

Quad Medical Ltd

Quad Medical Limited

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

Quad Medical Limited is operated by Paul Saddington Managing Director, who is also the registered manager. The service provides a patient transport service. We inspected this service using our comprehensive inspection methodology.

We carried out an announced inspection on 11 and 12 July 2017, along with an announced inspection at an event on 22 July 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.

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 provider had an incident reporting system which was regularly reviewed and updated. Staff were familiar with it and knew how to report an incident; there was evidence of learning from incidents.
- Medical equipment was regularly checked and maintained and all medications, including paramedic drug packs, were in date.
- The provider had one ambulance equipped to convey patients to a local accident and emergency department as required.
- A robust plan and risk assessment was circulated to all staff in advance of an event. Staff were committed to providing the best quality care to patients. Staff demonstrated a caring and compassionate nature as well as being proud of their role.
- Management meetings included a review of all incidents on the incident reporting system.
- There was a named duty manager available at all times to provide support and guidance to staff.
- Staff told us they felt very well supported by all members of the management team.
- There was a secure staff social media group and a staff portal accessible to all staff.

We told the provider that they MUST take following actions to meet the regulations:

- The provider must ensure all staff receive appropriate safeguarding training appropriate to their role.
- The provider must ensure appropriate recruitment checks are carried out for all persons employed or appointed for the purposes of a regulated activity. This includes enhanced Disclosure and Barring Services (DBS) checks.
- The provider must ensure that medicines are managed appropriately. This includes ensuring suitable storage and that there is a way in which to evidence a medicines supply chain.
- The provider must ensure that patients' records are appropriate and discharge summaries are completed.

We also said the provider SHOULD:

- The provider should ensure that staff are regularly appraised.
- The provider should ensure that staff competency to use medical equipment is documented.
- The provider should ensure all staff training is evidenced.

Professor Edward Baker
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating

Why have we given this rating?

We have not provided a rating for this service.

We regulate patient transport services but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Where events are mentioned in the report we refer to transport of patients from events to hospital and not the care of patients at events.

Quad Medical Limited

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Detailed findings

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Background to Quad Medical Limited

The service is registered to provide the following regulated activities:

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

It was registered with CQC in April 2012 and has had the current registered manager, who is also the managing director, in post since that time.

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

Quad Medical Limited provides services to patients taking part in or attending a sport or cultural event. These types of arrangements are exempt by law from CQC regulation. Therefore, the services provided to patients taking part in or attending a sport or cultural event were not inspected.

During the inspection, we visited the provider's home address where the service operated from a dedicated office. We spoke with 13 staff, including members of the management team, clinical lead, nurses and registered paramedics. We spoke with two patients and an event organiser. During our inspection, we reviewed 32 sets of patient record forms.

Quad Medical Limited fulfilled a number of contracts to provide medical and first aid support at local and national events which attracted crowds greater than 5,000 people. At the time of our inspection, the provider utilised one equipped vehicle for the purpose of the regulated activity which was used to convey patients to hospital as required.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Our inspection team

Our inspection team was led by Klaudiusz Zembruski, Inspector, supported by two CQC Inspectors and a specialist adviser with expertise patient transport services.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Quad Medical Limited registered with CQC in April 2012 and has had the current registered manager, who is also the managing director, in post since that time.

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We have not provided ratings for this service. CQC does not currently have a legal duty to award ratings for those services that provide patient transport service; amendment to the current Care Quality Commission (Reviews and Performance Assessment) Regulations 2014 is required to enable us to do this.

Summary of findings

Summary:

- The provider had an incident reporting system which was regularly reviewed and updated. Staff were familiar with it and knew how to report an incident; there was evidence of learning from incidents.
- Staff had access to appropriate infection control equipment and consumables and personal protective equipment at events.
- Medical equipment was regularly checked and maintained and all medications, including paramedic drug packs, were in date.
- The management team operated a comprehensive system to make sure that equipment was fit for purpose.
- We found that the vehicle was in good condition and was visibly clean and tidy. The service had contracted an external provider to complete regularly scheduled deep cleans.
- Staff used National Early Warning Scores (NEWS) to enable early identification of deteriorating patients.
- We found that a sufficient number of staff had been deployed in accordance with a safer staffing tool in order to care for patients safely.
- Staff had access to Joint Royal Colleges Ambulance Liaison Committee 2016 guidelines for reference at an event.
- Staff demonstrated a good understanding of the Mental Capacity Act (2005) and the principles of consent.
- Staff members we spoke with gave examples of ensuring privacy and dignity at all times.
- Patients we spoke with told us how staff treated them with care and efficiency.

Patient transport services (PTS)

- We observed staff providing explanations for their activities to patients.
- Staff were committed to providing the best quality care to patients. Staff demonstrated a caring and compassionate nature as well as being proud of their role.
- Events were planned months in advance in consultation with event organiser, local authority, police and NHS emergency response to ensure that the needs of those to attend could be appropriately met.
- All staff who worked in the welfare area had a background in providing psychological support to people in distress.
- The medical tent and welfare area had a range of easy-to-understand information to help patients understand the service provided.
- The provider subscribed to a translation service which all staff could access as required.
- Management meetings included a review of all incidents on the incident reporting system.
- There was a named duty manager available at all times to provide support and guidance to staff.
- Less experienced events staff were paired up with more experienced staff.
- Staff told us they were reassured by the professional values displayed and applied by the senior team.
- Staff told us they felt very well supported by all members of the management team.
- There was a secure staff social media group and a staff portal accessible to all staff.

However:

- We found drugs on the provider's premises for which they did not have a storage licence.
- Patient record keeping was inconsistent.
- The provider told us the mandatory safeguarding training they provided was level 1 when all staff should be level 2 trained. The safeguarding lead had level 2 training when as safeguarding lead they are required to have level 3 training.
- The provider did not ensure suitable fit and proper person checks were in place before staff commenced work.

- There was no formal competency sign-off process to ensure that all staff knew how to use the provider's equipment relevant to their role.
- Staff appraisals were not systematically carried out.
- There was no system to sign off a person's competency for the role following their induction.
- We found the registered manager lacked awareness of their role and responsibilities in relation to safeguarding training levels, recruitment practices and safe storage of medicines.
- Auditing processes were in the developmental stages and not yet able to identify all of the areas which required improvement.

Patient transport services (PTS)

Are patient transport services safe?

Incidents

- There were no never events reported for this service. 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 provider's incident reporting policy and procedure, updated in April 2017, outlined what constituted an incident and near miss. It outlined how and to whom an incident should be reported and what the person reporting the incident should expect, for example, feedback.
- We saw that discussions about incidents and any required learning were recorded in management and team meeting minutes in accordance with the provider's incident reporting policy.
- The provider maintained an incident reporting system which had 17 reported incidents between March 2016 and May 2017. The reporting system included a record of whether the incident resulted in a change of policy or practice and how and when the change was notified to staff. There was no identified trend or pattern with these incidents.
- We saw evidence of learning from incidents which resulted in changes in practice. For example, there had been an occasion where there were no on-site hand washing facilities in the medical area; the resultant change of practice was recorded as the purchase of a transportable sink with running water. We saw this in operation when we carried out our on-site inspection. Another recorded incident referred to patient referral forms (PRF) being unsecured while staff are treating patients. The provider's response was to purchase a secure storage unit for handwritten PRFs which we saw was kept locked on-site and used by staff to file confidential patient information.
- All members of staff had access to the incident reporting system. The incident policy required staff to escalate an incident immediately to the event lead. The incident

reporting system included online access through the staff portal and an accident book at smaller events. The event lead liaised with organisers and the Health and Safety Executive where appropriate.

- All of the staff we spoke with were able to explain the incident reporting process. They also said they felt the senior team were approachable and felt confident they could approach any member of the team to discuss an incident or 'near misses'.
- The incident reporting logging system recorded how information was disseminated to staff. This included via staff bulletin (sent on secure staff social media group), email, induction and briefings. We looked at the secure staff group social media account and saw that changes such as those mentioned above were notified to staff on this group chat. It was possible to ascertain which members of staff had read the updates. We were told that where a member of staff had not read any updates, then the quality assurance manager would remind them to do so via e-mail. Staff we spoke with confirmed this.
- 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 patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. We saw that DoC training was part of mandatory training and that all staff were up to date with this training. The service did not report any duty of candour concerns from March 2016 to May 2017. Both the manager and staff understood the serious incident procedure included the requirements of the duty of candour legislation.
- Staff we spoke with were able to explain their role in DoC.

Clinical Quality Dashboard or equivalent

- We saw that the provider audited ambulance journeys and care episodes for patients as well as patient's own medication records.
- We looked at an audit of patient own medication records. Results showed that whilst in 98% of forms included the patient name and drug name, just 42% included patient signature and 80% recorded the quantity of drugs. We were told that improvement areas were discussed with staff through the closed staff group on social media. We subsequently saw a bulletin issued

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to staff on this closed group which outlined the audit results with recommendations of how staff must address poor record keeping and the patient's own medication policy was attached within this bulletin.

- The clinical manager told us a further audit of patient own medication records was scheduled for the end of July 2017.
- The provider had begun an audit of the quality of service delivery, identifying additional needs and making required improvements three months prior to the inspection. We were unable to assess the effectiveness of this development as this was still new at the time of the inspection.

Cleanliness, infection control and hygiene

- The provider had one vehicle which was used to convey patients to hospital as required. We saw there was a schedule for a deep clean to be completed by an external provider every three months, and a deep clean was in progress on the first day of our inspection. We noted that before the cleaning contractors left, the following deep clean date was arranged.
- We noted a tear in the fabric of the driver's seat which was a potential infection hazard. The registered manager told us they would ensure that is repaired before the vehicle was used again. During our on-site inspection on July 22 we noted that new seat covers had been fitted. We checked the equipment carried in the ambulance and saw it was clean and ready for use. There were sufficient and appropriate cleaning materials and decontamination wipes available. The registered manager told us they took responsibility for ensuring the vehicle was cleaned after every event. They also restocked after use and we saw the stock check list which was dated, signed and monitored by the registered manager.
- Infection control was included in mandatory training which all 39 members of staff were expected to complete. We noted that 25 had submitted their certificates, 10 had completed training and were waiting on their certificates and 4 were overdue their training.
- Staff had access to appropriate infection control equipment and consumables and personal protective equipment at events. We saw this included antibacterial gel and wipes, sharps bins and hazardous waste disposal equipment. Nurses assigned to the medical tent disinfected stretchers and chairs prior to events opening to the public, which we saw in practice.

- Facilities were available to ensure clinical waste was stored appropriately on site, including the provision of appropriately labelled waste bins with correct colour-coded disposable bags and labelling. We were told that all clinical waste bags were taken away by the provider to their home at the end of an event and collected from a secure clinical waste bin external contractor for incineration or appropriate disposal.
- The provider had portable hand-washing facilities when on site at an event. Staff were provided with adequate numbers of uniforms and there was an expectation that staff would be properly attired when on duty. This was clearly laid out in the cleanliness and infection control policy, updated March 2017, and we saw staff adhered to it in practice during our event site visit.

Environment and equipment

- Medical equipment we inspected, such as oxygen, suction and wireless electrocardiogram monitor, were serviced and labelled to show the last service date and when the next service was due, all of which were in date.
- The registered manager told us that staff were inducted on site in the use of equipment. However, there was no formal competency sign-off process to ensure that all staff knew how to use the provider's equipment relevant to their role.
- Records showed that the vehicle used to convey non-ambulatory patients to a local hospital was compliant with Ministry of Transport (MoT) testing and vehicle servicing scheduling. There were also appropriate records of insurance and road tax. Vehicle keys were safely stored.
- Disposable single use equipment was stored correctly on the vehicle and in the store cupboard; checks showed they were all in date. Replenishment of supplies was undertaken by the registered manager who showed us the checklist used to ensure there were no missing items on the ambulance.
- The medical tent and the vehicle were equipped with portable electrocardiogram machines and defibrillators. We saw staff conducted an audit of each item of equipment in the tent and on the vehicle on the day of the event to ensure it was in working order. They documented this audit and an escalation process was in place if an item of equipment was found to be defective. They completed this in pairs to ensure checks were counter-signed and reported to the duty controller for approval or further action.

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Medicines

- The service had a medicines management policy, updated June 2017, and a patient's own medication policy updated March 2017.
- We noted that schedule 4 controlled drugs Part I (CD Benz POM) were stored in the provider's own home, which acted as an official office and control centre. This is not permitted unless a 'group authority' was issued in the provider's name. A Home Office license is required where centralised stocks are held and distributed. These were removed from the premises by a paramedic before the end of our inspection day.
- The inspection team found that these schedule 4 drugs were stored in the house inside a locked safe. The safe had no thermometer and the room was not temperature controlled. It was therefore not possible to ensure that medicines were being stored at the appropriate temperatures.
- At the beginning of our inspection, the provider told us that since they did not have a license to purchase drugs; this was done by paramedics who were then reimbursed by the provider. This meant that there was no evidence of a medicines supply chain. There was no clear protocol to cover all aspects of controlled drugs (CD) management, including ordering, storing, administering, recording, and the destruction of CDs.
- During our observation of an event two weeks following the inspection, the duty manager told us how they had since amended their process in order to be assured that drugs purchased by paramedics were from a reputable supplier of the provider's recommendation. We observed as a record was made of the contents of the two paramedic drugs pack; each drug, batch number, expiry date and quantity was recorded on a paramedic drugs pack checklist.
- This information would subsequently be checked off against the pharmacy delivery invoice submitted by the paramedic each time they purchased drugs which should match the exact details of the drugs as they were recorded at the event. This in turn would assure the provider that the drugs were supplied by a reputable company.
- We saw that drugs packs were in the possession of the paramedics at all times or were locked within the secured vehicle during break time. This was in accordance with the provider's medicines management policy.
- We saw during our event site visit that the duty controller ensured the counter medications box was kept locked with a designated key holder. They ensured all staff knew who the key holder was and all of the staff we spoke with knew the process to follow to administer medicine. We confirmed that all drugs within this box were in date and we saw that packs such as analgesics were numbered for use in rotation order.
- People attending an event were allowed to maintain essential medications such as inhalers for asthma, 'epi-pens' for the treatment of anaphylaxis, anticonvulsant medications and insulin for diabetics.
- They were expected to take other non-essential medications to the medical tent where a member of staff checked it in, recorded the drug name, quantity and batch number. They were issued with a wrist band which enabled them to collect their submitted medication. We saw that one member of staff was allocated this area of responsibility during the briefing session.
- During our attendance at an event, we observed a discussion between the medical advisor and the person responsible for checking in a person's own medication. They referred to the British National Formulary in order to clarify the nature and use of the medication.

Records

- We were unable to review records that related only to patient transport.
- The provider did not have a process in place to audit the quality of recording of patient referral forms.
- We noted that 18 out of 30 minor injuries patients' records reviewed by the inspection team were incomplete or of a poor standard. Patients' records were not all dated, patient's length of time in care was not always documented and discharge summaries were not completed. In many cases, there was no record made of symptoms patients presented with or what care and treatment was provided.
- We reviewed 14 patient referral forms (PRF) used for major injuries patients and found that patient record data was not always collated and matched with the patient. For example, we noted there were no drugs administration and prescription charts attached to four PRFs. In other cases, we saw completed drugs

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administration forms which were not attached to the relevant PRF and we saw where administered drugs were noted on the PRF but could not find a related drugs administration chart.

- Patient records were stored securely at the providers address in locked cabinets within a locked room. During an event we saw they were stored in a locked box which was kept within reach of the duty manager at all times.

Safeguarding

- The designated safeguarding lead for the service was the clinical lead, who should have level 3 safeguarding training. However, they told us they had level 2 safeguarding training but were unable to provide certificates to confirm this.
- We were shown a training record which confirmed that the safeguarding lead and deputy safeguarding lead (who was the registered manager) had successfully undertaken an online adult safeguarding and child protection training course. This was specifically developed for the nominated child protection lead and deputy lead of a service. It was not possible to determine what level this training was and how it correlated with the national guidance.
- The provider had separate adults and children safeguarding policies which stated that safeguarding adults training was mandatory for all existing and new staff in line with the provider's mandatory training policy. However, neither policy stated to what level staff should be trained.
- Data submitted to CQC in advance of this inspection showed that 31 out of the 39 staff had completed on-line safeguarding adults and children training. Seven staff told the provider they had completed their training but had yet to submit their certificates and one member of staff had not started their training.
- The provider told us staff should be level 2 trained but confirmed to CQC following this inspection that the training provided was in fact level 1.
- Data submitted by the provider prior to this inspection recorded that the safeguarding lead had access to a database of contact details for child protection safeguarding teams and safeguarding adults boards.
- All of the staff we spoke with demonstrated knowledge of the principles of safeguarding. This included specific training on safeguarding for young people under the influence of alcohol or drugs who were underage. Staff

also described circumstances in which they would seek safeguarding advice or escalate a situation to the senior person on site. They were aware of who the safeguarding lead was.

- The provider did not typically provide medical services to events where children were present. However, staff were aware of the organiser's missing child point of contact and who to contact if they had concerns about child safety.
- The senior team identified the local authority safeguarding team and the nearest NHS hospitals prior to each event. We saw during our observation of an event briefing that the duty controller gave specific guidelines on escalating and referring safeguarding cases through the local authority emergency team. The duty controller also conducted random checks of staff knowledge by asking them how they would approach certain scenarios.
- Details of the local authority safeguarding team and out of hours duty social work team responsible for the location where the event was held were listed in the event plan sent to all staff. The provider told us they never had cause to raise a safeguarding alert with the local authority.

Mandatory training

- The provider required all staff to complete the in-house mandatory e-learning training package provided. This included national early warning system, manual handling, information governance, Mental Capacity Act/ Deprivation of Liberty, infection control, health and safety awareness and Duty of Candour. There was also basic life support (BLS), immediate life support (ILS) and first person on scene (FPOS) training specific to the member of staff's scope of practice.
- 33 out of a total of 39 members of staff had completed all of the required mandatory training, although some had not produced the certificates to document this. A manager told us they checked on-line to be assured that those who had not yet produced certificates had done the training.
- However, we discussed how there were four members of staff who had not completed a substantial amount of their mandatory training, despite already working at events. We were told that these staff would be instructed to complete their mandatory training as soon as possible.

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Assessing and responding to patient risk

- Staff used National Early Warning Scores (NEWS) to enable early identification of deteriorating patients and these were recorded on the patient referral form (PRF). The PRF identified at what point the patient should be escalated, depending on their NEWS score. We saw a series of monitoring observations such as blood pressure, pulse and respiration.
- This ensured effective handover to NHS services, for example local accident and emergency departments, since they use the same system. There were clearly documented escalation procedures on the PRF for anyone scoring outside of appropriate parameters.
- We asked a nurse about this who said the NEWS process worked the same way as it would in a hospital with a trigger point at which they would escalate the patient to the clinical lead. The duty manager checked all staff's understanding of this tool and confirmed each individual had completed training during our observations of an event briefing.
- Prior to any event, the provider had multidisciplinary planning meetings at which a member of the local ambulance service was represented. The escalation process was such that in the event of mass casualties or a major incident the provider would alert the ambulance service immediately. At the event we visited the senior team knew who was the local NHS ambulance service controller on the day and confirmed they had been briefed on the event.
- Medical and nursing staff were aware of when to escalate concerns based on their observations of the patient, which they documented in the NEWS section on the patient referral form. However, in the event of a patient's condition changing or deteriorating, systems and processes were in place for staff to take the patient to the nearest accident and emergency department, as per the advance planning of the event. Between January 2016 and June 2017, the provider conveyed 14 patients to hospital. Two patients were conveyed as emergencies by NHS ambulance.

Staffing

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3) specifies the information required in respect of persons employed or appointed for the purposes of a Regulated Activity. The schedule requires an employer to obtain certain

evidence, including satisfactory evidence of conduct in previous employment as a disclosure and barring service (DBS) certificate as determined by the category of employment to be undertaken and satisfactory documentary evidence of any qualification relevant to the duties performed.

- We reviewed the recruitment process for all 39 staff and saw little evidence that suitable checks were undertaken for staff. For example, there were no DBS certificates for four staff, two of whom had already worked on at least one occasion. The provider told us where these members of staff were already scheduled to work, they would be removed from the rota until such time as their DBS was received. On the second day of our inspection, the provider showed us evidence where a member of staff was scheduled to work at an event two weeks later, they had been notified of their inability to work until such time as there was a current DBS on their record.
- The provider accepted DBS certificates undertaken by other organisations rather than making their own application. In other cases DBS certificates were not renewed periodically and we saw many which were issued between three and five years prior to this inspection. This meant that the provider could not be assured that those working for them were suitable to work with vulnerable groups, including children.
- Following this inspection, the provider informed us they had registered with a company which had begun to carry out checks on those members of staff who either did not have a DBS within the previous last three years or who had not provided a copy of their most recent DBS. We were also informed that staff will not be allowed to work until such time as there is a current DBS on their record.
- On other staff records, four had two references, 8 had one reference and the remaining 27 had no record of any reference. We found there were no photographs on 32 staff records.
- Following this inspection, the provider told us they took up annual references for staff who were employed in other substantive posts. Where there was no annual reference on file then those staff were contacted to ensure that one is submitted within four weeks of this inspection.
- The staff list included 19 first aiders, nine nurses, five paramedics and five emergency medical technicians.

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They were either self-employed or bank staff. Most staff that worked for the provider had substantive contracts as nurses, paramedics or technicians with other institutions.

- The provider told us that since events were planned several months in advance, there were no staffing difficulties. They used a staffing tool to ensure adequate amounts of staff.
- Each nurse had a background in emergency medicine or acute medicine and included practice development nurses. A GP clinical lead was present at larger events where a risk assessment had identified a need for a higher level of medical supervision.
- The registered manager used event risk assessments to establish the safe number and types of staff needed at each event. For example, for large events (classified as greater than 5000 attendees) senior emergency department nurses were required in addition to paramedics, emergency medical technicians and first aiders to help.
- Staffing levels were planned as per the 'purple guide to Health, safety and welfare at music and other events' supported by the Health and Safety Executive and in discussion with the local council health and safety officer and commissioners. They were clearly set out on the event plan which was distributed to commissioners, local authority, NHS emergency planning and staff prior to the event.
- Due to the long lead in to an event, the registered manager told us how it was possible to ensure there was an adequate amount of staff to provide event cover since their availability could be planned months in advance.
- The duty manager completed a safety briefing before each event began. This included details of the escalation plan to be used for deteriorating or very sick patients. Staff responsible for conveying any patients off site by vehicle to hospital were identified. Other staff roles and their site location were assigned. All of the staff we spoke with were positive about this process. One individual said, "We get a printed copy of the briefing after it takes place so we can go back and refer to it. The briefing also makes sure we have very defined roles."
- The duty manager also ensured they paired staff up to work together so that experience and skill mix was balanced safely at key areas of the site. We saw this in practice at an event site visit where staff were effectively

deployed in the best interests of people attending the event based on the busiest areas. In addition, an ambulance crew was identified to be the first team to transfer a patient to hospital.

Response to major incidents

- A major incident is any emergency that requires the implementation of special arrangements by one or all of the emergency services and would generally include the involvement, directly or indirectly, of large numbers of people. The provider had a major incident plan updated June 2017 which set out expected responses to a variety of situations which would be deemed a major incident.
- The registered manager told us how in advance of any event, there are meetings with the event organiser, local emergency services, local authority and the NHS emergency planner. This included table top exercises to help anticipate potential problems or threats.
- We looked at one such plan of an event which included a risk assessment of the site and robust guidance for staff should evacuation be necessary as a result of a major incident.
- We saw the provider had created eight major incident supply boxes amongst which included foil blankets, ponchos, water, dressings and blast bandages.
- The site team established an evacuation and emergency plan with event organisers that ensured staff had a structured plan to keep them safe in the event of a critical incident such as a terrorist attack or evacuation. Each member of staff had an egress plan and this also formed part of the strategy for staff to provide medical care in the event of a mass casualty incident.
- We reviewed emergency procedures during our event site visit. The duty controller discussed specific site-level plans and procedures during the pre-event briefing and emergency equipment was available for major incidents and evacuations. We saw the duty controller ensured all staff were aware of the procedure to follow in the event they were threatened or there was a major incident.
- The senior team and all staff we spoke with demonstrated awareness of risks to their personal safety when in environments with people under the influence of alcohol and drugs.
- For example, if a patient became violent or aggressive during treatment staff would escalate this to the event lead and contact security. We asked staff about this. One individual said, "I've never not felt safe. Security staff are always really fast to be on the scene if you need them."

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We're never left alone with patients and we all have to read and understand the conflict policy before we start working." All of the staff we spoke with demonstrated knowledge of de-escalation strategies although they did not have formal breakaway training.

Are patient transport services effective?

Evidence-based care and treatment

- We saw policies and procedures followed both National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical practice guidelines. The clinical lead told us they monitored staff practice to ensure they were adhering to best practice and operating within their scope of practice. At the time of the inspection this was done on an informal basis and there was no written record of staff practice for us to review.
- During our event site visit we found staff kept a hard copy of the Joint Royal Colleges Ambulance Liaison Committee 2016 guidelines for reference.
- Staff could access all policies through the staff portal and those whom we spoke with told us this was very a very efficient method of keeping up to date with company policy. In addition, policies and updates were sent out to staff on the secure staff group social media account. We saw that it was possible to monitor whether staff had opened the document and were told that where staff did not do so, then they would receive a reminder.

Assessment and planning of care

- We saw assessments of patients which followed the Joint Royal College's Ambulance Liaison Committee (JRCALC) and Health Care Professions Council (HCPC) standards.
- Due to the nature of the service provision, staff had no advance notice of a patient's presenting condition. However, the provider mitigated against this by ensuring there were staff available who had a variety of experience including drug and alcohol misuse and mental health.
- There were pathways for assessing and responding to the risk of patients deteriorating such as the use of national early warning scores.

Response times and patient outcomes

- We were told that given the nature of the service, it was difficult to assess patient outcomes once the patient left the medical tent. The provider kept data which informed them of numbers of patients seen, how long they were in the medical tent and how many patients were conveyed to hospital. This information was discussed with all team members at debrief at the conclusion of an event.
- The provider devised a patient discharge form which included patient information, details of accompanying adult and discharge destination. Details of the patient's NEWS score, their Glasgow coma score (which measures eye, verbal and motor responses) and mobility levels were also recorded.
- The medical director, clinical lead or senior nurse/duty manager were responsible for discharging patients and based their decision on information recorded on the discharge form. This ensured only stable patients at no immediate risk of deterioration were discharged and that clinical observations were documented and complete.

Competent staff

- A manager told us that whilst they expected to appraise staff six months after they started to work with the company and annually thereafter, this had not happened for all members of staff. We saw that at the time of our inspection a total of nine members of staff had been appraised.
- Subsequent to this inspection the provider notified CQC that all members of staff were sent an e-mail which required them to book their annual appraisal with a target date of the end of October by which all appraisals should be completed.
- We spoke with a member of staff who had an appraisal in May 2017. They said, "[The manager] asked what's going well and what I'd like to be able to develop. Then we spoke about my plans during an event and signed off the development I felt I needed."
- The registered manager told us that new staff were inducted on site at their first event, by which time they would have been sent the event briefing document as a means of preparation. In addition, the senior team selected staff with existing training in areas that could strengthen event teams such as mental health and substance misuse.
- We attended an event and observed how staff new to the service were paired up with more experienced

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members of staff. We spoke with one who had not worked on an event before. They told us whilst they were very experienced in their substantive role elsewhere, they were reassured to be with an experienced member of staff for something as different as an event.

- The senior team provided staff with a site-specific induction for event cover that was long-term and pre-event briefings for one-off events. Where event cover was long-term and on-going, the induction was video-recorded and the duty controller ensured new members of the team watched and understood this before they were able to work at the event.
- Induction was carried out by the registered manager with strict reference to the event briefing document and the expectation was that the member of staff had familiarised themselves with its contents.
- However, whilst the briefing document we saw was comprehensive, the registered manager told us there was no system in place to sign off that person's competency for the role.
- Staff competencies were maintained in their substantive employment. We saw that all nurses were currently registered with the Nursing and Midwifery Council. All paramedics were currently registered with the Health and Care professions council and therefore had received appropriate clinical supervision for their revalidation requirement.
- The senior team adapted practice or procedures to ensure staff always worked within the scope of their skills and experience. They ensured this by issuing equipment or supplies specific to each role.
- A member of staff told us how a manager had offered support and encouragement for them to do additional training and development.
- The registered manager kept a yearly record of Driver and Vehicle Licensing Agency (DVLA) checks. We noted that of the 12 drivers listed, there was no record available of two people's driving licence.

Coordination with other providers and multi-disciplinary working

- Patients were taken to the nearest emergency department for continuation of their care, if this was required.

- The registered manager told us how coordination and multi-disciplinary working was an integral part of supporting any event. This included pre-planning and on the day coordination with the event's organisers, the local authority, police and NHS emergency planner.

Access to information

- Given the nature of the service, staff did not have access to any medical information in advance of treating the patient. They were reliant on the patients informing them of any pre-existing conditions.
- In situations where the patient was unable to provide any information, staff monitored their condition and kept them comfortable until such time as they were capable of giving information.
- The patient was given verbal advice prior to discharge which we saw was recorded on their discharge form.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards training was included in mandatory training. We noted that of the 39 staff, 28 had completed their training whilst 11 were waiting their certificates.
- Staff we spoke with demonstrated a good level of understanding of their responsibilities within the MCA.
- Most patients who presented to the team at an event were able to consent to care and treatment. Staff said if they felt further treatment was medically appropriate but the patient refused they would convey the patient to the nearest accident and emergency department as appropriate.
- Where there was uncertainty over a patient's capacity to consent to care and treatment, the duty manager was informed who would undertake an assessment of capacity in accordance with the Mental Capacity Act. If a patient was incapacitated and unable to consent the senior medical team would provide treatment based on a best interest assessment.
- Staff used a consent procedure that required patients to sign to confirm their mental capacity and understanding if they refused treatment that was medically indicated. Medical staff also used this procedure if patients wanted to self-discharge against medical advice.

Patient transport services (PTS)

Are patient transport services caring?

Compassionate care

- The provider received 46 patient responses between February 2016 and March 2017 via e-mail or patient feedback cards, all of which were positive. However, we were unable to say if these related to solely the transport service. Comments included 'very friendly, warm, supportive and reassuring staff,' 'I could not thank staff enough for looking after me and keeping me safe' and 'staff went above and beyond to assist me which I had an allergic reaction; thank you for being super nice.'
- All staff members we spoke with gave examples of ensuring privacy and dignity when conveyed in the vehicle. They told us they covered patients with a blanket, which we observed were in plentiful supply on the day of our on-site inspection at an event.
- We were told where there was a need for nursing or medical staff to carry out a more intimate examination or interview to decide whether the patient needed to be conveyed to the local accident and emergency department, then they would be assisted to the vehicle to ensure confidentiality.

Understanding and involvement of patients and those close to them

- We observed staff providing explanations for their activities to patients and saw feedback in an e-mail which commented positively about how staff had offered a clear explanation of the treatment given.
- All staff who worked in the welfare area had a background in providing psychological support to people in distress, for example as a result of alcohol or drugs. They told us their skills enabled them to adapt how they communicated with the patient according to their presentation in order to provide the most appropriate support.
- Literature and signage was visible and available within the welfare area and medical tent which gave patients information and advice on a range of areas including domestic abuse and sexual health.

Emotional support

- Staff explained the need to show empathy and consistently reassure patients who were on occasion frightened by the particular environment which an event creates.
- They spoke confidently to us about how they supported patients who presented with a range of needs. This included panic attacks, psychotic episodes, drug or alcohol intoxication or overdose. Staff offered guidance and information to the patient relevant to their presentation when they were fit enough to receive it.
- In order to safeguard the patient, staff told us they were careful to establish the nature of the relationship between any adult who accompanied them to the medical tent. Where there were doubts about the type of relationship, the patient was detained until such time as they were fit enough to vouch for the person accompanying them.

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

Service planning and delivery to meet the needs of local people

- The service fulfilled a number of contracts to provide medical and first aid support at local and national events which attracted crowds greater than 5,000 people. The registered manager told us how events were planned months in advance in consultation with the events organiser, local authority, police and NHS emergency response. There was also a post event briefing held with the organisers to review the service provision at these events. This included whether people's needs were met and areas for improvement at future events, such as the number of staff needed to ensure a safe service.
- The provider allocated the relevant number of staff based on a risk assessment specific to the event and from experience and knowledge built up over several years. They were always told in advance of the number of people expected to attend an event and planned accordingly.

Meeting people's individual needs

Patient transport services (PTS)

- The provider had a vehicle which was equipped to convey patients to hospital safely. This was parked within easy access of the medical tent so that patients could be assisted onto it without delay.
- We saw staff had furnished the medical tent and welfare area with a range of easy-to-understand information to help patients understand the service and orientate themselves. This included information on the effects of alcohol and drugs and the risks of taking 'legal highs' in language suitable for teenagers. Photographs of key members of staff were on display as well as a visual colour-coded guide to different grades of staff.
- The provider maintained a welfare box which included a range of items including clean clothes and sanitary products to help maintain dignity and improve mental wellbeing.
- Staff event uniforms were of different colours to make it easier for patients to identify the different roles. Easy-to-read colourful posters helped patients to identify different members of staff.
- The ambulance had a ramp which made it accessible to those with a physical disability. The registered manager told us they always requested to be located where there was easy access from the medical tent to a toilet for the disabled.
- The provider subscribed to a translation service which all staff could access as required. We were told that it has never been accessed.

Access and flow

- The provider ensured that there was direct access to the vehicle used to convey patients to hospital from the medical tent.
- We saw that the medical tent was set out to mirror a hospital emergency department, with a nurse led triage system and separate major and minor injuries areas staffed by nurses and the medical director (who was also a practising GP). Patients who presented themselves were triaged by the clinical lead at point of entry, from which a decision was taken about which area they were directed to.
- The majors area had numbered beds which we saw were allocated to individual nurses. The duty manager told us this was of particular importance to help nurses identify their patients at times when the tent was very busy. During the briefing at the beginning of each event, staff were allocated roles and locations. Those members

of staff responsible for the conveyance of patients were identified and allocated areas of responsibility which were close to the vehicle. Nurses were stationed in the medical tent with the medical director.

- Paramedics worked in pairs and patrolled the site to ensure maximum coverage and quick response to patients. They were allocated a short wave radio which enabled them to communicate with each other and the clinical lead at all times. In cases where the site was extensive, the provider had other forms of transport to reach patients for on the spot treatment. This included a small car and an all terrains car.

Learning from complaints and concerns

- The provider had a complaints policy updated in May 2017. The registered manager had overall accountability for the complaints process and took responsibility for signing all complaint response letters. In addition, patients and members of the public could provide feedback verbally, via the provider's website, by email or comment cards.
- The provider had received one complaint between February 2016 and March 2017 about the storage of a patient's medication. This was resolved within three working days and we saw that staff were sent the policy related to patients own medication on the secure staff social media group within this same time frame.
- The provider told us where contact details have been left attempts are made to inform the complainant of the outcome of the investigation. We saw a complaints log which the provider kept as a means of identifying possible themes or patterns.
- We saw that complaints were on the agenda of the quarterly management meeting and we were told this was to ensure that all possible learning points were addressed.

Are patient transport services well-led?

Leadership / culture of service related to this core service

- Quad Medical Limited (QML) leadership consisted of a managing director, clinical lead, medical director and public relations manager.

Patient transport services (PTS)

- The managing director was also the registered manager (RM). They did not assume any clinical role and were responsible for the operational management of the business.
- The clinical lead acted as duty manager at events and was responsible for quality assurance of the service. They shared responsibility for event controller and event duty manager with the RM. In addition, there was a medical director and a public relations manager who also took responsibility for IT and maintenance of the staff portal, ensuring all up to date policies and information was on it.
- We found that the provider and senior management team were able to reflect on and identify areas for improvement and development. They told us the company was going through a transitional period onto a more formal basis where they were now regulated by CQC. This meant that new systems and processes were introduced but were not yet fully embedded in. Therefore, auditing processes were in the developmental stages and not yet able to identify all of the areas which required improvement.
- Event teams were made up of different individuals based on bank staff availability. Staff that were suitably qualified to convey patients to accident and emergency departments were an essential part of this planning. The event lead and senior team facilitated team cohesion to ensure staff worked well together by introducing everyone during the briefing session and ensuring individuals were matched appropriately. We found during our event site visit that this worked well in practice and established members of the team were welcoming and encouraging to new individuals.
- Staff we spoke with said they were reassured by the professional values displayed and applied by the senior team. For example, one nurse said, "This is by far the most professional organisation I've seen in this field. There are a lot of rules but this is good because it means we all work to the same standard, such as not eating in front of patients."
- Staff told us how they would not hesitate to speak with a member of the management team following a difficult or upsetting situation. Others told us it was a good company to work for and said there was never a shortage of supplies when on-site and they always got paid on time. They also told us they were given opportunities by managers which helped them to maintain their professional registration.

Vision and strategy for this this core service

- The provider told us that since they were a small family run business, they did not have a formally documented strategy. However, they told us they wished to consolidate what they currently were doing and ensure they were doing it well. They also said they wanted their service be seen as one run with integrity which provided a quality service with properly trained staff.
- Staff spoke of their commitment and loyalty to the company and demonstrated a passion and drive to provide a high quality and safe service.

Governance, risk management and quality measurement

- The provider did not follow a safer recruitment process in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3).
- Patient records were not audited robustly and the provider did not have a licence to store medicines which we identified on the premises.
- The provider's incident and complaint reporting logging system included risks which were given a rating by the registered manager.
- Management meetings were held every three months. Minutes we looked at included a review of all incidents on the incident reporting system. Updates were given, as well as actions taken. For example where a member of the public impersonated staff at an event, the resolution was for staff to be issued with new uniform with identifying logo. Staff identification passes were also changed and they were fitted with a barcode which when scanned using a mobile phone, linked with the secure staff website and to that member of staff's identifying information.
- Staff we spoke with were able to tell us how they would report a serious incident and guided us to the staff portal where all documentation was kept. They said that they were notified of all incidents at briefings and through the secure staff social media group.
- A named duty manager or duty controller was available at all times during an event and provided logistics support, including for emergency planning. This individual was medically qualified and provided site-based leadership for all members of the team to ensure operational risks were managed appropriately.

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- Staff were able to describe how they managed risk during events, including access to contingency and emergency plans. All staff told us they felt risks were clearly mitigated and they had no on-going concerns.
- The public relations manager led information governance and security strategies with bank staff and the wider team working with the organisation. This included maintaining a social media policy that ensured staff used this in a way that maintained confidentiality and information security. We saw the duty manager ensured all staff understood this during an event briefing.

Public and staff engagement

- Patients were provided with patient satisfaction cards which enabled them to provide feedback in four different ways: either by filling the card in on site, e-mailing their feedback, submitting a feedback form on the company website or scanning a barcode on the feedback card with their phone which took them to the feedback form.
- The registered manager communicated with staff via emails, face-to-face or via mobile phone. Staff engagement took place at briefing meetings prior to an event and their hours of work included attendance at this mandatory meeting.
- There was a secure staff social media group through which staff could communicate and share experiences and get support. It was also a means by which there

were kept updated on any organisational or policy changes and developments. Staff spoke highly of the staff portal on which all up to date policies and operational forms were stored. Staff could also access their training via the portal staff.

- All those whom we spoke with said they felt engaged with the management team who were inclusive, supportive and encouraged a strong sense of camaraderie.

Innovation, improvement and sustainability

- The provider had identified large-scale events with more than 5000 attendees as their focal point for future development.
- The provider had been accredited with awards for the design and usability of its website.
- All of the staff we spoke with described a significant improvement in working processes in the 12 months prior to our inspection. For example, one member of the team said roles had become much more defined because the senior team ensured pre-event briefings were more structured.
- The provider added a welfare service as an extension to their medical provision 12 months ago. This offered support to patients with no specific medical need but who presented with certain vulnerabilities. The welfare area was led by nurses with specific skills in mental health or care of the elderly.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must ensure all staff receive suitable safeguarding training.
- The provider must ensure appropriate recruitment checks are carried out for all persons employed or appointed for the purposes of a regulated activity. This includes routine Disclosure and Barring Services (DBS) checks.
- The provider must ensure that medicines are managed appropriately. This includes ensuring suitable storage and that there is a way in which to evidence a medicines supply chain.

- The provider must ensure that patients' records are appropriate and discharge summaries are completed.

Action the hospital **SHOULD** take to improve

- The provider should ensure that staff are regularly appraised.
- The provider should ensure that staff competency to use medical equipment is documented.
- The provider should ensure all staff training is evidenced.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ol style="list-style-type: none">1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—<ol style="list-style-type: none">a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;c. maintain securely such other records as are necessary to be kept in relation to—<ol style="list-style-type: none">i. persons employed in the carrying on of the regulated activity, andii. the management of the regulated activity;f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e). <p>We noted:</p> <ul style="list-style-type: none">• Overall there were lack of systems and process to ensure all staff complied with recruitment checks and were fit to carry out the regulated activity.• There was no system to monitor if all staff received suitable safeguarding training.

This section is primarily information for the provider

Requirement notices

- The provider had poor medicines management arrangements and limited awareness of the regulator requirements related to medicines storage.
- There was no system to ensure patients records were of good quality and included all relevant information related to the care and treatment provided.