried out the announced inspection on 15 December 2017.

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.

The main service provided by this service was emergency and urgent care services with some level of patient transport activity therefore we have reported findings in the emergency and urgent care core service.

Services we do not rate

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:

- Staff reported incidents, and openness about safety was encouraged.
- Staff demonstrated infection control practices in line with organisational policies. Staff used personal protective equipment, and we saw vehicles and equipment were visibly clean.
- We inspected three vehicles. All vehicles had appropriate equipment and all equipment on the ambulances had been electrically tested, checked and maintained.
- Patient records were held securely and included appropriate information.
- Staffing levels were sufficient to meet patient needs.
- Staff demonstrated infection control practices in line with organisational policies. Staff used personal protective equipment, and we saw vehicles and equipment were visibly clean.
- Staff described and demonstrated their passion for providing good patient care.
- Staff were qualified and had the appropriate skills to carry out their roles effectively, and in line with best practice.
- Staff were supported to deliver effective care and treatment, through meaningful and timely supervision and appraisal.
- Staff felt valued and proud to work for the service.

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

- Ensure the service is meeting the requirements of the local Disclosure Barring Service (DBS) policy, when carrying out staff DBS checks.
- Ensure all staff understand the principles of the Mental Capacity Act (2005) and its relevance to their practice.
- Ensure all staff have knowledge of the principles of Duty of Candour, and for senior managers to understand the legal requirements and procedures that need to be followed when DoC is invoked.

Summary of findings

- The registered manager to ensure they fully understand the legal requirements of their role and that they hold the overall accountability for the service.
- Ensure the service improves on the rudimentary monitoring of the key performance indicators (KPI's) it undertook. They recognised the present monitoring was rudimentary and planned to improve it.

Amanda Stanford

Deputy Chief Inspector of Hospitals (London and South), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care services

Rating Why have we given this rating?

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 a number of areas of good practice. For example, staff reported incidents, and openness about safety was encouraged. Staff demonstrated infection control practices in line with organisational policies. Staff used personal protective equipment, and we saw vehicles and equipment were visibly clean. We found patient records were held securely and included appropriate information. However, we found there were areas the service provider needs to improve. The service was not meeting the requirements of the local Disclosure Barring Service (DBS) policy, when carrying out staff DBS checks. Staff had a limited understanding of the principles of the Mental Capacity Act (2005) and its relevance to their practice. Staff had limited knowledge of the principles of Duty of Candour, and the senior managers were not familiar with the legal requirements and procedures that need to be followed when DoC is invoked. The registered manager did not fully understand the legal requirements of their role.

GB-EMS

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to GB-EMS

GB-EMS Group is operated by GB-EMS Group Ltd. The service opened in 2010. It is an independent ambulance service in Southampton. The service began providing patient transport service for healthcare providers in 2012. The service also provides event cover for the following: sporting events, music venues, multi day events and festivals.

The service has had a registered manager in post since 3 July 2011.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by a CQC Inspection Manager.

How we carried out this inspection

We undertook an announced inspection and inspected the five key questions whether the service was safe, effective, responsive, caring and well led. We inspected the registered location in Southampton, vehicles and spoke to staff about the ambulance service.

Facts and data about GB-EMS

The service is registered to provide the following regulated activities:

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

Detailed findings

During the inspection, we visited registered location in Southampton. We spoke with 14 staff including; medical director, operations team leader, managing director (also registered manager) and training and clinical manager.

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

The service employed a total of 69 staff members. This included 24 ambulance care assistants, six emergency care assistants, 15 emergency medical technicians, 11 ambulance technicians, eight registered paramedics, two nurses and three doctors. The service also had a bank of temporary staff that it could use.

Activity

- In the reporting period May 2017 to October 2017 there were 1445 patient transport journeys undertaken.
- In the same reporting period, there were there were 657 emergency and urgent care patient journeys undertaken.

Track record on safety

- There had been no never events.
- There had been no incidents that resulted in patient harm.

Our ratings for this service

Our ratings for this service are:

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

Notes

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.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

GB-EMS are registered to provide transport services and triage and medical advice provided remotely and treatment of disease, disorder or injury.

GB-EMS provides patient transport services for healthcare providers. The service also provides event cover for the following: sporting events, music venues, multi day events and festivals. It also provides repatriation transport on behalf of insurance companies, which we do not currently regulate.

The journey types and categories of patient transported included outpatient appointments, hospital discharges, hospital transfers and renal, oncology, palliative care and transport from an acute hospital of high dependency patients who had received specialist treatment such as unblocking of cardiac arteries.

We carried out an announced comprehensive inspection visit on 15 December 2017.

Summary of findings

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:

- Staff reported incidents, and openness about safety was encouraged.
- Staff demonstrated infection control practices in line with organisational policies. Staff used personal protective equipment, and we saw vehicles and equipment were visibly clean.
- We inspected three vehicles. All vehicles had appropriate equipment and all equipment on the ambulances had been electrically tested, checked and maintained.
- Patient records were held securely and included appropriate information.
- Staffing levels were sufficient to meet patient needs.
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- We inspected three vehicles. All vehicles had appropriate equipment and all equipment on the ambulances had been electrically tested, checked and maintained.
- Staff described and demonstrated their passion for providing good patient care.

Emergency and urgent care services

- Staff were qualified and had the appropriate skills to carry out their roles effectively, and in line with best practice.
- Staff were supported to deliver effective care and treatment, through meaningful and timely supervision and appraisal.
- Staff felt valued and proud to work for the service.

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

- The service was not meeting the requirements of the local Disclosure Barring Service (DBS) policy, when carrying out staff DBS checks.
- Staff had a limited understanding of the principles of the Mental Capacity Act (2005) and its relevance to their practice.
- Staff had limited knowledge of the principles of Duty of Candour, and the senior managers were not familiar with the legal requirements and procedures that need to be followed when DoC is invoked.
- The registered manager did not fully understand the legal requirements of their role.
- The service undertook rudimentary monitoring of the key performance indicators (KPI's). This allowed the service to partially assess and measure the quality of the service they are delivering. They recognised the present monitoring was rudimentary and planned to improve it.

Are emergency and urgent care services safe?

Incidents

- The service reported no serious incidents or never events for the period December 2016 to December 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The service had an incident reporting policy in place and staff were familiar with this. This detailed the system for reporting and investigating incidents.
- Staff used the hard copy incident forms, which were available on all vehicles and bases, to report incidents. Staff also had access to the digital 'Jot Form' that could be used for incident reporting. Staff we spoke with told us they were confident to report incidents. They told us they would also challenge poor practice, if they were concerned this may affect a person.
- We reviewed a number of incidents and near misses that took place in the last 12 months. We saw evidence that all incidents had been investigated and appropriate action had been taken.
- The management team were trained to investigate incidents and was responsible for following the organisation's procedure when an incident was raised.
- Staff told us the induction training course included how to report an incident. The senior management team told us scenarios were discussed during the induction training, to reinforce understanding of when to report incidents and accidents.
- The service had a system for managing safety alerts and these were reviewed, acted upon and closed appropriately.
- Staff told us that learning from incidents was shared via email, staff forums, memos and team meetings.
- The duty of candour (DoC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify

Emergency and urgent care services

patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. This includes giving them details of the enquiries made, as well as offering an apology.

- The service had published a DoC statement on their website, promising patients and carers all GB-EMS staff would be open and transparent with patients when something goes wrong with their treatment.
- During our inspection, we found some senior management team and staff had a limited understanding of duty of candour. Staff did not have knowledge of the legal process and actions required, when DoC was invoked. Senior management team acknowledged, the Duty of Candour policy had only been put in place a month prior to the inspection, and had not yet been fully embedded in the organisation. The provider confirmed last year there were no incidents that took place, which required the DoC to be applied.
- Since the inspection, GB-EMS included DoC as part of its 2018 mandatory training programme. They introduced a new training programme that took into account staff's different learning styles.
- There were no serious incidents or never events for patient transport services for the period December 2016 to December 2017.

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

- The service did not have a formal, clinical dashboard in place to monitor safety but other systems were in place to monitor the safety of the service.
- The registered manager working on events showed us that for each event a summary record was kept noting the numbers of patients seen and any treatment given to individuals alongside whether or not emergency transport was required. This summary information fed into debriefing meetings with their clients and on-going internal safety meetings.

Mandatory training

- Staff we spoke with told us they had completed their mandatory and statutory training as part of their

induction. They felt this system worked well. The management team told us staff were allocated protected learning time to complete their mandatory training.

- Mandatory training included adult and children safeguarding, Awareness of Mental Capacity Act 2005, basic life support, patient casualty handling, safer people handling, patient care record, consent and infection control and prevention.
- The data on compliance with mandatory training as of December 2017 showed 100% compliance for all staff.

Safeguarding

- There were reliable systems, processes and practices in place to protect adults, children and young people from avoidable harm. The organisation had safeguarding policies and procedures for adults and children. The policy was available in hard copy form at the registered location and an electronic copy on the internal intranet. Ambulance staff had access to the pathway in the majority of vehicles along with the relevant local authority contact details. We saw the provider had escalation procedures and contacts at the local hospital trust and with the local authority.
- Staff we spoke with knew their roles and responsibilities regarding safeguarding adults and children. Staff knew about signs of abuse, harm and how to escalate any concerns. Staff used safeguarding alert forms to raise safeguarding concerns. In addition, staff said they could raise concerns through the local hospital trust or other patient transport provider's systems and processes.
- All staff received level 2 training in safeguarding adults and children, and the senior management received level 3 training. The safeguarding lead, who was also the medical director, was trained at level 3. This was supported by the training records we reviewed. All staff had access to the safeguarding leads 24/7, who provide advice and support if required.

Cleanliness, infection control and hygiene

- Staff had access to an infection prevention and control policy and system that addressed all relevant aspects including decontamination of medical devices and vehicles.

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- Overall, we found the vehicle base we visited was visibly clean and tidy. We inspected three vehicles and found they were visibly clean and tidy. Clean linen was available for patients.
- The vehicle centre we visited had cleaning products and disposable mop heads available to support staff with this task. Staff had access to cleaning sprays, cloths, wipes and disposable gloves. These could all be replenished at the bases when required. Cleaning products on ambulances were kept in a storage locker and extra supplies were kept at the base in a locked consumable store. We saw there was a system of using colour coded mops with different cleaning products to avoid cross-contamination. There was a regular deep clean schedule of vehicles every eight weeks.
- Safety information and instructions for use of the cleaning products were on display to ensure staff safety when using the products.
- Systems were in place to manage clinical waste, and took account of national guidance. All clinical waste was placed in a bag and then into another large bag and was tied before being put into the clinical waste bin. This ensured the risk of cross infection was minimised. All clinical waste bins were kept locked at all times.
- Ambulance crews fully cleaned their vehicles at the end of their shift. If there had been a high level of contamination, or risk of infection, the crew returned to the depot to do a deep clean and, if necessary, the vehicle was taken off the road to be cleaned by an external contractor.
- All ambulances had spill kits available which were used to clean any bodily fluids. In addition, staff used disinfectant wipes to clean equipment such as wheelchairs and stretchers after use.
- The service had a uniform policy which outlined the roles and responsibilities of all staff members. Staff had an awareness of the need to wash their uniforms separately to all other clothes so that the risk of contamination was reduced.
- As no direct patient contact took place during our inspection, we were unable to observe the providers' staff carrying out hand hygiene or using personal protective equipment.
- The environment of the vehicle base we visited was clean and well maintained.
- Sufficient equipment was carried on board each ambulance to allow the staff to treat the volume of patients they expected to see. All of the consumable equipment we looked at on the provider's ambulances was in date and stored in intact packaging.
- Staff had access to equipment in various sizes to provide care and treatment for both adults and paediatric patients. The provider's ambulances were equipped with an appropriate range of first aid, emergency and manual handling equipment. We saw the equipment on each ambulance was clean and well-maintained, and properly secured so it would not present a danger to the ambulance crew or any patient if the vehicle was involved in a collision.
- The provider's ambulances were equipped with safety harnesses to allow staff to convey children safely, if required.
- The provider told us their staff checked each vehicle before taking it out on a job, and they carried out weekly routine stock checks. We saw completed checklists which evidenced both pre-use and routine checks had been completed.
- The ambulance stretchers were equipped with six-point harnesses, designed to keep patients secured if the vehicle was involved in a collision.
- The first aid kit and fire extinguishers were all in date. Equipment such as defibrillators, suction units, monitors, wheelchairs and stretchers had all been serviced appropriately. Except, in one vehicle we found a 2017 rescue pack had not been calibrated. This was fed back to management team, to take action and address this immediately.
- The service had a robust system in place to ensure all vehicles were maintained and serviced appropriately and in a timely manner. For example, the logistics manager managed and maintained a digital and physical diary, which set reminders for MOT and Insurance expiry dates. This acted as a prompt, to ensure all vehicles were MOT and insured in a timely manner. Furthermore, the service kept copies of all MOT, tax, and Insurance information in the vehicle folders, which crew members were required to check and review

Environment and equipment

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as part of their regular checks. At the time of inspection, we saw evidence all vehicles had been serviced and maintained in line with manufacturer's recommendation and national guidelines.

- The service worked closely with the local service and repair centres to ensure they secured any need for service, MOT or repair in a timely manner.
- The service kept records of equipment and maintenance schedules including vehicles and medical devices. We inspected three vehicles and found that they had been serviced according to manufacturer's recommendations.
- Keys for vehicles were stored securely in a locked room, which had a CCTV system in place. We did not find any unattended unlocked vehicles.
- Staff knew the process to follow if they found faulty equipment or if their vehicle broke down or was involved in an accident and addressed the immediate needs of any patients first and then liaised with the on call duty manager for a replacement vehicle or equipment.
- Staff could access child seats or appropriate restraints, for patient transport vehicles, so children were transported safely.

Medicines

- The service had a medicines management policy in place; staff were familiar with this and knew how to access the policy if required.
- Medicines were stored in line with manufacturer's recommendations and oxygen was stored securely in a locked area.
- Temperatures for the refrigerators and one of the medicines storage rooms were recorded daily, and were within the recommended range. The service did not hold any controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- Medicines were stored securely with access restricted to authorised individuals. There was 24-hour surveillance via CCTV.
- The service had suitable arrangements in place to action medicines safety alerts and recalls. The service

provided us with assurance they had registered for alerts from the Central Alerting System and would be managing them as required. The service kept a stock of medical gas cylinders and these were stored appropriately.

Records

- There was a policy in place for the storage, transport and destruction of patients' records.
- The service had an appropriate system in place for the storage of patients' records.
- Completed patient report forms were removed from ambulances and stored securely in the provider's office at the end of each shift. We looked at 10 completed patient report forms, however most related to patients who were treated at events and discharged on scene; only one was for a patient who had been conveyed to hospital. We saw that form included patient details, clinical observations, and a detailed history of the patient's medical history, details of the incident leading to treatment and details of the treatment completed. The form was signed by the staff members providing treatment.
- Staff ensured they conducted handovers before taking patients from hospital and before leaving the patient in their care setting. This meant they could ensure staff handed records travelling with the patient to the correct individuals.
- The 2017 Patient Care Records (PCR) completion audit, revealed that the PCR completed had been of a high standard, achieving a total average of 90.5% compliance, against the organisations target of 75% for PCR completion. This target was set by an external provider.
- Patient details were available to crew members for patient transport services. Journeys and patient information was returned at the end of a shift and transported back to the registered location. Patient care records forms of duplicate records, which detailed patients' name, address, complaint and treatment received. They also included the details of the staff member assessing or treating the patient and any details of transfer to another provider.
- The service had an appropriate system in place for the storage of patients' records.

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- When booking patient transfers, details of any patients with 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation in place would be recorded on each booking form. Staff said they would not take a patient with a DNACPR unless it was accurate and up to date. Staff had received training on DNACPRs.

Assessing and responding to patient risk

- Risks to people who used services were assessed, and their safety was monitored and maintained. All staff on the ambulances had been trained in basic life support which gave them initial skills to notice if a patient was deteriorating and when to call emergency help.
- There were appropriate systems and processes in place to assess and respond to patients who were at risk. Either a re-occurring risk that required the service to put a risk assessment in place or a sudden change to a patient's health that staff needed to escalate promptly. We spoke with two staff about actions they would take in the event of patient deterioration. Both told us they would treat the patient according to their condition and request ambulance transfer by the local NHS or, if appropriate and necessary, transport the patient to hospital in the provider's ambulance. This was confirmed by a policy that was approved and dated in July 2017.
- Staff we spoke with told us the decision to transfer a patient from the site was based on a number of factors including the clinical severity of the patient's condition and response times from the local NHS ambulance trust.
- Staff had access to the process to follow if they arrived at a location and could not locate the patient. Staff told us they would contact the on call duty manager or the hospital, who then attempted to contact the patient or a family member if the patient could not be located. Staff were confident on how to escalate any concerns, for example, if they observed through a window that the patient had collapsed.
- For patient transport services, staff told us if a patient became unwell during a journey, staff stopped their vehicle when safe to do so and then assessed the severity of the situation. Staff told us if the patient deteriorated or suffered a cardiac arrest, they called 999 and requested support.

- There were appropriate systems and processes in place to assess and respond to patients who were at risk for patient transport services. Either a reoccurring risk that required the service to put a risk assessment in place or a sudden change to a patient's health that staff needed to escalate promptly. For example, any patient that used their own equipment, such as a wheelchair, the crew members would first undertake a risk assessment, before transporting the patient to ensure its safe for the equipment to be used. GB-EMS crews were only able to transport patients in their own wheelchairs, if the wheelchair was designed for the purpose of being transported. If not, then the patient was required to travel into the normal ambulance seat, with the wheelchair secured within the ambulance.

Staffing

- At the time of the inspection, the service employed a total of 69 staff members. This included 24 ambulance care assistants, six emergency care assistants, 15 emergency medical technicians, 11 ambulance technicians, eight paramedics, two nurses, and three doctors. The provider mainly employed staff on a 'Ad-hoc' zero-hour contract.
- Recruitment procedures were in place to ensure all staff met the legal requirements, including Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A recruitment policy was in place to assist managers in the recruitment, selection and retention of staff, and to ensure they met employment legislation and best practice.
- We saw evidence, pre-employment checks were completed for all employees prior to commencing work. This included Disclosure and Barring Service (DBS) checks, references, identity checks, qualification verification and an interview.
- The organisations DBS policy stipulated 'If the new employee has an Enhanced DBS within the last 6 months along with signing an additional declaration they can start work on behalf of the company whilst waiting for the new DBS to arrive'. However, during the inspection we found that 19 out of 69 staff did not meet this requirement, as the period of time between the date of check and date of application, was longer than 6 months for these staff members. This meant, the service was not adhering to its own local policy. This was fed

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back to the provider, who acknowledged the local policy had not adhered to and assured us they had an action plan in place to address this concern. However, every employee did have an acceptable, enhanced DBS on file. Since the inspection, GB-EMS Company policy had been amended to state that all new members of staff must either receive a GB-EMS Initiated DBS Check, or will be re-checked on their existing "Update Service" if appropriate.

- Staff said the provider encouraged staff to take regular breaks.
- The service did not use agency staff but utilised an internal bank of staff who worked additional shifts on overtime or flexibly where required.

Anticipated resource and capacity risks

- The senior management team told us they constantly reviewed the volume of work they undertook and the resources they had to meet contractual obligations. If the work levels reached a level that outweighed the provider's ability to respond, they would refuse work. The registered manager told us it was paramount to the provider that they only took on work that they could safely and effectively deliver on. The service was able to provide a proactive response if this issue occurred, as they consistently reviewed trends in terms of volume and monitored continual upward trend.

Response to major incidents

- The provider did not form part of any NHS trust's major incident plan.
- The provider had a business continuity plan which highlighted risks to operations and delivery of services. The provider included risk of fire, flooding, telephone loss and IT equipment failure. The plan contained information about key providers and telephone numbers including basic information on alternative arrangements. A major incident policy was in place, and clearly this stipulated the specific requirements and procedure the management team and staff were required to follow, should a major incident be declared.

Are emergency and urgent care services effective?

Evidence-based care and treatment

- All staff working for the provider had purchased copies of the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) clinical practice guidelines, and used them to plan and perform patient care and treatment.
- The provider had standard operating procedures for administration of medical gases. We were given copies of these documents and saw they followed national guidelines. The JRCALC guidelines followed by staff followed guidance published by the British Thoracic Society on oxygen use in emergency settings.
- We reviewed a number of policies and procedures, and found these reflected the current national guidance and best practice. For example, the consent to care, safeguarding, infection control, medicine management and whistleblowing policies. We also reviewed the training material used to deliver training to staff, and found the modules pertaining patient transport services reflected national guidance.
- Policies for staff were available electronically at the office and were accessible by connection to an external network facility. Staff we spoke with said they knew there were policies and procedures and were able to access them. Documents and procedures which may be needed on the ambulance were stored in a file in the vehicle.

Assessment and planning of care

- The provider planned appropriate levels of care in discussion with their event customers, where applicable taking into account the requirements of their customers' sporting governing bodies.
- The staff we spoke with were aware of a range of different protocols for supporting patients with different diagnoses, or complex needs, including mental health issues. We observed information was available at the depot to support this process.
- The NHS trust or healthcare provider booking each patient journey was responsible for supplying enough information for the GB-EMS to provide an effective

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patient transport service. This included details of recent treatment that might impact a car journey as well as mobility needs and any mental health details that might help the service to provide a more individualised journey.

- Staff told us that if something had not been communicated via the patient transport booking system and they did not feel they were competent to carry out a journey because of something that became apparent on arrival, they would not carry it out without further guidance or back up.

Response times and patient outcomes

- The service did not monitor response times as it provided event medical cover and was already on site when patients presented.
- Due to the unpredictable nature of the provider's work and patient contacts, it was not possible for them to gather any meaningful data for national audits, therefore they did not take part in them.
- At the time of the inspection, for patient transport service, the service did not have any key performance indicators (KPIs) to monitor the time taken to transfer patients to their destinations.
- The service undertook rudimentary monitoring of the key performance indicators (KPI's). This allowed the service to partially assess and measure the quality of the service they were delivering. They recognised the present monitoring was rudimentary and planned to improve it. At present, an external provider monitored the response times. The registered manager told us, they had a discussion had taken recently place, whereby some key internal KPI's for the organisation had been drafted. These required finalising, with staff consultation, and would be implemented in January 2018.

Nutrition and hydration

- All vehicles had bottled water available in case of delays with the journey to ensure patients could stay hydrated.
- Specific nutrition and hydration needs were communicated via the booking system.
- Where a patient needed to stop or wanted to stop for food or hydration on long journeys this would be arranged by the crews.

- Portable urinals and bed pans available on each vehicle.

Competent staff

- There was a framework which supported staff to have the skills, knowledge and experience to deliver effective care. There was an induction process in place for all employed staff and volunteers. The training delivered was combination of class room based training and eLearning. The induction programme included: introduction to the company's patient care records (PCR), do not attempt cardio pulmonary resuscitation (DNACPR) orders and living wills, safer people handling, infection prevention and control, confidentiality, fire safety and data protection. Staff we spoke with confirmed they had completed induction training when they commenced their role. At the time of the inspection, GB-EMS had achieved 100% with both the induction and mandatory training.
- All ambulance crew members were required to complete an internal 'Driving Familiarisation' session, with a management team member, along with an external driver's assessment, before they were able to drive any vehicles autonomously. Senior managers, told us driving licenses were checked and reviewed every six months, to ensure any new offences were identified and to allow the service to take appropriate action.
- The service had a medical director who worked alongside staff at events and had overall responsibility for training and development. They spent one day a week at the service. They worked at a local NHS Trust emergency department.
- Staff had access to guidance on oxygen administration. The management team advised us that it would have been taught during each member of staff's first person on scene (FPOS) course. We spoke to four staff who confirmed this took place.

Coordination with other providers and Multi-disciplinary working

- The senior management team, all of whom were clinicians told us they were available either on site or by telephone as a source of information and advice. Staff confirmed that senior management team were accessible.

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- Senior staff reported effective relationships with the NHS trust, the other private provider and a range of event organisers.
- Information about the running of the service was provided to staff through email, staff forums, and staff meetings.
- As no patient contact took place during our inspection, we were not able to observe the provider's employees handing over to hospital staff. However, the provider told us they had a good working relationship with their local NHS hospital.
- The staff we spoke with were able to describe the types of patient they would hand over to NHS ambulance crews, and the manner in which they would do so.

Access to information

- As the provider did not plan patient treatment or transport in advance, and only carried out either in an emergency situation, staff did not have access to any care plans, advance decisions or 'do not attempt cardiopulmonary resuscitation' orders unless they were volunteered by the patient, or a relative or carer.
- Staff told us they had easy access to policies and procedures at the office location.
- All the GB-EMS vehicles we inspected had up-to-date satellite navigation systems.
- Staff accessed the information needed for specific patient journeys via the booking system and reported that this worked well. Patient records were stored securely on vehicles during transfers. The ambulance crew shared information with the on duty manager and the sub-contractors, such as issues with patient's availability or if they were unable to access the property and staff sickness.
- All relevant patient information was obtained at the time of booking, which was then passed onto crews, when journeys were allocated. This included information such as, the do not attempt cardio pulmonary resuscitation (DNACPR) orders and special notes. Where patients had an active DNACPR (do not attempt cardio pulmonary resuscitation) order in place the original document was the only version that could be accepted to travel with the patient. Crews received training in this during induction and it was set out in the

guidance in the pocket books they carried. The service had a clear policy regarding obtaining information from other providers. This policy gave clear guidance for ambulance crew to check original DNACPR documentation, the date of the order and to check if the requirements of the DNACPR were recorded, when receiving a patient.

- Staff told us they had easy access to policies and procedures at the office location.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had access to policies and procedures, which covered the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards. Staff we spoke with told us the MCA 2005 was covered as part of induction and mandatory training, and the training records we reviewed supported this.
- Staff we spoke with showed limited awareness and understanding of the principles of the Mental Capacity Act (2005) code of practice and its relevance to their practice. Since the inspection, GB-EMS included MCA training as part of its 2018 mandatory training programme. They introduced a new training programme that took into account staff's different learning styles.
- Staff were clear on the consent processes. For example, they described how they would support and talk with patients if they initially refused care or transport. For example, they told us they would seek the patients consent before they used seatbelts or straps to restrain them safely for journey.
- The provider had developed a 'Mental Capacity Guidance' flowchart, for all staff to use, when staff have doubts if the patient has capacity to consent to the care and treatment provided to them. The flowchart sets out key steps for staff to follow and provides contacts details of staff to contact for further advice and support.

Are emergency and urgent care services caring?

Compassionate care

- Staff knew their responsibilities in terms of maintaining patient privacy and dignity. For example, staff told us

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they avoided any patient-related conversations in public areas, and they maintained patient dignity during moving and handling. Managers confirmed how staff maintained patient privacy and dignity.

- Staff described their passion for providing good patient care. They told us they talked to patients during their journey to help them feel at ease and comfortable. Staff used humour where appropriate and showed an interest in patient's welfare and health.
- The patient journey sheets had information about a patient's needs which would indicate if they were vulnerable in any way. This included a lack of mental capacity, mobility issues and communication problems. We saw five journey sheets that had this information recorded.
- We reviewed a sample (10 in total) of 50 patient feedback forms that had been received by the service in the month of August 2017, and found all the patients were complimentary about the care and respect shown by staff to patients. Comments included "Very kind, very caring, they could not have helped me anymore" and "Really helpful staff".
- All staff completed the Customer Service and Communication Training module, as part their mandatory training.

Understanding and involvement of patients and those close to them

- Staff told us they communicated with patients in a way that enabled patients to understand what was happening about their care and treatment. Staff explained to patients in simple terms any complicated or technical terms. Staff gave patients plenty of time to ask questions and checked with patients that they had understood what staff had told them.
- For patient transport services, patients were fully consulted through their booking process on their eligibility by either the NHS trust or the other private ambulance service, from which GB-EMS received their work from. Staff kept patients and their families informed as part of the eligibility process. If the patient did not meet the eligibility criteria for transport, guidance was provided to the patient on why they were not eligible.

Emotional support

- Staff told us in the rare event of a patient death during the journey, the ambulance team would drive the patient to the nearest hospital to be seen and confirmed as deceased by a doctor. The crew would notify the on call manager who would try to contact the family to request they go to the hospital and inform the provider they received this job from. The staff we spoke with could not recall an occasion where this had happened.
- We spoke with two members of staff in the service about what they would do in the event they were informed that a patient was for end of life care. They all responded with answers that considered the emotional wellbeing of the patient and the family, should such situation arise. Staff told us they would ensure that all aspects of the journey would be communicated with the patient and the family and would ensure that the dignity of the patient was maintained at all times.

Supporting people to manage their own health

- Staff told us they felt it was important to empower those who used the service and support them with independence.
- Patients were encouraged wherever possible to use their own mobility aids when entering or leaving the vehicle.
- Staff asked each patient whether they required assistance with walking, sitting and standing at the beginning and end of each journey.

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

Service planning and delivery to meet the needs of local people

- Information about the needs of the local population was used to inform how services were planned and delivered. For example, the size of the event being held determined the number of staff in attendance.
- Event organisers and their stakeholders were involved with the planning of the service. The team were hired to perform specific roles. This was for first aid on site. The roles and responsibility of the service was determined in advance through discussion with the event organisers and were detailed in the event contract.

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- The team were able to flex the service provided if appropriate time was given to arrange the bank staff to attend. We were told that staff were very keen to assist with event cover and additional staffing could usually be arranged. The registered manager, told us the service would refuse further work, if full personnel capacity had been filled, to ensure that the services could consistently deliver safe and effective care.
- The provider used information and local knowledge about the needs of the healthcare system to plan how to deliver the service. The provider shared information on the size of events they attended with local NHS trusts. As a result they were given more support as and when required. For example, there were few more NHS ambulances on stand-by, if needed. This enabled effective planning of care.
- The facilities were appropriate for delivering the service to patients. The registered location was located at shared offices managed by an external management company. The environment was light, well maintained and had meeting room and a kitchen for staff.
- The service provided patient transport service (PTS) for patients who were unable to use public or other transport due to their medical condition. This included those attending hospital, outpatient clinics, being discharged from hospital wards or requiring treatment such as chemotherapy or renal dialysis. The service transported patients between hospitals care facilities and their homes on a regular basis.
- The service aimed to take account of the needs of different people, including those in vulnerable circumstances. During our discussions with staff, they told us they care for all patients and aimed to deliver good patient outcomes consistently regardless of race, gender, gender identity, religion, belief, sexual orientation, age, physical/mental capability or offending any background.

Access and flow

- Patients' eligibility for the service was assessed at the point of booking, by the NHS provider or the other private ambulance service, and as such this was not determined by the provider. Staff told us, if any issues were raised by patients they would contact the on-call duty manager or speak with the other providers.
- Staff told us they were provided with accurate journey information including name, pick up point, destination, mobility requirements and any specific notes based on individual needs.
- Patient delays were communicated to patients and health providers as much as possible. The crew's personal digital assistants (PDAs) where they accessed information about their jobs for the day. They were in frequent contact with office and on-call duty manager and would let them know if they were running late due to unforeseen circumstances.
- Staff told us if they were running late they would call the on-call duty manager, who informed the hospital.

Meeting people's individual needs

- Services were planned around the needs and demands of patients. For example, on one occasion the crew separated the journey of two patients who had been booked for the same journey, to ensure the patient who was on an end of life care plan, could be transported appropriately and with sensitivity.
- For patients whose first language was not English the service used relatives travelling with patients for translation or the 'Multilingual Phrasebook', which was kept on every vehicle. Staff told us they could also access translation services if required through an NHS provider who could organise face to face and telephone interpretation. However, staff told us they had never used this.

Learning from complaints and concerns

- The service had a complaints policy. The policy was in date and clear in terms of roles, responsibilities and timescales for response for staff and the provider. The policy reflected NHS complaint regulations and ensured procedures were in place to allow patients to make complaints in a variety of ways for example by telephone or in writing.
- Patient's comments and complaints were listened to and acted upon. Information on how to make a complaint was provided on the company's website. Staff told us that feedback forms, which could also be used to register a complaint, were available on all vehicles. In

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the three vehicles we inspected, we found feedback forms were available in all of these vehicles. The service had received feedback from three patients between June 2016 and December 2017.

- Staff told us if someone had a concern or a complaint they would try and deal with the matter there and then. Failing that, they would escalate the issue to the on-call duty manager.
- For the period December 2016 to December 2017, the service received one complaint. We saw the provider had investigated and responded to the complainant in accordance with the organisation's complaints policy.

Are emergency and urgent care services well-led?

Leadership of service

- There was a clear leadership structure and staff felt supported by the management team. The managing director, also the registered manager, had the main operational and strategic responsibility for the service. The senior leadership team also included a director of event welfare services, director of transport operations and a medical director. The second tier management team included; clinical and quality/training manager, logistics manager and operations manager.
- The medical director was specifically appointed to provide clinical governance leadership to the organisation, and this included advising on national policies and implementation of best practice.
- Whilst it was clear the registered manager was passionate and dedicated to their business, the registered manager did not fully understand the legal requirements of their role and that they held the overall responsibility of the service. Since the inspection, the registered manager enlisted the assistance of a mentor with experience within both NHS and independent ambulance services and CQC standards.
- Staff said the registered manager was approachable and supportive. Staff described occasions where they had needed help or support from the registered manager and this was duly provided. The registered manager described the importance of their staff and how much staff were valued.

- As the organisational structure was flat, we found the provider knew about any issues raised by staff. Staff said they were happy to raise any concerns or issues with the registered manager.
- We found staff had a positive morale and working culture. Staff were happy working for the organisation and the provider. Staff had no issues with workload, their pay or conditions. Staff described a positive culture at the organisation and we saw positive interactions between the staff and the registered manager.

Culture within the service

- Managers and others told us of a culture that encouraged candour, openness and honesty.
- Staff we spoke with felt respected and valued. They said they were able to put forward ideas and that they were listened to.
- Staff told us the leadership team was visible and approachable. For example, the senior leaders took a hands on approach by also taking part in events. The managing director attended induction days. This encouraged a culture of openness and equality.
- Managers told us that the provider was progressive and adaptive to change. During our inspection, it was evident from staff that they were very patient focused and wanting to provide every patient with a good experience.
- Staff told us and we observed a positive culture within the service. Staff commented there was a family atmosphere. Staff clearly cared for and supported each other.

Vision and strategy for this core service

- The service had developed its vision and values around the company's mission statement which was "To provide high quality medical, welfare and logistical support in a safe and flexible way to meet the needs of the event organizers, participants and governing body regulations and to promote the health and safety and welfare of all event organisers, participants and staff members". The service aimed to deliver services by: ensuring patient care was at the centre of everything they did, by being accountable and honest and by treating everyone with respect and promoting good working relationships.

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- Senior staff were keen to ensure they focused resources towards the most needy and ensure services were developed with patients' needs at the centre. They realised the importance of recruiting and keeping the right staff, to enable them to develop their services and deliver against the key priorities. The registered manager was clear that the focus was to consistently achieve and deliver an outstanding service, and that any further business expansion was contingent upon patient safety.

Governance, risk management and quality measurement

- The service had governance and reporting structure in place, which fed into senior leadership team. The management team, reported to the senior management team, who were based in the registered location.
- The service held regular management meetings and clinical governance meetings, and these were minuted. For example, in September 2017 management meeting, the area of discussions included: employee of month, review of ambulance service, review of medical event service, review of training service and review of the next 12-month business vision.
- Learning from incidents, complaints and safeguarding incidents was shared with staff via staff meetings, and by posting key messages on the staff forum and intranet.
- There was a programme of audit to monitor and manage quality. This included audits such as; operational spot checks, clinical observations and patient care records audit.
- All policies we reviewed were dated and had a review date. The policies were version controlled, which ensured an audit trail was available for any updates and staff were looking at the most up-to-date document and following best practice.
- The service had a lone working policy in place to ensure the safety and welfare of staff whilst at work.
- There was a service wide risk register, which was updated regularly at the management meetings. The risk register identified specific risks which may affect staff, patients and visitors. At the time of inspection, we noted the risk register included risks such as: vehicle mechanical breakdowns whilst on shift, IT/Server

outage, losing vehicle keys, short notice staff sickness and cessation of ad-hoc ambulance transport workload. We saw evidence the risk register also reflected what action was to be taken to mitigate these risks.

Public and staff engagement

- Staff felt safe to raise concerns and senior leaders understood the value of staff raising concerns. Staff felt engaged with their employer in planning and delivery of their service.
- Staff felt valued and listened to. For example, some staff had fed back to the management team, that they were unclear of the safeguarding processes. In responses to this feedback, a 'Memo' was published to all staff, which included a copy of the safeguarding policy and flowcharts were developed which provided a step to step guidance on the process staff needed to follow and contact details of the safeguarding lead were provided for staff to contact for further advice and support.
- The provider had a system to obtain patient experience feedback. This feedback was sought via the patient feedback form, which staff asked the patient to complete following each journey. For example, the 2017 feedback report showed, 90% of patients said the crew members arrived in a timely manner and 98% of patients told the service the crew members were professional. 94% of patients said the explanations of care and treatment was clear, 95% of patients told the service the facilities and equipment were good and 96% of patients said they would recommend GB-EMS to others.

Innovation, improvement and sustainability

- The senior management team shared the same aspirations for the business: to continue to grow steadily while maintaining the same service and family atmosphere.
- The provider was committed to continuous learning, development and improvement. For example, the on one occasion during a routine clinical observation, it had been identified staff were not adhering to best practice when undertaking blood glucose measurement. Following this observation, a 'Memo' was published and sent to all staff, reminding staff of the

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correct procedure when undertaking this intervention, by listing the process step by step. Staff were also informed they could speak to any senior management (all clinicians) for further support and advise.

- The service was investing in a new and more modern fleet of vehicles. This was to ensure staff were equipped to deliver the best care and service to customers and to improve the overall patient experience.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Ensure the service is meeting the requirements of the local Disclosure Barring Service (DBS) policy, when carrying out staff DBS checks.

Action the hospital **SHOULD** take to improve

- Ensure all staff understand the principles of the Mental Capacity Act (2005) and its relevance to their practice.

- Ensure all staff have knowledge of the principles of Duty of Candour, and for senior managers to understand the legal requirements and procedures that need to be followed when DoC is invoked.
- The registered manager to ensure they fully understand the legal requirements of their role and that they hold the overall accountability for the service.
- Ensure the service routinely monitors the key performance indicators (KPI's), to enable the service to assess and measure the quality of the service they are delivering.