Mr. Craig Harris

Event Paramedic Services

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Event Paramedic Services provided medical cover for outdoor events including equine sporting events and music festivals. The service employed 4 permanent staff and 12 members of staff who were paramedics, advanced medical practitioners, emergency care assistants, and nurses on zero hours contracts. The service had 10 vehicles including emergency ambulances and a mobile medical unit. Based in Taunton, Somerset, the provider offered a service for events across England.

This is the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They helped to provide emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually.

However:

- The service had not embedded all safer recruitment practices.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	We have not previously rated this service. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Event Paramedic Services

This is the first time we have rated this service using our new methodology.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 30 November 2022 and carried out 2 interviews with members of staff and over Microsoft Teams on 7 and 12 December 2022. We spoke to one patient on 13 December 2022.

The service has a core staff of 16. In the 12 months before our inspection the service treated 2272 people. Of these 157 were treated at a sporting event, 2094 at a music festival, and 21 at other events. Ten of these patients were conveyed to an NHS hospital.

This service was last inspected in 2013.

The service was registered to provide the following regulated activities:

Transport services, triage and medical advice provided remotely

How we carried out this inspection

The inspection team comprised of 1 inspector and a paramedic specialist advisor with expertise in independent ambulance services. The inspection team was supported by an offsite inspection manager. The inspection was overseen by Catherine Campbell, Head of Hospital Inspection.

During the inspection we visited all areas of the service. We spoke with 5 members of staff and 1 patient. We reviewed 30 patient records. We also looked at a range of performance data and documents including policies, meeting minutes, audits, and action plans.

To get to the heart of the patients' experience we ask the same 5 questions of all services: are they safe, effective, caring, responsive to people's needs and well led.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

- The service provided toiletries and a onesie to patients whose clothes were damaged or soiled during a medical emergency.
- The patient feedback survey results showed 100% of patients who responded said they strongly agreed they were satisfied with the care they received, felt understood and would recommend the service to others. Patients left the following comments, "Would highly recommend" and, "Outstanding service! Team arrived within seconds of my fall and the care I received was amazing! The crew were so caring and went above and beyond!".

Summary of this inspection

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that recruitment process are in line with schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Regulation 19 (3)(a).

Action the service SHOULD take to improve:

- The service should seek expert advice concerning signage of medical gases.
- The service should consider embedding the process of including evidence of induction in staff files.
- The service should consider adding details of how to make a complaint to the website.
- The service should consider embedding the newly created governance processes.
- The service should consider how to monitor the managed introduction of new medicines.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires Improvement	Good	☆ Outstanding	Good	Good	Good
Overall	Requires Improvement	Good	☆ Outstanding	Good	Good	Good

Good

Emergency and urgent care

Safe	Requires Improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

Are Emergency and urgent care safe?

Requires Improvement

This is the first time we rated safe. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff on zero hours contracts who worked substantively for NHS providers could submit evidence that they had completed mandatory training modules with their NHS employers instead of completing training twice.

Staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service provided 7 weeks of training for staff one evening a week every January and February and staff completed most of their training then.

Safeguarding

Staff understood how to protect patients from abuse and work with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to a minimum of level 2 in safeguarding children and safeguarding adults. Five members of the team had been trained to level 3, including the safeguarding lead who was also trained to level 4 safeguarding children. In addition to an internal safeguarding lead all staff had access to an external designated safeguarding professional trained to level 5 safeguarding adults, and level 5 safeguarding children.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Good

Emergency and urgent care

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to work with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had not made a safeguarding referral in the 12 months before our inspection. The service had an adult and paediatric safeguarding policy. Staff followed safe procedures for children using the service. Staff knew how to assess Gillick competency.

Recruitment processes to ensure that staff were of good character had not been fully embedded. Leaders did not always request references or evidence about gaps in employment. This meant they did not always have all the information necessary to be assured that staff were fit to work with vulnerable adults or children.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.

The service had an Infection Prevention and Control lead. All ambulances and were visibly clean and had suitable furnishings which were clean and well-maintained. We saw evidence of regular deep cleaning of vehicles and guidelines for staff to book additional deep cleans if patients with a communicable disease accessed the service, for example, patients with COVID-19 or norovirus. All of the paramedic response bags were made of wipe clean material. There was a system for ensuring all linen used on the ambulance was cleaned at appropriate temperatures. Soiled linen was placed in a dissolvable bag and washed at 95 degrees.

Staff had access to replacement uniforms in the event their uniforms became soiled while on duty.

All staff received training on how to clean the ambulances as part of their induction. Cleaning equipment was available in vehicles. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff had been fit tested for FFP3 masks and issued with a personal supply of masks. Additional FFP3 masks were available in all sizes on all of the vehicles we inspected.

The service had a designated area for pressure washing vehicles. Cleaning equipment, such as mops and buckets were colour coded and stored correctly.

There was alcohol hand sanitising gel for staff and visitors.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

All areas of the ambulance depot were clean and had suitable furnishings which were clean and well-maintained.

The ambulances were maintained to a high standard. The company employed a mechanic 1 day a week who maintained the vehicles. He flagged any concerns to the manager who authorised the actions necessary to ensure that the vehicles were safely maintained.

The storage room was temperature controlled. It was clean and tidy, and equipment was stored on racking. However, we found one item of disposable equipment that was out of date. There was a system for storing defective equipment separately so staff did not use it and managers were aware it needed repairing or replacing.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out safety checks of specialist equipment. Staff used paediatric equipment to support children who travelled on the vehicles. Paramedic bags were well equipped and sealed with a tag to show they were fully stocked and ready for use. Consumables were sourced from suppliers who could ensure traceability of invasive products in case of malfunction, recall or concern. For example, airway control devices.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly.

The sharps bins were stored safely.

Hazardous cleaning products were stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Cleaning products were stored in a cupboard in a locked room. Since our visit the provider has improved storage of COSHH products, they are now stored in a locked cupboard. We saw safety sheets and risk assessments for COSHH products.

There was clear signage about what to do in the event of fire, fire extinguishers were available and maintained. Staff were required to complete fire training as part of statutory and mandatory training requirements, we saw 100% compliance for this training.

Assessing and responding to patient risk

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

The service used systems and processes to safely make the decision to treat patients, administer and record medicines. At music festivals patients were seen in the mobile medical unit for ambulatory care, and at sporting events ambulances or 4x4 ambulance vehicles were mainly used to reach and treat patients in need of emergency treatment. In either situation staff completed patient records to identify injury and illness and quickly act upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff were trained to use the 'The National Early Warning Score' (NEWS) 2 to help establish if a patient needed to be transferred to an NHS hospital and to communicate patient acuity to the NHS emergency department. In emergency departments at busy times NEWS2 can help to identify which patients waiting in an ambulance may be sickest or at greatest risk of deterioration. The risk management plan for each event included details of which hospitals they should convey patients to, this was because not all hospitals have designated units to respond to urgent conditions, for example stroke.

Staff responded promptly to any sudden deterioration in a patient's health. Staff knew when to transfer patients to an NHS hospital or to call for emergency help if required. If a patient had deteriorated significantly or suffered a cardiac arrest, they would call 999 and request emergency aid from an NHS land or air ambulance. If the NHS ambulance service was unable to prioritise attending the scene the provider would convey the patient to hospital.

Good

Emergency and urgent care

Staff shared key information to keep patients safe when handing over their care to others. Ambulance staff used duplicate carbonated patient records so information about the patient, including any drugs administered, could be handed over to the receiving NHS hospital.

To improve patient safety senior leaders standardised the layout of paramedic response bags and equipment. For example, the service only used one make of defibrillator to ensured staff were familiar with how to operate this equipment.

Staff identified their response to medical emergencies would improve if they had a clearer understanding of the medical background and grade of each member of staff. Epaulettes were added to uniforms to introduce a system of identifying staff roles and grades.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

Managers accurately calculated and reviewed the number of nurses, paramedics and emergency medical technicians needed for each event based on the planned number of people attending the event and the type of event they were supporting.

Most staff were on a zero hours contract and substantively employed by an NHS service. Staff chose which events they worked at on their days off from their substantive role. The service employed 30 additional sub contracted staff once a year to provide health care at a music festival.

All new staff were given a full induction. However, evidence of induction was not stored in staff personnel files despite the contents sheet at the front of files signifying this information could be found there.

Records

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

Patient notes were comprehensive and all staff could access them easily. Patient notes were handwritten. Notes were written into templates designed to gather all patient information on one sheet. The templates used at sporting events were different to the ones used for ambulatory care at music festivals however the note taking template for any patient being transferred to an NHS hospital was the same. They were written on duplicate carbonated patient so information about the patient, including any drugs administered, could be handed over to the receiving NHS hospital to prevent delays in ongoing treatment.

The registered manager reviewed all patient records following each event to ensure they had been completed in full, were legible and signed and dated. Patient records were kept for 10 years prior to being destroyed.

Records were stored securely in locked cupboards.

Medicines

The service followed best practice when administering, recording and storing medicines.

Good

Emergency and urgent care

Staff followed systems and processes to manage medicines.

Records of storage and use of controlled drugs, for example strong pain relief used in emergencies like morphine, were held by individual registered paramedics. This is because paramedics have an exemption to possess and administer a range of these medicines for dealing with a medical emergency. Controlled drugs were not stored on site.However, monthly checks of individual staff controlled drugs books were completed by the Registered Manager to ensure controlled medicines were being appropriately sourced, stored, disposed of, documented, and were in date.

Medicines were stored in a room that had digital monitoring of temperature and humidity to ensure they would remain effective. Temperature and humidity checks were recorded. We did not see any missing entries for 2022. We saw drug destruction containers for the safe disposal of partially used or out of date medicines, and guidance for staff to follow about this.

The service had an indoor store of medical gases. Whilst the medical gas cage had signage it lacked details of an emergency contact.

Staff learned from safety alerts and incidents to improve practice. The service received information about safety alerts and medicines incidents from the Joint Royal Colleges Ambulance Liaison Committee, the National Institute for Health and Care Excellence, and the Medicines and Healthcare products Regulatory Agency. This information was cascaded to staff in a monthly newsletter and at face to face meetings.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. All vehicles carried paper-based incident report forms, electronic forms were also available on the providers electronic storage platform. The service only had 1 incident in the last 12 months. This incident had been reported in line with the service's policy. Managers were carrying out an investigation into the incident. No patients had been involved in this incident. Managers debriefed and supported staff after the incident. The registered manager was trained to lead a hot debrief. Hot debriefs are a structured discussion held following a significant event. Benefits include improved teamwork, staff well-being and identification of learning opportunities. Another member of staff was a trained Trauma Risk Management (TRiM) practitioner. TRiM practitioners understand the effect that traumatic events can have on people and are trained to listen and offer practical advice and assistance to staff effected by trauma.

Staff understood the duty of candour. There had not had any incidents requiring the duty of candour to be applied.

Managers communicated information from patient safety alerts to staff by email, in the monthly staff newsletter and face to face at events.

Are Emergency and urgent care effective?

Good

This is the first time we rated effective. We rated it as good.

Good

Emergency and urgent care

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to deliver high quality care according to best practice and national guidance. For example, ambulance staff followed the Joint Royal Colleges Ambulance Liaison Committee guidelines for responding to medical emergencies. Nurses worked within the scope of their registration using the nursing and midwifery council guidance.

Staff received training in substance misuse to increase their skills and knowledge for working with patients presenting for treatment who may have misused substances. This was to ensure patients were not given medicines that were contraindicated with drugs of abuse.

Managers worked alongside other staff at events and identified poor performance. For example, patient records completed by 1 member of staff were observed to be completed incorrectly. The member of staff was given on site supervision to make an immediate change to their practice. Their paperwork was monitored to ensure improvement was sustained.

The registered manager conducted an audit of the clinical outcomes of patient care every 3 months to identify if patients had deteriorated, this had been managed appropriately. For example, to check patients with a ST segment elevation myocardial infarction (a type of heart attack with a completely blocked coronary artery (STEMI)) had been conveyed to an approved STEMI centre rather than the closest emergency department. The audits had shown 100% compliance.

Nutrition and hydration

The service provided bottled water for patients.

The service offered bottled water to patients at all of the events they covered.

Response times

The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

The service provided immediate treatment for all members of the public assessing their service.

At sporting events patients were responded to by 4x4 ambulance vehicles, and if necessary, paramedics would liaise with the NHS ambulance service to provide land or air ambulance transfer to hospital. At festivals patients self-presented to the mobile medical unit or were seen by paramedics on foot patrol. Patients requiring transfer to NHS hospitals were conveyed by emergency ambulance.

Event organisers gave positive feedback about the care and treatment provided by the service.

Competent staff

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

Good

Emergency and urgent care

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff received training for using specialist equipment. Staff competencies were assessed and recorded.

Managers gave all new staff a full induction tailored to their role before they started work. Staff told us they received an induction, including shadowing co-workers to develop the confidence, skills and ability to carry out their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Evidence given to us by the provider showed 100% of staff had received an annual appraisal. In addition to this, senior leaders held monthly continued professional development (CPD) sessions and the provider had an online CPD resource library and training area for staff.

Team meetings were held on site at events. Important messages were shared by email or through an encrypted internet-based text and voice messaging service

Managers made sure staff received specialist training for their role. For example, moulage in emergency response training was provided. Moulage training simulates real life events to help prepare staff to deal with traumatic injuries.

Managers identified poor staff performance promptly and supported staff to improve. Managers worked alongside other staff at events. If poor performance was identified staff received clinical supervision to support them to improve their practice.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff worked as a multidisciplinary team to discuss patients and improve their care. Staff came from a range of professional backgrounds and valued each other's contribution in planning patient care. For example, paramedic staff said they valued the skill and experience of nurses if a patient required wound care. Staff worked alongside doctors provided by the event organisers at some of the sporting events. Staff told us the number of patients they were able to treat on site because of their multidisciplinary approach took pressure off NHS services. In 2022 less than 1% of patients were conveyed to an NHS hospital.

If patients required treatment that could not be provided by the service, they were transferred to an NHS hospital. Staff described being able to provide a good handover of care to receiving hospitals based on the medical information they collected for each patient.

At some events there was family support or other welfare services available. Staff liaised with these services to provide additional support for patients and their family when necessary. For example, to provide extra support for patients presenting with anxiety or support for relatives when a patient has sustained a serious injury and requires transfer to an NHS hospital for urgent care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Good

Emergency and urgent care

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff told us if a patient appeared to lack capacity they would complete a capacity assessment but in an emergency situation requiring lifesaving treatment a decision to treat would be taken by staff in the best interest of the patient.

If patients did not consent to treatment staff gave information about the potential consequences of not having treatment. They asked patients to sign a document to say they had declined to be treated.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Emergency and urgent care caring?

Outstanding ☆

This is the first time we rated caring. We rated it as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. There was privacy glass on ambulances. At sporting events staff used large portable screens to protect the privacy and dignity of patients who needed to receive treatment in the open field.

Patients said staff treated them well and with kindness. The patient we spoke to said screens had been used to protect her privacy and dignity. They said staff were thoughtful and caring, sending an email to check how they were following an injury sustained at a sporting event. The provider asked patients to provide feedback on their care. In the 12 months before our inspection 94 patients had provided feedback, 100% of these patients said they strongly agree they were treated with respect.

Staff told us they understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They provided a flexible service to patients with competing priorities. For example, catering or security staff at events did not always feel they had time to receive the medical treatment they needed and wanted to return to work, and some festival goers did not want to miss entertainment. Staff would ask patients to come back for treatment when it was more convenient for them. A patient who provided feedback to the provider said I saw “the team regularly during the event and they were so friendly and caring. They gave me advice and Paracetamol and got on top of my pain so that I could enjoy the event and can see my Doctor tomorrow”.

To maintain the dignity of patients, welfare kits containing cleansing wipes, tissues, onesies and a bag for personal belongings were made available to patients with damaged or soiled clothing.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Good

Emergency and urgent care

Staff gave patients and those close to them help, emotional support and advice when they needed it. The patient we spoke to said their spouse had been allowed to continue to support them during treatment and transfer to a NHS hospital.

Staff understood the emotional impact that a person's condition had on their wellbeing and on those close to them. Staff liaised with other services, when available, to provide additional support to patients and their families.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff used a pre-hospital app or an online translation services to support people with communication needs when necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service gave patients feedback forms to gather information about their satisfaction with the service.

Staff supported patients to make informed decisions about their care. They explained what treatment they recommended and when they needed to take people to an NHS hospital for further treatment.

Patients gave positive feedback about the service. Feedback was mainly given through event organisers. We saw letters from an event organiser praising the service and a letter from a patient who was thankful for the "first class medical assistance" they received saying "I could not have been in better hands". The patient we spoke to said as well as providing excellent medical care staff were caring, calm, responsible, very approachable, and polite.

The patient feedback survey results showed 100% of patients who responded said they strongly agreed they were satisfied with the care they received, felt understood and would recommend the service to others. Patients left the following comments, "Would highly recommend" and, "Outstanding service! Team arrived within seconds of my fall and the care I received was amazing! The crew were so caring and went above and beyond!".

Are Emergency and urgent care responsive?

Good

This is the first time we rated responsive. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs of the event population.

Facilities and premises were appropriate for the services being delivered. The ambulances were clean and well equipped, and the paramedic bags were well stocked.

Good

Emergency and urgent care

The service had systems to help care for patients in need of additional support or specialist intervention. There were 4x4 ambulances to reach people taking part in sporting events who sustained an injury in a difficult to reach location. The service had a large mobile medical unit that could be used to treat patients and act as a tactical command centre.

The service relieved pressure on the NHS by treating as many patients on site as possible and only transferring patients to an NHS hospital in case of a medical emergency.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Services were planned delivered in a way that took account of the needs of different people. Paediatric seats and harnesses, and bariatric seats were available. Most vehicles had ramp access so could be accessed by wheelchair users.

Staff used a pre hospital app which used pictures and words to communicate with people who had a range of different needs, for example for people who were deaf or hard of hearing, for those whom English was not their first language or people with learning disabilities. The app could also be used by people whose illness or injury affected their communication.

Staff used a recognised pain tool that has faces so people with communication difficulties could indicate their level of pain.

Staff received mental health first aid training to develop their skills and ability to support patients with mental health needs.

Access and flow

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

The registered manager planned the service based on information produced by the event managers. This included the number of people attending the event and the type of event being held. This enabled the right number of ambulances and staff to be used to provide medical cover to make sure patients could access services when needed and receive timely treatment.

The service used tactical command to triage patients if there was higher than expected demand on the service. This enabled patients to be triaged and seen in order of clinical priority.

Learning from complaints and concerns

It was not always easy for people to give feedback and raise concerns about care received.

The service had a complaints policy. Patients were offered feedback form forms to give compliments, make complaints or raise concerns. However, details of how to complain were not evident on the providers website.

The service had not received any complaints in the last 12 months. Managers understood that complaints could help them improve their service.

Good

Emergency and urgent care

Are Emergency and urgent care well-led?

Good

This is the first time we rated well-led. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills, knowledge and experience to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible, approachable, and supportive. Managers worked alongside staff during events.

Staff told us they were supported to develop and take on more senior roles. For example, 2 members of staff told us they had received shadowing opportunities and mentoring to develop skills and experience in tactical command so they could perform this senior role. Tactical commanders ensure effective triaging takes place so patients receive treatment in order of clinical priority.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service had clear values, we saw a poster outlining the values and how they related to providing good care for patients, and staff could tell us about these. Managers told us about their vision to grow the service without compromising patient safety and a strategy for how this could be achieved.

Culture

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

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vison and values, regardless of seniority.

Mangers and staff understood the importance of staff being able to raise concerns without fear of retribution. The culture encouraged openness and honesty at all levels within the organisation. The service operated two forms of staff feedback, the monthly staff feedback survey which looked at how staff were feeling, and an ad hoc survey to gain evaluation of the performance of the registered manager to ensure they were providing the right support and developmental opportunities for staff. In the 12 months before our inspection between 4 and 14 staff responded to the

staff feedback survey each month, 100% of staff agreed or strongly agreed they were supported, respected and able to provide a high standard of care for patients and their relatives. We saw evidence that things changed as a result of the monthly staff feedback survey, for example, staff requested warmer winter uniform so fleece lined jackets were ordered for all staff.

Staff said they felt listened to. For example, the mobile medical unit was previously a tent. Staff requested a more substantial base, so a mobile medical vehicle was purchased which provided an indoor area for patient assessment and treatment as well as a tactical command base.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. Staff told us about opportunities for them to develop their role. For example, by shadowing the tactical command role and being provided training to perform this role. There was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within and beyond the organisation. Staff, including those with protected characteristics under the Equality Act, felt they were treated equitably.

There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively.

Governance

Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Arrangements with event organisers were governed and managed effectively to promote coordinated, person-centred care. Managers met every quarter.

Before our inspection the registered manager had identified governance processes could be improved and an operations supervisor had been recently employed to develop and embed better systems. For example, a training matrix had been developed to give good oversight of staff training needs. However, there had not been time for the use of this system to be fully embedded.

Management of risk, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was ‘on their worry list’. There was a business continuity plan and risk register. Potential risks were considered when planning services, for example, disruption to staffing and vehicle breakdown.

The registered manager was responsible for planning the service to be delivered in conjunction with event leaders. The risk management plans were shared at safety group meetings attended by the police, local NHS ambulance trust and local authority representatives. The risk management plans identified risks and actions to mitigate these. For example, the hospital patients should be conveyed to dependent on the nature of illness or injury sustained.

Good

Emergency and urgent care

The service did not provide medical cover for events that required more ambulances and staff than the service could provide. The registered manager told us they turned down offers of work at short notice if they did not have enough time to fully risk assess the event to keep staff and patients safe. There were no examples of where financial pressures had compromised care.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Staff understood the process to make notifications to external organisations as required.

Information was used to measure improvement and make changes to the service. Data collected from events was analysed and used to make improvements to future events. For example, the number patients seen at an event was used to calculate the amount of staff and vehicles to cover subsequent events.

Feedback from staff was used to improve quality and sustainability of the service. For example, a mobile medical unit was purchased to provide a more substantial base for staff to treat patients from.

Staff had sufficient access to information, policies and forms which were available on the service's electronic platform.

There were arrangements to ensure data or notifications were submitted to external bodies as required.

Engagement

Leaders and staff actively engaged with local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The registered manager met with local organisations to plan the event medical cover. Staff were also actively engaged, including those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture.

Staff engaged with providers of other services at events to improve services for patients. For example, services that could promote the mental wellbeing of patients and relatives.

We saw feedback letters from event organisers thanking the provider for the service they provided and for the good care and treatment received by patients.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Leaders and staff aspired to continuous learning to improve service provision. For example, some staff were trained to use an additional inhaled medicine for pain relief as an alternative to the current medicine inhaled for pain relief. Staff told us the alternative medicine was in a smaller pack, lighter to carry and was not contraindicated with chest injuries. Thus, enabling paramedics to reach patients in the field more easily and treat them more quickly. Senior leaders told us feedback would be obtained from staff prior to the wider use of the inhaled medicine being introduced.