

Quad Medical Limited

Quad Medical Limited

Inspection report

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Date of inspection visit: 10 May 2022
Date of publication: 23/06/2022

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?

Good 

Are services effective?

Good 

Are services caring?

Insufficient evidence to rate 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Our rating of this service stayed the same. 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, gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- 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 provided emotional support to patients.
- The service planned care to meet the needs of people who used the service, 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. 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. The service engaged well with staff who were committed to improving services continually.

However:

- The service did not have evidence of immunity against Hepatitis B for all staff.
- The service did not have a patient group direction for the use of tranexamic acid.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Urgent and emergency services	Good 	Our rating of this location stayed the same. We rated it as good. See the overall summary above for details.

Summary of findings

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Summary of this inspection

Background to Quad Medical Limited

Quad Medical Limited is an independent ambulance service that provides emergency and urgent care as well as first aid and welfare to people attending music venues and public events.

The service provided medical cover for events which included conveyancing to hospitals. The provision of services at events themselves is not a regulated activity but the conveyancing to hospital is. Quad Medical Limited was registered for the whole population user band. However, it did not convey children. From May 2021 to April 2022 the service conveyed 40 patients to hospital.

We last inspected the service in November 2019. Our overall rating of this service stayed the same.

How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **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 **SHOULD** take to improve:

- The service should ensure that it reviews the medicines management policy and the requirements for patient group directions.
- The service should ensure it retains the records for staff immunity against Hepatitis B.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Urgent and emergency services

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are Urgent and emergency services safe?

Good 

Our rating of safe stayed the same. We rated it as good.

Mandatory training

The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The service had a training centre which delivered 'face to face' courses to develop staff competencies. There was an e-learning platform which provided statutory and mandatory training on various topics. We reviewed the staff training matrix and found staff had completed their mandatory training (96%).

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included a range of subjects such as basic life support, health and safety, manual handling and infection control.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Staff such as doctors, advanced clinical practitioners, nurses and paramedics completed some aspects mandatory training with their substantive NHS employer. Staff provided annual confirmation of completion of this training to the service in line with the mandatory training policy. These training certificates were stored in the staff files and we saw evidence of this.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well 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. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed that most staff (95%) had received safeguarding children and adults training at level two. The clinical governance manager was the safeguarding lead and had level four training.

Urgent and emergency services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults' policy, with flow charts for the escalation of concerns was available.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff accessed support from senior staff when they needed it. There were three safeguarding incidents in the previous 12 months. Records showed the incidents were investigated and reported in line with the safeguarding policy. The service reviewed all the safeguarding incidents to see if there were any key learning points and shared these with staff.

The organisation's recruitment pathway and procedures ensured relevant recruitment checks had been completed for all staff including disclosure and barring service (DBS) check and professional registration checks.

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 premises visibly clean.

The service performed well for cleanliness. The service had an infection control and prevention policy which detailed how staff should follow universal precautions. Staff followed procedures for the vehicle cleaning schedule, control of substances hazardous to health (COSHH) assessment, health and safety, and an environmental risk assessment.

All staff completed training in infection control (100%). Vehicles and equipment were cleaned and decontaminated to ensure patients and staff were protected from acquiring infections during their journey. We inspected one ambulance vehicle and we saw that it was visibly clean and contained ample personal protective equipment (PPE) for staff and patients.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with PPE such as gloves and masks. We saw the service had adequate supplies of these at their base. All the crew staff wore uniforms and understood the requirement to be bare below the elbows to perform effective hand hygiene. There was sufficient access to antibacterial hand gels in all areas.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service cleaned ambulances daily and between each patient and staff completed a vehicle cleaning checklist. In March 2022 the service audited various aspects of hand hygiene such as before an aseptic technique and after touching a patient and found 87% compliance. A re-audit was planned for June 2022. An audit of the safe disposal of sharps found 100% compliance.

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.

Premises and equipment were appropriate and well maintained. The registered location was a 'home office' and the service had acquired new premises. The new location had an office, training room, a stock room, a storage area for medical gasses and a separate area for storing clinical waste. There was adequate space to park the ambulance and other vehicles. At the time of our inspection the service had made an application to the CQC to register the new location.

Urgent and emergency services

The service had one ambulance vehicle which was used for the events. The service had ordered three new ambulances and was awaiting their arrival. There were nine other vehicles such as support vans and cars which were stored securely at the new location.

The service had a contract with a service provider to do vehicle maintenance including an annual department of transport (MOT) certificates. Records showed the vehicle in use had in date MOT and servicing.

Records showed that equipment such as oxygen administration regulators, suction devices and defibrillators were regularly serviced.

Staff carried out daily safety checks of specialist equipment. Staff ensured the paramedic response bag was checked at the start of each shift. The service utilised an asset tracking system to assist with the management of equipment and consumables.

Staff disposed of clinical waste safely. The service had a contract for the safe disposal of clinical waste which was stored securely until it was collected.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service had a deteriorating patient policy and a 'safe discharge criteria'. Staff carried out clinical assessments for each patient using national early warning scores (NEWS2). We saw evidence of these assessments in the patient care records. Each paramedic was trained to make clinical decisions on whether the patient should be taken to hospital. The service audited compliance with recording NEWS2 scores in June 2021 and found 86% compliance. A re-audit was scheduled for June 2022.

The service had a 'safe discharge criteria', which meant that NHS services were called to emergencies outside of the scope of what Quad Medical Limited provided and where specialist intervention was required. Records showed the safe discharge criteria was used twice in the previous 12 months for one case of severe traumatic injury and once where a member of the public called the NHS services, unaware that Quad Medical Limited was onsite.

The service had resuscitation equipment to provide clinical intervention for patients who were being transferred.

Staff prepared an event medical plan for all events. This included the location of emergency hospital services in the event a patient needed conveying to hospital.

Most staff (86%) were trained in basic life support (BLS). The manager told us they had arranged for the remaining staff to completed 'face to face' BLS training.

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, and gave bank, agency and locum staff a full induction.

Urgent and emergency services

The service had enough nursing and support staff to keep patients safe. The service had nine paramedics, one of whom was employed full time. There were eight ambulance technicians, two were full time, and 27 first aid responders, one of whom was full time. There was one emergency nurse who was also a qualified event practitioner. Staff had the appropriate training and qualifications for the roles they undertook.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. The service had a rota system and events were planned in advance. Risk assessments were completed as part of the event planning process to ensure sufficient staff were available. Staffing for ambulances was mandated at one paramedic and an ambulance technician.

Managers made sure all bank and agency staff had a full induction and understood the service. The service had access to a pool of bank staff who had all completed an induction.

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. Staff used a patient report form to document the care and treatment of patients conveyed off-site during an event and for patients who were treated on site. The crew used patient report forms (PRFs) which were filled to record any details of the journey.

Records were stored securely. We reviewed eight PRFs and found that they were all complete, clear and up to date. Completed PRFs were locked in a box in the ambulance and collected by one of the senior managers at the end of the event. They were later archived in a locked filing cabinet.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff ensured patient records were available to hospital staff. Staff said patient records were photocopied if the patient was taken to hospital, so staff had a record of care and treatment provided.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Medicines used for conveying patients from events were stored in a response bag held by the paramedics. The paramedics were responsible for the storage and control of the medicines allocated to them for the event. The contents and quantities of medicines for each paramedic were listed and amended as they were used. All medicines administered were also recorded on the patient treatment form. Paramedics checked the medicines in the response bag at the start of each shift. There were temperature recording devices attached to the response bags and staff checked these to ensure medicines were stored at the correct temperature.

The service did not use or stock controlled medicines.

We checked the medicines and found tranexamic acid which is used to control heavy bleeding after major trauma. Tranexamic acid can be administered by a paramedic under a patient group direction (PGD). A PGD is a previously

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written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The service did not have a PGD for the use of tranexamic acid. We discussed this with the manager who immediately removed the tranexamic acid from the response bag. The manager told us the tranexamic acid had never been used.

Medical gases including nitrous oxide and oxygen were stored securely on the ambulance. Staff had training in the use of medical gases and had their competencies assessed by the governance manager.

Staff told us they referred to Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines when they required further guidance on the use of medication and medical gases.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the service.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff said there was a good reporting culture and that they were encouraged to report 'near miss' situations. We checked the incidents log and found incidents were reported appropriately. There were 11 incidents reported in the previous 12 months, seven were low harm and four moderate harm. Records showed incidents were investigated in line with the service's procedure. Staff recorded the learning outcome from incidents where appropriate.

Managers shared learning from incidents. For example, staff reinforced the need to adhere to the procedure for the safe disposal of sharps.

There were no never events or serious incidents in the previous 12 months.

Staff understood the duty of candour. Staff were aware of their responsibilities and could give examples of when they would use the duty of candour.

Are Urgent and emergency services effective?

Good 

Our rating of effective stayed the same. We rated it as good.

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.

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Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff could access all policies and procedures through the staff portal. Managers explained that new policies and updates were sent out to staff electronically.

Staff told us they followed Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and followed National Institute for Health and Care Excellence (NICE) guidelines. There was a detailed assessment based on National Early Warning Score (NEWS2).

Policies and procedures reflected national guidelines. For example, the resuscitation policy included clear guidance for staff from the United Kingdom Resuscitation Council (UKRC) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff assessed patients pain using a verbal 0-10 pain score and recorded this on the patient treatment record. There was also a visual pain scale for patients who were unable to communicate their pain verbally.

Patients received pain relief soon after it was identified they needed it, or they requested it. Staff had access to pain relief medication if it was required. All paramedics were able to administer pain relief.

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.

Managers and staff used the results to improve patients' outcomes. The service monitored the reason patients were conveyed to hospital, the time from the patient presented to the decision to admit, the time from decision to admit to leaving the site and the time from leaving the site to arriving at the hospital. From May 2021 to April 2022 there were 40 patients that were conveyed to hospital and this represented 4.09% of all patients treated. There were two patients that were transferred by the NHS ambulance service and one of these was a one cardiac arrest.

There were 11 'blue light' transfers. The average time from staff attending to patients to leaving the site was 16 minutes and the average time from leaving the site to arriving at the hospital was 16 minutes.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Staff monitored the effectiveness of care and treatment. The service monitored the quality of the patient data recorded on patient report forms (PRFs) by completing a quarterly audit. The PRFs were a record of treatment, a tool for escalation and a patient assessment prompt. Where there is a failure to complete sections of the PRFs this may indicate a failing in care. If the audits found incomplete PRFs managers discussed this with staff to address any gaps in knowledge or practice.

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From June 2021 – May 2022 the service audited 20% of PRFs. The basic patient information was recorded on the PRFs and had a 96% completion rate. Identified improvements were required to ensure a clear reason was given for any information that was missing. The completion rate for patient assessments was 92% and the improvements required were; recording initial NEWS2 scores and the patients initial plan of care. The improvements were addressed through conversations and supervision of staff.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The managers checked the paramedic registration details on the Health and Care Professions Council (HCPC) website. This registration required paramedics to demonstrate every yearly they are trained and competent to work as a paramedic. Doctors and nurses were required to complete re-validation to be registered with their respective professional bodies and the managers checked this.

Staff had their driving license checked during recruitment prior to employment. Records we reviewed showed that staff had driving licence checks upon recruitment and at a minimum of annually thereafter. There was a list of all approved 'blue light qualified' drivers who were eligible to be allocated as ambulance drivers during an event.

We reviewed four staff files and found recruitment checks such as disclosure and barring service (DBS) and references. The service had evidence of immunity against Hepatitis B in one staff file and when asked, the records for other staff could not be provided. Following our inspection, the service sent us confirmation of immunity against Hepatitis B.

Staff worked in a crew of two or more and there was no lone working.

Managers gave all new staff a full induction tailored to their role before they started work. The service had an induction policy to ensure that all new staff received an induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for the service were 100%. Staff said they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

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.

The service worked with other organisations and professionals to ensure the safety of patients. Staff said they had regular contact with medical staff at hospitals and other units when carrying out urgent and emergency work. Staff liaised with the local emergency departments about specific patients' care. When they conveyed an acutely unwell patient to an emergency department or hospital ward, they alerted the hospital to ensure the department was ready to receive the patient.

When patients were moved between services their needs were assessed - , with the involvement of all necessary staff, teams and services. Once the patients were transferred to hospital staff accompanied them until the triage process was complete.

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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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had an up-to-date consent policy. Staff said they would always seek consent from the patient to transfer them to hospital and this would be recorded in the comment box of the patient treatment record in the patient report forms (PRFs). Records we reviewed showed staff gained patient consent. We were told, if the patient declined transfer, staff recorded this on the record and the patient was asked to sign. We did not see any records where the patient had declined transfer to hospital.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All clinical staff (100%) received and kept up-to-date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe how to access the policy on Mental Capacity. Staff explained how they would carry out and document a capacity assessment if required. Staff understood 'Gillick' competence for patients under the age of 16.

The service did not use restraint methods for patient transfers.

Are Urgent and emergency services caring?

Insufficient evidence to rate 

Insufficient evidence to rate

Compassionate care

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

Although we were unable to observe staff interacting with patients during our inspection, the service shared information from their patient satisfaction survey and compliments they received from the managers at venues and events.

Although the service was unable to complete a survey for patients conveyed to hospital, they sought the views of patients who used the service.

Managers at the venues and events said staff were efficient, helpful, supportive and kind.

Staff told us they always respected patients' privacy and dignity. Staff said they were always conscious of patients' privacy and dignity during the journey. Staff ensured that curtains were drawn in hospitals when transferring patients from the bed to the stretcher.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Urgent and emergency services

Staff explained how they talked to patients on the journey to make them feel at ease.

The service employed a Chaplain for pastoral support and in addition had a mental health nurse who was given a staff welfare role as part of their duties. There was a designated mental health champion and a mental health first aider.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. Staff said they built a rapport with patients, explained why they needed to be transported to hospital before gaining consent.

Are Urgent and emergency services responsive?

Good 

Our rating of responsive stayed the same. 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 patients. The service transported patients to hospital from venues and events, providing prompt access to treatment when needed.

The service completed a detailed event plan for each event which included the event overview, medical risk assessment, a graded response strategy, escalating patients, designated hospitals, infection control and safeguarding. This ensured the service was prepared in advance to meet the needs of different patient groups.

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.

Staff explained the patient demographic was mainly young adults.

The ambulance was wheelchair-accessible, and staff were trained to use safety and support equipment.

Staff said visual aids were available for patients with special needs. There was access to telephone interpreting services or mobile applications.

Access and flow

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

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The managers organised staffing based on the needs of the venue and event holders. The number of ambulances and crew were determined in advance.

Staff suggested patients attend their GP if there were no acute problems but follow up was required.

Managers monitored waiting times and made sure patients could access emergency services when needed. The service monitored the time it took for patients to access treatment and to be transported to hospital.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to provide feedback or make a complaint was available in the response bags. The venue and event's organisers also provided feedback to the service.

Managers shared feedback from complaints through emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complainant, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service. For example, providing feedback to the venue on improving communication between its staff and the crew to ensure a prompt response for patients.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service received one complaint in the previous 12 months. Records showed the complaint was resolved in line with the service's complaints procedure.

Are Urgent and emergency services well-led?

Good 

Our rating of well-led stayed the same. 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.

The senior management team consisted of the managing director, who was also the CQC registered manager, a quality assurance manager and clinical lead. The service was overseen day-to-day by the registered manager. The quality assurance manager and clinical lead were responsible for updating staff on clinical guidelines and overseeing the clinical support of the team.

The senior management team was responsible for the management of risk, complaints and incident investigation and governance of the service. Following our last inspection, the service developed new processes and used electronic systems to provide clear oversight of the service.

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Leaders understood the requirements needed to run the service safely and effectively. They were able to clearly demonstrate the risks associated with their service and how they managed them.

The service provided a duty manager for each event. Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The service had a vision of what it wanted to achieve, and staff knew what was expected of them. Staff said the main aim of the service was to provide clients with unrivalled medical assistance for their event or venue. This would be high quality, safe and effective medical services. Staff said they understood safety was always paramount and they always needed to be proactive.

The service had recently acquired new premises and had plans to develop its training facilities for in house staff and staff from outside the company. The management team said the service would focus on growth whilst maintaining quality.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Managers supported an open and honest culture by leading by example and promoting the service's values. The manager said this was promoted by interacting with staff daily and having an open-door policy.

Staff were proud of the work that they carried out. They enjoyed working at the service and were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

The managers were supported by the clinical lead. Staff said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Managers took account of staff members emotional well-being. A senior member of staff held debriefs with staff members if there was a traumatic incident and after each event. There was a counselling service available to staff.

Equality and diversity were promoted. We saw this highlighted through the equality and diversity and workforce policy. Inclusive, non-discriminatory practices were part of usual working.

Governance

Leaders operated effective governance processes throughout the service. 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.

The governance manager was responsible for all governance arrangements. The governance manager was supported by registered manager, clinical lead and team leader. The service had a governance framework which set out the roles and responsibilities for processes such as reviewing policies and procedures, auditing, reporting and disseminating changes and improvements. There was a clear organisational and reporting structure and staff understood their responsibilities.

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The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

There were quarterly governance meetings where the team discussed training, infection prevention and control, safeguarding, equipment and resources and quality improvement. Staff discussed each conveyance to hospital to identify any themes for learning or improvement.

Management of risk, issues and performance

Leaders and teams 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.

The service had a risk management strategy, setting out a system for continuous risk management. The managers oversaw patient safety and risk management activities.

The service used a risk register to monitor key risks. These included relevant risks such as the need to upgrade the ambulances. The service had mitigated this risk by ordering three new ambulances. Other risks identified were not stocking controlled medicines and incapacitation of the managing director; these had had been reviewed. Risks were discussed at management meetings.

The service completed risk assessments for fire and health and safety.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

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 integrated and secure.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. Staff told us they accessed the intranet to read policies and access documents.

Documents with confidential patient information were stored in a locked filing cabinet and shredded when not needed.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

The registered manager and governance manager knew and identified effective arrangements to ensure data and notifications were submitted to external bodies as required.

Engagement

Leaders and staff actively and openly engaged with patients and staff

Leaders encouraged staff engagement and ensured they were available to staff. Staff were able to comment on policies and procedures through governance meetings or talking directly to one of the managers. All staff were members of a closed staff electronic communication group that was also used to share feedback and other information.

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The service completed an annual staff survey and acted upon feedback from staff. In the 2022 survey staff commented positively on the high level of training and leadership within the service. Staff commented on kit replacement and the managers responded by implementing a new online order system which was more efficient.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had a strategy for learning and continuous improvement.

The service acquired new premises that would serve as a base and had adequate storage for the ambulances and other vehicles.

The kit checking and ordering process was moved online so that it could be accessed remotely. This had meant that the management team knew what equipment and consumables were required and these could be ordered in a timely manner.

The service updated the patient report forms to include a box to document if a patient was suspected of having an infectious disease. This aided infection prevention and control compliance.