UK Event Medical Services Limited

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?	
Are services well-led?	

Overall summary

UK Event Medical Services Ltd is operated by UK Event Medical Services Ltd. The service provides a patient transport service and event medical cover.

We carried out a focused unannounced inspection on 24 February 2020 in response to some information of concern, received by the Care Quality Commission (CQC) regarding the patient transport service.

A focused inspection differs to a comprehensive inspection, as it is more targeted looking

at specific concerns rather than gathering a holistic view across a service or provider.

In our comprehensive inspections, 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?

Focused inspections do not usually look at all five key questions; they focus on the areas indicated by the information that triggers the focused inspection. Although they are smaller in scale, focused inspections broadly follow the same process as a comprehensive inspection.

Summary of findings

We inspected but did not rate elements of the safe and well led domains. We did not inspect effective, caring and responsive. The focus of our inspection related to equipment, medicine storage, vehicle safety and culture within the service.

The service has one registered location and one satellite location. We looked at the vehicle storage, preparation and storage areas and six ambulance vehicles. We reviewed staff files, individual staff training records, provider policies and procedures. We spoke with eight members of staff which included five ambulance staff and three members of the senior management team including the registered manager.

The main service provided by this service was patient transport services.

Due to the focused nature of the inspection we did not rate the service or inspect all key lines of enquiry within each domain.

We found that :

- All vehicles were visibly clean
- The provider had introduced new processes for the management of stock and medicines.
- Access to medicines were limited to nominated individuals.
- We saw evidence of incidents and complaints being received, escalated and actioned appropriately.
- We saw that staff worked within the European working time directive
- All staff reported a positive culture.

We found the following issues that the service provider should improve:

- Not all equipment held on the ambulance vehicles was within use by date.
- We found stored medicines which had passed their use by date.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Patient transport services		Patient transport services was the main activity. The service had not been previously inspected.

Summary of findings

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Summary of this inspection

Background to UK Event Medical Services Limited

UK Event Medical Services Ltd is operated by UK Event Medical Services Ltd. The service opened in 2011. It is an independent ambulance service in Sheffield, South Yorkshire. The service primarily serves the communities of South Yorkshire but has undertaken work on a national level.

The service is currently registered with the CQC to provide transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury. It has not been previously inspected but no issues were raised during the registration process.

The service has had a registered manager in post since 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one CQC inspection manager, and a specialist advisor with expertise in patient transport services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about UK Event Medical Services Limited

The service is registered to provide the following regulated activities:

- transport services, triage and medical advice provided remotely and
- treatment of disease, disorder or injury

During the inspection, we spoke with eight staff including; patient transport drivers and management. Due to the responsive nature of the inspection we had no opportunity to speak with patients or relatives.

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

Activity (January 2019 to March 2020)

- In the reporting period January 2019 to March 2020 there were 23092 patient transport journeys undertaken.

Track record on safety

- No never events were reported
- No serious incidents were reported
- No serious injuries were reported

Seven complaints had been received by the service in the reporting period. There were no themes or trends identified.

Patient transport services

Safe	
Well-led	

Are patient transport services safe?

Due to the responsive nature of this inspection we did not rate this domain

Cleanliness, infection control and hygiene

The service was able to fully evidence the effective control of infection risk. Staff used equipment to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

We requested individual cleaning records for each vehicle, the records provided documented the steps taken to ensure each vehicle had been cleaned appropriately and the correct techniques were applied. Therefore, we were assured that the vehicles had been cleaned to the required standard.

We requested records of vehicles being routinely deep cleaned, we saw that all vehicles had deep cleans routinely scheduled. We also saw evidence that deep cleans were completed, therefore we were assured that all vehicles were deep cleaned when appropriate.

We were told that any increased infection risk was highlighted on the pre transport risk assessments. We saw this information when we reviewed risk assessments.

We observed that the vehicles had cleaning products and appropriate personal protective equipment (PPE) was available.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe although some items were out of date. Staff managed clinical waste well.

We saw clinical waste being sorted and disposed of correctly utilising a colour coded system of waste bags.

All cleaning materials were stored appropriately under the control of substances hazardous to health (COSHH) standards.

We requested daily vehicle checklists that are completed by staff prior to vehicle usage to ensure that all systems are in place and the vehicle is fit for purpose. The provider was able to provide this, but we saw examples of checks being incorrectly completed therefore, we were not assured that all vehicles were suitable for patient transfer.

We saw examples of equipment on four out of six ambulances which had exceeded their expiry date. These included airways, oxygen masks and tubing and dressings. We told staff about this at the time of inspection and they rectified it immediately.

Medicines

The service had introduced systems and processes to safely prescribe, administer, record and store medicines but these were not yet fully embedded, and we found some gaps in assurance.

During inspection of the ambulance vehicles we found one box of out of date medicine within one technician equipment bag. We were told that the technician bags were checked prior to issue before each shift, therefore, because of the out of date medicines we were not assured that these checks were being accurately completed

We saw that medicines within the technician bags were not in the original containers, therefore we were not assured that the medicines were stored correctly.

We reviewed the storage and recording of stock medicines. We saw that all medicines had been audited on 3 February 2020, but we saw one container of medicines with an expiry date that preceded that date. Therefore, although checks were being completed, we were not assured that the checks were being completed accurately. This was brought to the attention of the management team during the inspection and all out of dates medicines were removed before we left the inspection.

The service had recently introduced a medicine management policy. We spoke with the management team of the service who acknowledged that the new policy was not fully embedded with all staff . However, a system had been put in place to ensure all staff understood and implemented the new policy.

Patient transport services

We saw evidence of where a medicine discrepancy being identified, escalated and an investigation being undertaken with appropriate follow up actions .

All medicines were stored securely with limited access to authorised personnel.

All medicines for disposal were separated and stored securely prior to disposal through the local pharmacy.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

We saw examples of incidents being reported, investigated and outcomes being shared.

Staff knew what constituted an incident and knew how to report it.

Staff told us there was a no blame culture and that incident reporting was encouraged.

Are patient transport services well-led?

Due to the responsive nature of this inspection we did not rate this domain

Leadership

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

All staff told us the registered manager and other members of the senior management team were visible and approachable. They felt that if they had any issues or suggestions, they would be happy to speak to them.

Staff told us that they were encouraged to undertake further training and were given opportunities to do so.

We saw a well-established senior management team with clearly defined roles and responsibilities. We observed effective communication and challenge between the senior management team.

The service had gone through a recent period of expanding its service provision increasing the number of contracts with local trusts. In response to this the leadership team had been strengthened by the employment of a governance lead to improve quality monitoring and governance.

Culture

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

We saw that the service had an up to date equality and diversity policy which all staff had access to.

The service engaged directly with patients and were proactive in gathering feedback. We saw that comment cards were readily available. We saw examples of both positive feedback which were shared at staff meetings.

Staff we spoke with told us that they felt the service had a no blame culture and they were encouraged to give feedback. All staff we spoke with told us they felt respected by management.

Staff told us that there were opportunities within the service to develop professionally and we were told about staff who had gained further qualifications.

Governance

Leaders did not always operate effective governance processes. Staff had regular opportunities to meet, discuss and learn from the performance of the service.

We saw examples of vehicle and medicine checklists being completed by staff that showed these checks as accurate and up to date. However, omissions were found during inspection with out of date equipment on four out of six vehicles and one medicine being identified in a medicine storage cabinet beyond its use by date. We did not see that any local audits were being routinely undertaken to assure the management team that checks were being completed accurately, therefore, the provider was not able to provide assurance regarding the effectiveness of existing auditing systems or processes.

We saw that the service had recently introduced new governance processes and a member of staff had been employed to lead on clinical governance. During inspection

we were told that they were new in post and had not yet fully embedded all new policies and processes. We saw minutes from governance meetings which demonstrated that some governance systems were in place. We saw examples of issues that had been highlighted and then acted upon, for example the safe storage of medicines which were for disposal.

We saw examples of engagement with local NHS ambulance trusts and we were able to review recent governance visits by the trusts prior to contract awards.

Management of risks, 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

We saw staff meeting minutes which demonstrated that staff had opportunities to raise concerns and to participate in decision making.

The registered manager and other members of the senior management team were aware of the current risks faced by the service. We saw the corporate risk register had relevant risks identified such as medicines management. We also saw evidence of review, mitigation and actions.

We saw that the service had policies in place for the management of staff performance. We saw written examples of performance issues that had been discussed with staff.

We were assured that the service had sufficient oversight of issues faced and we saw examples of proactive management when issues were raised such as out of date equipment being highlighted during our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that they have effective governance, including assurance and auditing systems or processes.
- The provider should continually evaluate and seek to improve their governance and auditing practice.
- The provider should ensure that the medicine management policy becomes fully embedded.
- The provider should ensure that all daily vehicle checklists are completed accurately, and any issues are actioned prior to transport.
- The provider should ensure all equipment is within date.