Immediate Care Medical Services Limited

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Inspection report

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

Ratings

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

Summary of findings

Overall summary

We carried out an inspection of Immediate Care Medical Services Ltd using our focused methodology under the core service framework of Emergency and Urgent Care. We undertook an unannounced site visit on 18 January 2023. We carried out this inspection to check the quality of the service in response to a warning notice we issued in October 2022. Following our previous inspection on 19 October 2022 we served a warning notice to the service requiring them to make immediate improvements to their systems and processes for storing medicines including controlled drugs.

During this inspection we inspected the medical care core service using our focused inspection methodology. We did not cover all key lines of enquiry; however, we have re-rated this service as the issues that led to the serving of the warning notice had mainly been addressed, therefore the rating limiters no longer applied.

Our rating of this service improved. We rated it as good because:

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Leaders operated effective medicines management governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage medicines management 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	We carried out an inspection of Immediate Care Medical Services Ltd using our focused methodology under the core service framework of Emergency and Urgent Care. We undertook an unannounced site visit on 18 January 2023. We carried out this inspection to check the quality of the service in response to a warning notice we issued in October 2022. Following our previous inspection on 19 October 2022 we served a warning notice to the service requiring them to make immediate improvements to their systems and processes for storing medicines including controlled drugs. During this inspection we inspected the medical care core service using our focused inspection methodology. We did not cover all key lines of enquiry; however, we have re-rated this service as the issues that led to the serving of the warning notice had mainly been addressed, therefore the rating limiters no longer applied. Our rating of this service improved. We rated it as good because: • The service used systems and processes to safely prescribe, administer, record and store medicines. • Leaders operated effective medicines management governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. • Leaders and teams used systems to manage medicines management 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.

Summary of findings

Contents

Summary of this inspection

Background to Immediate Care Medical Services Ltd

Immediate Care Medical Services is operated by Immediate Care Medical Services Limited. The service provides patient transport services and emergency event transfers. Services are offered nationally but predominantly within the West Midlands and East of England areas. The registered manager is the owner.

The service has contracts with both NHS and independent ambulance service providers to transport patients between homes, clinics and hospitals as well as inter-facility journeys. The service also has several event contracts which they provide medical cover which includes emergency care and transport to hospital.

There are 12 substantive staff employed by the service which includes the registered manager who was the clinical director, an operations director, a logistics manager, a compliance manager, a training manager, human resources manager and administrative and make ready team staff. The service employees 57 subcontracted staff including paramedics, nurses, doctors, ambulance technicians and ambulance support assistants.

The regulated activities delivered by the provider are:

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

The service was previously inspected on 19 October 2022 and was rated requires improvement overall. Following our previous inspection, we served a warning notice to the service requiring them to make immediate improvements to their systems and processes to ensure the safe management of medicines including controlled drugs. During this inspection we found the service had taken immediate action and improvements had been made.

How we carried out this inspection

We carried out an inspection of Immediate Care Medical Services Ltd using our focused methodology under the core service framework of Emergency and Urgent Care. We undertook an unannounced site visit on 18 January 2023. We carried out this inspection to check the quality of the service in response to a warning notice we issued in October 2022. Following our previous inspection on 19 October 2022 we served a warning notice to the service requiring them to make immediate improvements to their systems and processes to ensure the safe management of medicines including controlled drugs.

During the inspection visit, the inspection team:

- Spoke with the registered manager and operations director.
- Spoke to 2 staff.
- Reviewed 3 patient records.
- Reviewed policies and procedures including patient group directives.
- Inspected medicines storage rooms.
- Reviewed and observed the storage of medicines.
- Reviewed medicines audits.

The team that inspected the service comprised of a CQC lead inspector and a CQC pharmacy specialist. The inspection team was overseen by Michelle Dunna, Inspection Manager.

Summary of this inspection

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.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Requires Improvement	Insufficient evidence to rate	Good	Requires Improvement	Good

Good

Emergency and urgent care

Safe	Good
Well-led	Good

Are Emergency and urgent care safe?

Good

Our rating of safe improved. We rated it as good.

Medicines

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

Systems and processes to record and store controlled drugs were in place and staff followed them. During our previous inspection we found Controlled Drugs (CD) were not being managed in line with Controlled Drugs (Supervision of Management and Use) Regulations 2013. We found the service had failed to ensure systems and processes were in place to safely store controlled drugs. We also found CDs on site were not all accounted for and there was no Patient Group Directive (PGD) for diazepam to enable paramedics to lawfully administer it. During this inspection we found significant improvements had been made.

Managers took immediate action following our previous inspection to review its procedures for storing and recording CDs. There were 2 CD safes; 1 contained stock CDs and the other was an operational CD safe. The operational safe procedures had significantly improved since our previous inspection. Ten paramedic CD pouches were in the safe. Each pouch contained 2 Morphine Sulphate 10mg/1ml ampoules, 2 Diazepam 10mg/2ml ampoules and 1 Diazepam rectal 5mg. There was a record book for each CD which included a date, stock levels, quantity, sign in and out records and a witness column. Paramedics were required to check the quantity in the safe before removing any CDs and record in the book when they took out each medicine including the quantities before and after. We reviewed the record books and found they were correctly completed. We saw evidence paramedics documented and signed the book when taking medicines out and when returning them. During our inspection we checked 6 CD pouches in the operational safe and found all CDs were accounted for and we could clearly see in the CD book that CDs were traceable when taken out by paramedics. Furthermore, all medicines we checked were in good condition and within the recorded expiry date.

The stock safe contained a stock of Morphine Sulphate 10mg/1ml ampoules, Diazepam 10mg/2ml ampoules and Diazepam rectal 5mg. During our inspection we checked the stock safe and found all medicines in stock were recorded in the CD record book and the correct quantities had been recorded. All medicines we checked were in good condition and within the recorded expiry date.

During our previous inspection we found CD stock checks had not been consistently completed. Following our previous inspection, managers reviewed and implemented an improved stock check procedure. Paramedics were expected to check the safe before taking CDs out and at the end of their shift when returning them. We found these checks were clearly documented in the CD record books. Controlled drug stock checks had been increased to twice weekly by the

logistics manager. A second tier of checks had also been introduced weekly by the lead paramedic. This meant CD safes were checked 3 times a week and checks were co-ordinated so they were undertaken the following day after an event where they may be used. Controlled drug record books we reviewed demonstrated these checks had been consistently completed since our previous inspection and clearly recorded in red ink.

Guidance to staff in the administration of specific medicines was in place. During our previous inspection, we found the service did not have any PGD other than for oxygen. This meant diazepam taken out by crews to events, if administered to a patient whilst carrying out a regulated activity, could not be lawfully administered in the absence of a PGD. During this inspection, we found significant improvements had been made. The service had implemented a revised list of medicines stored on site and a scope of practice matrix to identify which health care professional could administer the medicine and whether a PGD was required. The service commissioned a lead pharmacist from a local NHS hospital trust to produce a suite of PGDs, including a PGD for diazepam. We reviewed 5 PGDs during our inspection. They were all signed by the medical lead, pharmacists and registered manager who was a registered nurse. Managers sent the PGDs to relevant staff electronically, asking them to read and confirm they had read and understood the PGDs through an electronic signature system.

Systems and processes to record and store Prescription Only Medicines (POM) were in place and staff followed them. During our previous inspection we found medicines management processes were not robust and there was a risk of inappropriate use of medicines. We found there was no medicines stock lists, medicines could not be clearly accounted for, stock checks were not consistently completed, there was no sign in and out process, stock checks completed did not reflect actual stock onsite and medicines could not be tracked. During this inspection, we found significant improvements had been made.

Managers had implemented a process to document and check new medicine stock deliveries. During our inspection we reviewed medicines requisition forms and found these were fully completed. They documented the medicines ordered, the delivery date and a process for the manager to check the delivery against the invoice. We reviewed requisition forms completed since our last inspection and found they were fully completed and signed by the person receiving them, checking and adding them to stock cupboards.

POMs were stored in 2 locked cupboards in the logistic managers office. The office was accessible by access code only and both cupboards were locked. There was a list of stock medicines which recorded minimum and maximum stock levels required. Stock POMs were stored within plastic containers which were numbered and labelled with the name of the medicine stored in each container. A POM record sheet was included in each container which included the name of medicine, strength, quantity, expiry and stock balance. We checked 7 POMs and found 6 of these were accurately recorded and all medicines were accounted for. In 1 medicine container, we found there were 12 Glyceryl Trinitrate Nitro-glycerine sprays, however, the stock recorded 8. Whilst this was not accurate, a new delivery was in the process of being recorded at the time of our inspection.

Managers had introduced an operational drug usage record which documented when POMs had been taken out of the medicines stock cupboard to stock paramedic bags. When paramedic bags had been restocked, we saw managers recorded this in the POM record sheet and a new stock balance was recorded. This meant the medicines were always traceable.

Following our previous inspection, managers reviewed and implemented an improved POM stock check procedure. During our previous inspection we found POM stock check processes were in place, but they were not regularly completed. During this inspection, we saw a stock check of all POMs had been completed monthly. We saw the system was effective in identifying any errors. Quarterly audits were also undertaken.

Good

Emergency and urgent care

The improvements made following our previous inspection meant there were effective systems in place to track and trace medicines at the point of delivery, when in stock and when transferred to paramedic medicine bags in readiness for events. The systems provided managers with assurance all stock was accurately recorded, monitored and accounted for.

Medicines were securely stored. CD safes were only accessible to authorised persons and processes were in place to maintain CD access security. During our previous inspection we found processes to ensure CD storage safes were only accessible by authorised persons were not effective. During this inspection we found significant improvements had been made to the environment and process to improve medicines safety.

The service had produced a list of staff with authorised access to the operational CD safe. The list contained paramedics who worked within the service and required use of CDs whilst on duty. The list also included designated management staff who were required to access the safe for the purpose of auditing. Managers had changed the access code for the operational CD safe following our previous inspection to ensure the only persons who could access the safe were those on the authorised access list. The stock CD safe access code was also changed and only accessible by designated managers who required access to re-stock the operational safe and for audit purposes. There was a process in place to change the safe access code every 3 months as well as when a staff member left the business. Access to the CD safe was added to the service medicines management meeting agenda for oversight and monitoring.

Paramedic equipment and POM bags and life support bags containing emergency medicines, were securely stored. Following our previous inspection, the ambulance station had undergone refurbishment. As part of the refurbishment a medicines room and paramedic equipment room had been created. Both rooms were locked and only accessible by authorised healthcare professionals who were provided with the access codes.

Sign in and out processes were in place to document when pre-stocked ambulance bags and emergency medicine bags were taken off site for use. During our previous inspection we found there was no sign in and out process, to enable managers to have oversight of medicines taken off site for use at events. Following our inspection, managers reviewed the processes in place by taking on board our inspection findings and considered previous medicines incidents relating to missing stock in paramedic bags. During this inspection, we found significant changes to processes for managing medicine bags had been made in addition to the issues we raised as a concern in our warning notice.

Managers had implemented a traffic light system to improve management of pre-stocked paramedic bags. Where bags were fully stocked, checked and ready for use, they were sealed with a green tag and placed on a green shelf. Where bags had been taken out by paramedics, used and returned these were placed on a red shelf with a red tag. This indicated they required to be re-stocked and checked. The new process had been implemented the week before our inspection and we saw there were posters around the building to illustrate what staff needed to do. Information had been shared with staff through email and in pre-event briefings. We saw the process was in place and working well on the day of our inspection.

We checked paramedic medicine contained in the bags as well as emergency medicines and found they were all accounted for and within the expiry date documented. The bags and medicines within them were in good condition.

Managers implemented a paramedic and emergency medicines bag record book which required staff to sign them out when they were taken off site to events and sign them back in upon return. Each bag was numbered, and this was

recorded in the record books. We reviewed the record books and found these were accurately completed. Where medicines were administered, we saw they were accurately recorded in patient records. This meant the service had an effective system for paramedics to document when they had taken medicines off the premises, administered medicines and managers could track and trace them.

Are Emergency and urgent care well-led?

Good

Our rating of well-led improved. We rated it as good.

Governance

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

Following our previous inspection, managers took immediate action to improve their medicines management governance processes. Managers recruited a compliance manager who had already started in post at the time of our inspection. The compliance manager was responsible for implementing a governance strategy, reviewing policies and procedures, and implementing procedures to ensure the service was meetings regulatory standards. The compliance manager was also responsible for supporting service leaders to revise their existing medicine management processes and embed improvements.

Leaders also implemented a monthly medicines management oversight governance group. The group had met twice since our previous inspection and the meetings and actions were documented. Following our inspection, the service provided us with the minutes of the meetings. We saw they followed a standard agenda and included: policy, governance and risk updates; safety alerts; adverse incidents and errors; monitoring of upcoming expiry of medicines; Controlled Drug (CD) safe access oversight; audit findings; and actions. The minutes were circulated to staff and any key messages would be sent out to staff through operational notices.

Managers communicated medicines management updates through service newsletters, operational notices and during pre-event briefings. We saw posters around the ambulance station illustrating to staff changes to medicines processes and we saw operational notices around CD processes were displayed for staff to see.

The improved governance processes meant leaders and senior managers had full oversight of all medicines management risks, improvements and performance.

Management of risk, issues and performance

Leaders and teams used systems to manage medicines management 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.

Systems and processes were in place to monitor service quality and performance. During our previous inspection, we found processes to ensure the safe use of medicines were not consistently followed or effective in identifying concerns.

Good

Emergency and urgent care

Monthly medicines management stock checks had not been consistently completed. There was no contingency in place to undertake stock checks and audits in the absence of the logistics manager who was assigned to complete them. We did not see evidence of quarterly medicines management audits as outlined in the company medicines management policy. During this inspection we found significant improvements had been made.

Following our previous inspection, managers reviewed their medicines management stock check and audit procedures. This resulted in improvements in the quality and frequency of stock checks and audits. Prescription Only Medicine (POM) full stock checks were implemented monthly with a quarterly random selection stock check undertaken by the lead paramedic. Managers increased their CD medicines checks. At the time of our inspection, they were being completed twice weekly by the logistics manager. A second tier of checks had also been introduced weekly by the lead paramedic. This meant CD safes were checked 3 times a week and checks were co-ordinated so they were undertaken the following day after an event where they may be used. We reviewed the CD record books during our inspection and found stock checks were recorded in red and had been regularly completed since our previous inspection. We saw this was an effective process which highlighted any recording inaccuracies. Processes were in place to share any learning during monthly medicines management meetings.

The service had not reported any recent medicines management incidents; however, we saw processes for identifying errors through improved audits and stock checks had improved. We saw there was communication with staff about how to report incidents. We saw managers had taken on board learning from previous medicines incidents when improving their processes. Furthermore, the newly implemented medicines management meeting had a standard agenda item to discuss incidents and adverse events.

They had plans to cope with unexpected events. During our previous inspection we found medicines management oversight had been impacted in the absence of the logistics manager. There was no contingency in place to ensure medicines management processes were in place in their absence. During this inspection, managers could demonstrate they had addressed this. The service had identified 3 staff who were regularly involved in the stock control and audit process which meant if a manager should be unexpectedly absence, there were other staff skilled and experienced to oversee the medicines management governance.

The improvements meant managers had significantly improved their oversight of medicines safety and had effective systems in place to identify concerns quickly to ensure the service was safe.