

The Event Medicine Company Ltd

The Event Medicine Company

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

The Event Medicine Company is operated by The Event Medicine Company Ltd. The Event Medicine Company provides medical and paramedical services to events of all types and sizes, which includes emergency and urgent care, including conveyance of patients to acute hospital settings. The CQC does not have powers to regulate medical and paramedical care and treatment provided at events. This report details our findings about the care and treatment provided to patients when conveyed from event sites to acute hospital settings.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 5 December 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Services we do not rate

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

We found the following areas of good practice:

- Staff had a good understanding of and followed safety processes such as safeguarding procedures, infection and prevention practices and incident reporting processes.
- The condition of vehicles and equipment were monitored, serviced and maintained to ensure safety. There was sufficient equipment at all times to deliver the service.
- There were sufficient staff with the relevant skills to deliver the service.
- The ordering, receipt, storage, administration and disposal of medicines was managed safely. Staff took responsibility to ensure their professional skills were up to date in order to provide a safe and effective service.
- The service had policies and procedures in line with national guidelines, which they reviewed as a minimum every three years.
- The service engaged and coordinated their work with other organisations, including event organisers, local health care providers and local authorities to ensure delivery of a safe and effective service that met their contractual agreements. This included meeting the urgent health care needs of people attending events and where appropriate conveying them to acute health care facilities.
- Leadership of the service promoted a positive culture that supported and valued staff.
- The service had systems to identify risks and plan to eliminate or reduce those risks. They reviewed events collaboratively with event organisers in order to monitor the quality of the services provided and identify areas of improvements.

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

- Assurance processes were not fully established. There was lack of assurance that; staff were up to date with their mandatory and essential training from their main place of work; that staff had completed appropriate safeguarding training for adults and children and young people; that staff provided care and treatment to children and young people that met national guidance; that all staff followed infection prevention and control processes and used personal protective equipment appropriately.
- Appraisal processes were not fully developed and implemented.
- The new electronic system for recording staff recruitment, training and allocation of work duties did not fully assure the Event Medical Company Ltd (EMC) that all staff allocated to carry out work duties had the relevant skills and experience.

Summary of findings

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Professor Ted Baker
Chief Inspector of Hospitals

The Event Medicine Company

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to The Event Medicine Company	5
Our inspection team	5
Facts and data about The Event Medicine Company	5
Findings by main service	7
Action we have told the provider to take	19

Background to The Event Medicine Company

The Event Medicine Company is operated by The Event Medicine Company Ltd. The registered manager, Dr Brian Robertson, founded the service in 2002. In 2014, the service underwent restructuring when it changed its Companies House registration becoming a new legal entity. This resulted in a new registration with the CQC. The Event Medicine Company was registered, in its new legal entity, with the CQC in October 2015.

The service is an independent ambulance service in Aldershot, Hampshire. It provides medical and paramedical services to events of all types and sizes, including emergency and urgent care and conveyancing of patients to acute hospital settings across the United

Kingdom. The events they provide a service to range from small village fetes, corporate entertainment events to large-scale sporting events such as triathlon and equestrian events and events such as air shows. The service provides medical and paramedic care to both adults and children.

The service did not have any substantive contracts. They sourced work by tendering for contracts for individual events or a group of events.

The service has had a registered manager in post since October 2015.

Our inspection team

Our inspection team was led by a CQC inspector, a specialist advisor who was a paramedic with experience and knowledge of emergency ambulance services, and a second CQC inspector.

Facts and data about The Event Medicine Company

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the provider's headquarters at Aldershot. We spoke with the registered manager, the four directors, management and administration staff at the headquarters. Following the inspection, we had telephone conversations with eight

Detailed findings

staff, this included paramedics and technical assistants. We also had email communication with four event organisers to which The Event Medicine Company had provided a service

We inspected two of the three vehicles and the headquarters, reviewing infection control practices, medical gas storage and medicine storage. We reviewed a sample of patient records, vehicle cleaning records and policies and procedures relating to the running of the service.

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 in 2015.

Activity (January 2017 to November 2017)

- In the period 11 January 2017 to 3 December 2017 the Event Medicine Company conveyed 21 patients to acute hospitals for ongoing treatment.

The company employs five full time staff that work at the headquarters in Aldershot and has 384 temporary staff on

the staff database (23rd August 2017). The data base of staff included doctors, nurses, paramedics, ambulance staff, first aid, medical control, administration and logistic staff that could be used for the delivery of the service. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

There were no reported never events in the 12 months preceding the inspection. 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 has the potential to cause serious harm or death but neither had happened.

There were no reported clinical incidents or serious injuries in the 12 months preceding the inspection.

There were no complaints received by the service in the 12 months preceding the inspection.

When demand required it, the provider contracted with other CQC registered independent ambulance providers to ensure delivery of contractual agreements.

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

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The service is an independent ambulance service in Aldershot, Hampshire. It provides medical and paramedical services to events of all types and sizes, including emergency and urgent care and conveyancing of patients to acute hospital settings across the United Kingdom. The events they provide a service to range from small village fetes, corporate entertainment events to large-scale sporting events such as triathlon and equestrian events and events such as air shows. The service provides medical and paramedic care to both adults and children.

The service did not have any substantive contracts. They sourced work by tendering for contracts for individual events or a group of events.

The service has had a registered manager in post since October 2015.

Summary of findings

Staff had a good understanding of and followed safety processes such as safeguarding procedures, infection and prevention practices and incident reporting processes. Vehicles were maintained and there was sufficient equipment at all times to deliver the service. The ordering, receipt, storage, administration and disposal of medicines was managed safely. The service had policies and procedures in line with national guidelines, which they reviewed as a minimum every three years. The service engaged and coordinated their work with other organisations, including event organisers, local health care providers and local authorities to ensure delivery of a safe and effective service that met their contractual agreements. Leadership of the service promoted a positive culture that supported and valued staff. The service had systems to identify risks and plan to eliminate or reduce those risks. They reviewed events collaboratively with event organisers in order to monitor the quality of the services provided and identify areas of improvements.

However, assurance processes were not fully established. There was lack of assurance that; staff were up to date with their mandatory and essential training from their main place of work; that staff had completed appropriate safeguarding training for adults and children and young people; that staff provided care and treatment to children and young people that met national guidance; that all staff followed infection prevention and control processes and used personal protective equipment appropriately. Appraisal processes were not fully developed and implemented. The new electronic system for recording staff

Emergency and urgent care services

recruitment, training and allocation of work duties did not fully assure the Event Medical Company Ltd (EMC) that all staff allocated to carry out work duties had the relevant skills and experience.

Are emergency and urgent care services safe?

Incidents

- The service had processes to manage safety incidents well.
- 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. There had been no reported Never Events at the Event Medicine Company, now referred to within this report as EMC Staff we spoke with had an understanding about what Never Events were and that they needed to report any Never Events internally and nationally.
- The service had an incident reporting policy they reviewed at regular intervals. The most recent review was in 2015. This covered types of incidents that needed to be reported, how to report an incident, actions staff needed to take following reporting of an incident, including investigating the incident. The policy detailed feedback processes to staff and other stakeholders, in order to share learning from incidents.
- Staff told us that prior to each event or contracted work, each team member working at the event was provided with a briefing pack. The briefing pack included changes made to the provision of the service based on learning from the previous event or contracted work.
- All staff we spoke with knew how to report incidents following the service's incident reporting policy. They confirmed learning from incidents were shared during debriefing sessions after events, through email communication and through the provider's staff portal.
- The Duty of Candour is a regulatory duty that relates to openness and transparency, it 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 patient. The directors of EMC, demonstrated a good understanding of the Duty of Candour legislation. They reported there had been no incidents where the Duty of Candour legislation needed to be followed.

Emergency and urgent care services

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

- Due to the different contractual requirements of each event, the EMC did not use a quality dashboard to monitor the safety of the service delivered. However, review of all activity carried out following events ensured the service identified, acted and monitored safety concerns.

Cleanliness, infection control and hygiene

- The service managed infection risk well.
- The provider had an infection control and prevention policy dated April 2017, with the next review date in December 2019.
- The service provided personal protective equipment (PPE) such as disposable gloves, aprons, facemasks and safety eyewear. Conversations with staff confirmed the service provided them with PPE that they used. The provider felt assured that staff used PPE at large scale events; the registered manager or one of the directors attended these events and observed the practices of staff. However, the provider did not monitor if staff used PPE at smaller events and there was no process to document observations that staff used PPE.
- There was clear guidance about the disposal of clinical waste. This meant all clinical waste was sealed in secure bags, returned to headquarters where it was placed in a designated secure bin. The provider had a contract with an appropriate contractor to remove clinical waste on a regular basis.
- The service provided clear guidance about cleaning regimes for vehicles, which included six monthly deep cleaning, monthly cleaning and the cleaning staff had to carry out on each shift. Vehicle cleaning records showed staff followed the cleaning guidance detailed in the policy. The service contracted six monthly deep cleaning of vehicles to a specialist cleaning company. Each vehicle displayed the most recent certificate detailed when the last deep clean was carried out.
- The policy included detail about the cleaning of equipment, before, during and after use.

- Staff told us that if the provider had contracted with other ambulance providers, they checked the cleanliness of the vehicle before commencing work with the member of staff from the contracted ambulance service.
- Review of equipment stored at the headquarters showed equipment was visually clean. All equipment had a covering that protected it from dust. Each package of equipment had a record attached to it that detailed the date and time staff checked and cleaned the equipment.
- There was no formal process to assure the provider staff followed infection control practices. Senior EMC staff monitored staff compliance with infection control practices, including use of PPE, during large scale events and the conveyance of patients. The senior EMC staff only recorded this monitoring if concerns were identified with a member of staff's infection control practice. There was no process to monitor staff adherence to infection control practices at smaller events.

Environment and equipment

- The service had suitable premises and equipment which were maintained in a good condition.
- The EMC headquarters had sufficient storage space for equipment. There were suitable administration facilities, including IT facilities and secure storage for records.
- The service held a large stock of equipment. All paramedic bags were set out in the same format and with the same equipment, which supported staff to access equipment promptly. One of the directors held responsibility for ensuring equipment was available and in working order. We reviewed the record the director kept which showed there was a log of all equipment available and that all equipment was frequently checked. This included opening and checking the equipment within kit bags
- Staff told us the registered manager always provided packs of duplicate back up equipment for all equipment provided for the event. This reduced the risk of staff not having the required equipment to provide care and treatment in the event of any equipment failures.

Emergency and urgent care services

- The service had a process to monitor the expiry dates of all equipment. All equipment we looked at was in date and in good condition.
- In the circumstances when the provider used sub-contracted ambulance vehicles, the EMC paramedic was always provided with an EMC paramedic bag. This provided assurance that appropriate, in date, working equipment was always available to a consistent and previously agreed standard. Conversations with staff confirmed they always had sufficient equipment, even when working with a subcontracted independent ambulance provider.
- The service had one ambulance and two ambulance cars. One of the directors was responsible for ensuring the vehicles were serviced and had current MOT tests. Records showed all vehicles had up to date MOT certificates and had been serviced within the vehicles recommended guidelines.
- We saw staff recorded daily vehicle inspections, which included visually checking the safety and condition of the vehicle, equipment and cleanliness of the vehicle. The two vehicles we looked at were visibly clean and tidy.
- The service had a process for contracting with other ambulance providers, which included obtaining assurance that the ambulance provider's vehicles were serviced and had current MOT certificates.
- Event organisers who contracted services from the EMC said they felt assured that the EMC had the appropriate equipment in working order to deliver the service they were contracted to provide.
- The registered manager had a home office licence that allowed them to order and receive controlled drugs. We did not observe any administration of medicines during the inspection, because there was no activity taking place at the time of the inspection.
- To ensure vehicles were ready to use at all times the service had the practice of keeping paramedic bags with medicines stored in them in the vehicles at all times. Two of the vehicles were stored in a key coded locked compound, and controlled drugs stored in appropriately locked cabinets were kept on these vehicles. One vehicle was stored in an unsecured car park area; controlled drugs were not kept in this vehicle when it was not in use. All vehicles were individually alarmed. The registered manager had assessed the risk of this practice, and identified there was minimal risk in this practice.
- Medical gases, such as oxygen were stored securely at the headquarters and on the vehicles. Empty and full cylinders were stored appropriately in separate areas in the headquarters. There was appropriate monitoring of expiry dates.

Records

- The service had a policy for the management of patient's records that staff complied with. Staff we spoke with indicated they followed this process, which included storage of patient records in secure boxes on the vehicle and the process for returning records securely to the headquarters.
- Staff stored patient paper records in secure cabinets at the provider's headquarters. The provider followed national guidance about the length of time records were held for and disposed of records in a secure manner.
- We viewed a sample of patient records. Information was clear, detailed the care treatment and advice provided. The records were dated, timed and signed by the member of staff making the record.
- Paper records relating to management and running of the event, were stored securely at the event and returned to the headquarters for destruction

Safeguarding

- Staff understood how to protect patients from abuse.

Medicines

- The service had a process for the ordering, receipt, storage of medicines and medical gases. The registered manager ordered medicines from a pharmaceutical wholesaler. Records maintained by the service provided a clear audit trail for medicines received into the headquarters, distributed into the paramedic bags, administered to patients and returned to headquarters for disposal.

Emergency and urgent care services

- All staff had to complete the EMC's own electronic safeguarding training, which the provider said was level 2 training for both adults and children safeguarding. The provider monitored staff completion of this training electronically. Staff could not allocate themselves to a job if they had not completed the training. However, the service did not have any documented detail to evidence the safeguarding training provided was at a level 2 standard.
- The Intercollegiate document "Safeguarding children and young people: roles and competences for health care staff," (third edition: March 2014) sets out the training requirements for staff depending on their exposure to and work with children and young people. The document details that "All clinical staff working with children, young people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns," are required to complete level 3 safeguarding children and young people training. The EMC clinical staff planned and provided care and treatment to children at events, which meant the EMC staff were required to complete level 3 training. The service did not provide level 3 safeguarding children and young people training and did not seek assurance that EMC staff had completed this training in their main place of work.
- Prior to each event, the registered manager obtained the relevant local authority safeguarding contact details for both adults and children. This information was provided to all staff attending that event in the events briefing pack. This meant all staff could quickly access relevant contact details for making safeguarding alerts and enquiries whilst treating or conveying patients.
- The EMC used a paediatric safeguarding checklist. This was attached to the records of all children they attended in order to heighten staff's consideration of safeguarding concerns.

Mandatory training

- The service provided mandatory training in a small number of key skills. This included safeguarding, both adults and children, moving and handling, health and

safety and water safety awareness for staff who attended events that included water activities, such as triathlons. Training was delivered as e-learning packages.

- The EMC required staff who worked for other organisations, such as NHS ambulance trusts, to provide evidence they had met their trusts mandatory training requirements. This meant the EMC relied on staff declarations to demonstrate they had completed mandatory training in their main place of work. However, there was no process followed to ensure all staff provided these declarations on a regular basis. This meant the provider did not have assurance that staff had completed relevant mandatory training.
- Staff we spoke with confirmed they had completed the EMC mandatory training and that they provided evidence of completion of mandatory training in their main place of work.

Assessing and responding to patient risk

- Staff used a patient report form to monitor patient vital signs to support early identification of deteriorating patients. EMC staff used their professional skills and clinical experiences to identify and follow appropriate treatment pathways for patients whose conditions deteriorated.
- Staff followed national guidance for the management of conditions such as myocardial infarction and stroke. Prior to events, the registered manager identified where the nearest specialist centres for stroke, cardiac and trauma services were. This meant that patients were transported to the most relevant acute health care provider in a timely manner in order to reduce any further risk to the patient.
- When patients expressed any suicidal thoughts or a history of suicide attempts, staff used a tool to help identify whether the person was at immediate risk of a suicide attempt. The tool provided staff with guidance about the actions (discharge with outpatient psychiatric evaluation, consider admission to hospital and admission to hospital) dependant on the score achieved by the patient.

Emergency and urgent care services

- Staff described effective liaison with police and local mental health services when dealing with disturbed or violent patients.

Staffing

- The registered manager determined staffing levels (numbers and skill mix) for each event, dependant on the type and size of the event and whether the contract included conveying patients from the event to acute hospital settings. The event dates and staffing requirements were detailed on the electronic system. Staff accessed this system and allocated themselves into relevant roles and dates, dependant on their availability and relevant skill base
- Where additional ambulances were needed to cover an event, including conveyance of patients, the EMC sub-contracted with other CQC registered ambulance providers. The staffing of these vehicles always included an EMC paramedic or medical staff.
- Staff we spoke with said these systems worked well and they had never experienced a situation where roles had not been appropriately filled for events that included conveyancing of patients in the contract.

Response to major incidents

- The provider had arrangements to support business continuity.
- The EMC was not a party in any NHS ambulance trust's emergency preparedness arrangements. However, the registered manager explained they had the facilities, equipment and experience to provide support to ambulance trusts in the event of a major incident.

Are emergency and urgent care services effective?

Evidence-based care and treatment

- The service provided care and treatment based on national guidance, such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines and the National Institute for Health and Care Excellence (NICE) guidelines. This included management of conditions such as myocardial infarction and stroke.

- The provider had a set of policies that they reviewed on a three yearly cycle. We reviewed a sample of the policies. Policies referred to national guidance. For example, the management of medicines policy referenced the Medicines and Healthcare products Regulatory Authority (MHRA) guidance.
- The service did not have a separate policy about the treatment of children. The provider said all staff expected to follow the current published guidelines about treatment of children by organisations such as JRCALC and NICE. However, this expectation was not detailed in a policy document.
- Team leaders monitored staff adherence to policies during events. The registered manager monitored overall staff adherence to policies during debriefing sessions following events and subsequent conveyancing of patients to acute hospitals. The provider maintained records of these debriefing sessions.

Assessment and planning of care

- The provider adhered to the national guidance for the management of patients with suspected heart attacks or strokes. Prior to all events, the provider identified the locations of the nearest NHS cardiac catheter laboratory for the treatment of heart attacks and the nearest NHS acute stroke unit to the event they were supporting. This information was provided to all EMC staff working at the event, so patients were conveyed to the appropriate health care facility to meet their clinical need.
- The Event Medicine Company Ltd (EMC) had no service specific protocols for the management and treatment of children. The EMC required all staff to follow current published guidance such as that provide by JRCALC and The National Institute for Health and Care Excellence (NICE). Staff we spoke with confirmed they followed JRCALC guidelines when they treated children.

Response times and patient outcomes

- The registered manager had meetings with event organisers to review the effectiveness of the service the EMC provided after events. This included, where relevant, review of the effectiveness of conveyances to acute hospital settings.
- Due the small numbers of patients conveyed to acute hospitals, the provider did not participate in any national audits.

Emergency and urgent care services

Competent staff

- We reviewed the provider's recruitment policy dated February 2015 and for review January 2018. The registered manager said the recruitment policy was followed to ensure staff had the necessary skills and experience and to carry out their specific roles in the organisation. This included, for staff whose profession required them to belong to a professional register, checks to ensure they were registered. Discussion with staff indicated the recruitment process had been followed prior to them commencing employment with the organisation. Our review of staff records showed the providers recruitment process was followed when staff were recruited.
- As part of the recruitment process, the provider required prospective staff to produce evidence they had a recently completed Disclosure and Barring Service check. The provider accepted enhanced DBS checks carried out by the member of staff's main place of employment. The registered manager said the service was introducing a practice of all staff renewing their DBS checks every two years. However, it was not clear how this would be enforced, as most NHS employers and health care organisations require staff to renew their DBS checks every three years, not every two years.
- Staff completed an induction process before they commenced working for the EMC. This included completing essential on line training, such as safeguarding and reading the staff handbook, which referred to working practices and the organisations policies and procedures.
- Prior to all events, staff working on the events received a briefing paper, or if a large event attended a briefing meeting, during which they were inducted to the event, and facilities and working relationships with other providers at the event were discussed.
- The EMC was developing a formal appraisal process. Due to the 'ad hoc' nature of work, many staff worked for EMC sporadically. The registered manager said that at larger events, staff practises were informally monitored and where required appraisal of their work was provided by senior EMC staff.
- Staff who belonged to professional registers were required to complete the relevant training and experience to maintain their registration. The registered

manager and provider expected staff to provide evidence of their renewed registration with professional registers. However, it was not evident there was a process followed to ensure staff provided this evidence and thus give the provider assurance registration with professional registers was current.

- Staff we spoke with said they took personal responsibility to source relevant training in order to maintain their profession registration.
- The EMC procedures ensured driving checks were completed for all staff employed to drive emergency vehicles. This included holding a copy of the staff member's driving licence on their personal file to identify they had the qualification for the correct level of vehicular driving. Staff produced their Institute of Health and Care Development (IHCD), or equivalent, driving certificates from their employer or own portfolio.
- Event organisers that contracted the services of the EMC told us they were always confident staff provided by the EMC had the skills and experience to provide the contracted service.

Coordination with other providers

- As part of contract agreements, the registered manager agreed with event organisers whether the EMC was providing an emergency conveyance service or whether the event relied on the local NHS ambulance service for that service.
- The EMC did not sub-contract with NHS ambulance trusts, so did not have a requirement to escalate concerns to NHS ambulance trusts. However, they did contract with other independent ambulance providers. The EMC had processes to escalate concerns about the service provided by these contracted independent ambulance services.

Multi-disciplinary working

- The EMC did not refer patients to other services, other than advising patients to contact their own GPs if conveyance to hospital was not required.
- Staff provided examples where they worked in collaboration with other services. This included working with local police services and mental health services to provide the best treatment and support for patients.

Access to information

Emergency and urgent care services

- Due to the nature of the work carried out by the EMC, staff did not have access to specialist notes about specific needs of patients and associated risks. However, prior to events the registered manager sought local information from event organisers and local statutory bodies such as police and local authorities about the local demographics and any high risk groups staff needed to be aware of.
- Staff could access the services policies and procedure through the EMC staff electronic staff portal.
- Each vehicle had up to date satellite navigation systems.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- All staff we spoke with demonstrated a good understanding about their responsibilities towards the Mental Capacity Act. This included assessing patient capacity to make specific decisions and carrying out best interest decisions when patients did not have capacity to make specific decisions about their treatment.
- The provider had mental capacity assessment forms staff used to support and document assessments of patient capacity to consent to specific care and treatment.
- The provider did not convey section 136 patients. This is when patients with a suspected mental health problem are conveyed to a place of safety for assessment, rather than being detained in police custody.
- Staff said they would take into account any Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders or advanced directives that patients had, if patients made them aware of them. However, there was no formal process that staff followed to identify patients who had these in place.

Are emergency and urgent care services caring?

Compassionate care

- We were not able to observe interactions between staff and patients. This was because there was no suitable opportunity to observe staff providing care and treatment or conveying patients to acute hospital services.
- Staff spoke positively about the care of the service delivered by their colleagues and spoke of patients in a kind and respectful way.
- The registered manager shared thank you letters the service had received from patients staff had treated and from event organisers. Patient's comments included "everyone was fantastic" and "very professional, caring, and couldn't find fault in the service." Even organisers commented about the caring nature of the Event Medicine Company (EMC) staff. Comments included "we could not ask for kinder and more dedicated people."

Understanding and involvement of patients and those close to them

- Staff we spoke with discussed that they explained different treatment options to patients they attended. However, the feedback provided by patients and event organisers did not give any detail about this aspect of the service provision.

Emotional support

- Feedback provided by patients and event organisers did not give any information about emotional support provided by the service.
- The service employed a welfare staff to provide immediate emotional support to patients and their relatives during larger events. The service employed a paramedic, who was also a minister of religion. This member of staff provided guidance to the EMC staff about managing the emotional needs of patients.

Supporting people to manage their own health

- The provider had advice leaflets that staff gave to patients to help them manage their own health care needs. These leaflets were primarily given to patients who were not transported to acute health care facilities. However, they could also be given to those patients, and their relatives, who were transported to acute health care facilities.

Emergency and urgent care services

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

Service planning and delivery to meet the needs of local people

- The registered manager planned staff numbers and skill mix in response to the type and size of contracted events. This took into consideration whether the contract included emergency conveyance of patients to acute hospital settings
- The service did not have access to local patient records and any alerts for patients who may require additional resources or may present a risk to the safety of staff. To mitigate the risk of this lack of information, the provider contacted the local health care providers and authorities prior to events to seek information about the local population and any risks they needed to be aware of. Any information they received was provided electronically and in paper format to all EMC staff working at the particular event. This made them aware of any risks or special situations they might come across when treating and conveying patients to acute health care providers.

Meeting people's individual needs

- Staff took account of patient's individual needs.
- Both staff and the directors described examples that demonstrated they met the needs of people with complex needs, such as those with a learning disability or dementia. They described that to promote effective communication with the patient and reduce their anxiety, they supported the patient's carer or family member to remain with them, whilst providing treatment and conveying to hospital.
- Staff accessed on line interpretation tools on their personal mobile devices to assist communication with people whose first language was not English. The registered manager explained he had assessed the need to purchase a formal interpretation tool. This had identified that the need for interpretation tools were rarely required, and therefore a formal tool was not needed.

Access and flow

- The EMC did not monitor and report on turnaround times at emergency departments. However, staff and directors reported that the receiving hospitals worked hard to release the EMC staff in a timely manner. This meant staff could return to supporting the event they were working at.

Learning from complaints and concerns

- The service had a complaints policy that set out the actions and time scales for investigating responding to complaints.
- The registered manager said the service received very few complaints, and records showed that the EMC had received one complaint in 2017 and no complaints in 2016. Discussion with the registered manager, and review of management meeting records, showed that complaints were received from event organisers, not patients. The complaints related to the event service provided and not the treatment and conveyance of patients to hospital.
- However, records of management meetings showed appropriate actions were taken, lessons learnt and shared across the service from complaints received about event work. This demonstrated the EMC had a culture of responding and learning from complaints.

Are emergency and urgent care services well-led?

Leadership / culture of service related to this core service

- The EMC had leaders and managers with the right skills and abilities to run the service.
- A team of directors, a chairperson and a team of managers led the service. The registered manager was also the chairperson of the board of directors. Each of the four directors had appointed responsibilities (medical directors, operations, logistics and finance). The three managers had identified managerial responsibilities: fleet manager, nurse manager and paramedic manager.

Emergency and urgent care services

- Staff we spoke with told us the registered manager and the directors were accessible. There was a duty manager rota, which ensured staff could contact a manager at all times for support and advice.
- The leadership of the service promoted a positive culture that supported and valued staff.
- Staff spoke positively about the culture of the service, which was promoted by the registered manager of the service. Comments from staff included “ I have yet to work for a company that is so friendly and accommodating towards its workforce”, “this company is second to none, probably the most professional outfit I work with” and “it is a company that is run by a man who treats his staff with respect no matter what grade they are, an absolute delight to work for.”
- Discussion with the directors and staff indicated there was a culture of openness and honesty. Staff understood the Duty of Candour legislation and the need to be open and honest with patients if mistakes were made.
- The provider acknowledged the need to provide emotional support to staff. The provider employed a paramedic who was also a chaplain. The skills of this member of staff were used to support members of staff who experienced stressful or distressing experiences during their work.

Vision and strategy for this core service

- The registered manager stated the mission statement of the Event Medicine Company (EMC) described the delivery of high quality medical cover to events of all types and size throughout the United Kingdom.

Discussion with members of staff indicated they believed and worked to this aim. They told us they believed the service provided very high standards of care and treatment, and reduced the impact large scale events had on local NHS resources.

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

- The EMC had a system for identifying risks and planning to eliminate them or reduce them. We reviewed the services' risk register. This detailed risks, level of risk, actions taken to lessen the risk, plans to further to

reduce the level of risk and the dates when action was completed and the risk closed. The document showed the board of directors reviewed the risk register. At the time of the inspection there were four risks identified, all of which had actions detailed that the provider was following.

- The EMC had recently invested in an electronic system to record all staff recruitment and enable staff to book work duties on available events. The system had a facility to block the allocation of work to staff if their recruitment process had not been fully completed. For example, if the induction and the company's mandatory training had not yet been completed. However, review of this system identified 'teething' problems, in that a member of staff was allocated work but detail about their recruitment was not fully completed. This meant the system did not provide full assurance that staff had the necessary skills and competencies to carry out their allocated role.
- It was also noted, that details about director's recruitment was not included in this system. The registered manager advised us, that these details were held on paper records. However, as the system was used to allocate staff to event duties and the directors worked at these events, the system was not giving full assurance to the registered manager that all staff working at events had the skills and were of a suitable character to carry out the required role. The registered manager said these records would be transferred onto the electronic data base. These issues had not been identified prior to our inspection and were not included on the services risk register.
- The provider did not have embedded processes to give assurance that all staff had the appropriate competencies and skills to provide care and treatment. The provider relied on staff to complete mandatory training at their main place of employment, but did not have processes to obtain evidence and have assurance that all staff completed their required mandatory training. It was not evident the provider followed a process to give assurance that staff, such as paramedics, doctors and nurses, continued to be registered with their relevant professional body.
- The provider, by not having a dedicated children's policy or protocol for staff to follow, did not have full assurance that staff managed treatment and care if children in line

Emergency and urgent care services

with national guidelines. This included having the assurance that staff had completed required training at the correct level for safeguarding children and young people.

- The provider did not have an embedded process to provide assurance that all staff followed infection prevention and control practices, including the appropriate use of personal protective equipment.
- The EMC used monthly and weekly management meetings to support monitoring and safeguarding of the quality of the service provided. We reviewed records from three of the monthly management meetings. This showed safety issues, current and future business contracts, human resources, risks to the business, fleet issues, training, succession planning and planning for sustainability of the service were kept under review. This meant the registered manager had a good oversight of all activity and there was an audit trail of all activity happening.
- The EMC had no set key performance indicators to measure the overall service provided. However, at the end of each event, in partnership with the event organiser, the provider reviewed the performance of EMC against the contract requirements. This included, when part of the contract, conveyancing of patients to acute health care services. Feedback we received from event organisers who contracted with the EMC, confirmed reviews of events were carried out including whether the EMC met their contractual agreements.

Public and staff engagement

- The service engaged with local organisations to plan and manage the service and had processes to engage with patients.

- The EMC had a patient satisfaction survey that staff gave to all patients, including those transported to acute hospital services. However, the provider reported there was very little response to the surveys to inform any development of the service.
- The EMC received thank you letters from patients that they had assisted, including those conveyed to acute hospitals. We viewed a sample of the thank-you letters that demonstrated a high level of satisfaction with the service provided.
- Staff reported the provider communicated with them through emails and the electronic reporting system. All staff we spoke with commented the registered manager and all directors were approachable and open to suggestions about how the service could be improved.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- Discussion with the registered manager and the directors showed they were continually looking at ways to ensure ongoing improvements, and the sustainability of the company. This included looking at ways to improve the effectiveness and financial viability of the service and to ensure continued quality and safety of the service. Equipment (such as the vehicles and event medical centre tents) was purchased second hand reduce costs and enhance the financial viability of the service.
- The registered manager and directors told us they were in the process of looking at succession planning for the service. This would be in the event of the chairpersons and registered manager retiring from his role.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The provider must develop and embed a process to give assurance that all staff have the required skills and competencies and are suitable to work in a health care environment. This must include: assurance that staff are up to date with their mandatory and essential training from their main place of work; assurance that staff have completed appropriate safeguarding training for adults and children and young people; assurance that staff provide care and treatment to

children and young people that meets national guidance; and assurance that all staff follow infection prevention and control processes and use personal protective equipment appropriately.

Action the hospital **SHOULD** take to improve

- The provider should continue to develop and implement the appraisal process.
- The provider should ensure the electronic system for documenting staff recruitment provides full assurance. For example, staff working at events have the necessary skills and experience and are of suitable character to carry out that role.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider did not have an assurance process to ensure all staff had the required skills and competencies and were suitable to work in a health care environment.• The provider did not have assurance process that staff were up to date with their mandatory and essential training from their main place of work.• The provider did not have assurance that staff had completed appropriate safeguarding training for adults and children and young people.• The provider did not have assurance that staff provided care and treatment to children and young people that met national guidance.• The provider did not have assurance that all staff followed infection prevention and control processes and used personal protective equipment appropriately.