

Medical Event Solutions Limited

# Medical Event Solutions

## 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?

Good



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Summary of findings

## Overall summary

Our rating of this location was good because:



- The service provided mandatory training in key skills, including safeguarding, to all staff and made sure everyone completed it. The service controlled infection risk well and kept equipment clean. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. Records were clear, up to date, stored securely. Staff[KU1] gave patients pain relief when they needed it.
- Leaders 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

However:

- The services policies and procedures were not all appropriate for the service and did not always reference national guidelines and best practise.
- The provider did not have effective systems in place to identify and manage risks and performance
- The provider does not have communication aids/ pictures in all vehicles.
- There was limited opportunities for patients to provide feedback

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	
Patient transport services	Good 	

# Summary of findings

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# Summary of this inspection

## Background to Medical Event Solutions

Medical Events Solutions is operated by Medical Event Solutions Limited. Medical Events Solutions is the registered location. Medical Event Solutions transports patients from events to hospital in the event of a medical emergency and this falls in the scope of regulation. The service provides emergency and urgent care and a patient transport service.

The service is registered with CQC for the regulated activity transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 3 May 2022.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it would normally provide. There are some exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medical Events Solutions provides services to patients taking part in or attending a sport or cultural event. These types of arrangements are exempt by law from CQC regulation.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 03 May 2022. We have not previously rated this location. 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?

Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what staff told us and how the provider understood and complied with the Mental Capacity Act 2005. This will be the first time we have rated the service. The regulated services provided by this ambulance service within scope consisted of two transfers between emergency and urgent care. Where our findings on patient transfer services – for example, management arrangements – also apply to other urgent and emergency care, we do not repeat the information but cross-refer to patient transfer services.

## How we carried out this inspection

During the inspection we spoke with four members of staff, looked at six vehicles, looked at the functioning control room and environment, two patient records and five staff records.

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.

# Summary of this inspection

## Patient transfer service

### Action the service **MUST** take to improve:

- The service must ensure a risk register is in place and comprehensively completed (Regulation 17).
- The service must ensure effective systems and process are in place to monitor safety, quality and performance. (Regulation 17).

### Action the service **SHOULD** take to improve:

- The service should continue to update policies and procedures so they are reflective of national guidelines and best practise.
- The service should consider methods to gain wider patient feedback.

## Urgent and emergency care

### Action the service **MUST** take to improve:

- The service must ensure a risk register is in place and comprehensively completed (Regulation 17).
- The service must ensure effective systems and process are in place to monitor safety, quality and performance. (Regulation 17).

### Action the service **SHOULD** take to improve:

- The service should continue to update policies and procedures so they are reflective of national guidelines and best practise.
- The service should consider methods to gain wider patient feedback.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Inspected but not rated	Good	Requires Improvement	Good
Patient transport services	Good	Good	Inspected but not rated	Good	Requires Improvement	Good
Overall	Good	Good	Inspected but not rated	Good	Requires Improvement	Good

## Emergency and urgent care

Safe	Good 
Effective	Good 
Caring	Inspected but not rated 
Responsive	Good 
Well-led	Requires Improvement 

### Are Emergency and urgent care safe?

Good 

We rated it as good.

#### Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. At the time of the inspection 100% of staff had received with their mandatory training. Mandatory training included manual handling, infection prevention control, mental health training and basic life support.

#### 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.**

The processes for safeguarding patients from abuse and improper treatment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about safeguarding, please see the patient transport section of this report.

#### Cleanliness, infection control and hygiene

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

The processes for managing cleanliness, infection control and hygiene were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about cleanliness, infection control and hygiene, please see the patient transport section of this report.

#### 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.**



# Emergency and urgent care

The processes for managing the environment and equipment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about the environment and equipment, please see the patient transport section of this report.

## Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on admission and reviewed this regularly. Staff transported patients to hospital if they required hospital treatment at an event. Risk assessments were completed on the two patients transported to hospital since registration. Staff completed risk assessments for each patient, using the recognised national early warning systems version two (NEWS2) tool, and reviewed NEWS2 scores regularly.

Patient details included full personal profiles, with up to date risk history. The service received patient risk assessments as part of their cover from sporting events. Staff used their skills and patient information to assess, manage and adapt to accommodate dynamic risks.

The policy for managing a deteriorating patient referred all clinical decision making to the consultant. We were told that the consultant would always accompany the patient in the ambulance from the sports event.

## 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.**

The service operated on a pre-planned basis providing medical support at supporting sporting events where onward travel to a hospital was required.

The medical directors were both consultants. On each trip to hospital a consultant would accompany the patient and lead treatment on the journey.

## 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.**

We looked at two records for a patient conveyed from an event site to an acute NHS hospital. The record was detailed and had clear descriptions of the assessments, care and treatment provided to the patient. Records were stored securely. Records were completed in paper format and locked safe.

## Medicines

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

The provider had a medicines management policy that provided guidance on the storage and administration of medicines. This included the process to follow in the event of a medicines error. Medicine administration privileges were based on the scope of practice of each qualified member of staff.

## Emergency and urgent care

The service held a Home Office Controlled Drugs license and the registered manager was the named responsible person. Controlled drugs were stored securely in a locked cabinet with up to date tracking documentation. Other medicines, including those on vehicles, were stored in locked cupboards with controlled access and the manager carried out weekly stock checks.

Staff stored and managed all medicines and prescribing documents safely. During inspection, we saw all medicine were stored safely in the storeroom and in vehicles. Medicines seen were in date. An electronic system monitored expiry dates of medicines and generated an alert to ensure medicines were replaced before they expired.

Staff completed medicines records accurately and kept them up-to-date. Medicines receipt and distribution were managed electronically which ensured the service could accurately monitor medicine stocks.

### Incidents

**The service recorded no patient safety incidents.**

Processes for managing patient safety incidents were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about incidents, please see the patient transport section of this report.

## Are Emergency and urgent care effective?

Good 

We rated it as good.

### Evidence-based care and treatment

**The policies documents did not always reference national guidance best practice. Although the service was in the process of reviewing and updating these.**

Processes for ensuring patients received evidenced-based care and treatment were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about evidenced-based care and treatment, please see the patient transport section of this report.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after it was identified they needed it, or they requested it. Relevant qualified staff prescribed, administered and recorded pain relief accurately.

### Response times

**The service did not monitor response times**

## Emergency and urgent care

Due to the nature of urgent transfers being undertaken from a sporting event setting the service did not monitor response times.

The service was not a commissioned service which meant they did not have a specification that they were required to meet or any key performance indicators (KPI's).

### Patient outcomes

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

Due to the small number of patients transported to hospital the service had not undertaken clinical audits.

### 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.**

Processes for ensuring staff were competent for their role were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about competent staff, please see the patient transport section of this report.

### 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.**

Processes for supporting multidisciplinary working were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about multidisciplinary working, please see the patient transport section of this report.

### 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. They used agreed personalised measures that limit patients' liberty.**

Processes for ensuring staff had access to guidance about consent and the Mental Capacity Act 2005 were the same for both the patient transport service and the emergency and urgent care service. For detailed findings about Consent, Mental Capacity Act and Deprivation of Liberty Safeguards, please see the patient transport section of this report.

## Are Emergency and urgent care caring?

Inspected but not rated 

We inspected caring but did not rate as we were not able to speak to patients.

## Emergency and urgent care

### Compassionate care

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

Processes to ensure a staff treated patients with compassion and kindness, respected their privacy and dignity and took account their individual needs were the same for both the patient transport service and the emergency and urgent care service.

### Emotional support

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

Processes to ensure a staff provided patients with emotional support were the same for both the patient transport service and the emergency and urgent care service.

### 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.**

Processes to ensure the involvement and understanding of patients were the same for both the patient transport service and the emergency and urgent care service.

## Are Emergency and urgent care responsive?

Good 

We rated it as good.

### Service delivery to meet the needs of local people

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

Processes to ensure service delivery to meet the needs of local people were the same for both the patient transport service and the emergency and urgent care service.

### Meeting people's individual needs

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

Processes to ensure service was meeting people's individual needs were the same for both the patient transport service and the emergency and urgent care service.

### Access and flow

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

## Emergency and urgent care

People could access the service when they needed it and received the right care promptly. Staff dealt with life-threatening conditions immediately and transferred people to the most appropriate hospital for the injuries. A paramedic always attended to the person during their transfer to hospital. For serious head injuries the consultant would pre-alert the hospital when an accident occurred.

The service transferred two patients to hospital for treatment and two pre-booked patient transfers between since the service had registered in April 2021. We looked at the records of all jobs, all of which were conducted in a timely way to avoid delays or cancellations

Staff supported patients when they were transferred between services. The paramedics cared for patients in the ambulances at hospitals while waiting to handover the patient to emergency staff.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**






## Are Emergency and urgent care well-led?

Requires Improvement 

We rated it as requires improvement.

For well led please see patient transfer services

## Patient transport services

Safe	Good 
Effective	Good 
Caring	Inspected but not rated 
Responsive	Good 
Well-led	Requires Improvement 

### Are Patient transport services safe?

Good 

We rated it as good.

#### Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. At the time of the inspection 100% of staff had received with their mandatory training. Mandatory training included manual handling, infection prevention control, mental health training and basic life support.

Managers monitored mandatory training and alerted staff when they needed to update their training. The mandatory training was managed electronically using a system that flagged up when training was due to expire or had expired. Leaders used the system to ensure staff were trained using up to date guidance to help keep patients safe.

#### 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 knew how to make a safeguarding referral and who to inform if they had concerns.

The service had not transported any children since registration. However, staff we spoke with understood local safeguarding procedures and who to contact if they had concerns. Staff had access a safeguarding policy for both adults and children however it did not reference the intercollegiate document. The registered manager was aware of this and was in the process of updating the policy.

Staff received training specific to their role on how to recognise and report abuse. The service had 100% completion rate of safeguarding vulnerable adults and children up to level three. The safeguarding lead had received level four training and was working towards safeguarding children and adults level five.

The service had not made a safeguarding referral since registration.

# Patient transport services

## Cleanliness, infection control and hygiene

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

Vehicles were visibly clean and had suitable furnishings which were clean and well-maintained. We saw four vehicles (ambulances) and they were in good working order, clean and well maintained.

Cleaning records were up-to-date and demonstrated that ambulances and the office areas were cleaned regularly. Staff cleaned the vehicles between each patient journey and the registered manager checked the vehicles regularly. The service had an infection prevention and control regime in place which consisted of daily cleaning of the vehicles, by staff. In addition, each vehicle had a deep clean every month in the form of a service level agreement with an independent contractor.

Staff followed national guidance to ensure their infection control procedures were compliant, including adherence to up to date COVID-19 guidance. Staff were provided with appropriate personal protective equipment. Staff knew and understood the infection prevention and control principles including the use of personal protective equipment (PPE). Staff understood procedures to manage patients identified as COVID-19 positive. There were handwashing facilities available and hand gel in all vehicles. Staff understood these procedures were in place to keep the risk of infections low.

The service had also introduced a sterilising fogger which produces a fine mist of disinfectant to kill microorganisms into the ambulance to further ensure cleanliness of the vehicles. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

If service transported a patient with a health care associated infection staff said they would take the vehicle out of service and coordinate a deep clean for the vehicle.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

## 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.**

The service had enough suitable equipment to help them to safely care for patients. The service had six ambulances which were multi-purpose which meant that a range of patient transfers could be undertaken with suitable equipment. The equipment we inspected on the ambulances were suitable for the patient groups the service transported.

The design of the environment followed national guidance. The service had clear signage to support safety at the workplace this included for fire exits. The service operated from a unit that contained the office space and also stored the vehicles and equipment. CCTV covered the unit both internally and outside.

Staff carried out daily safety checks of specialist equipment. We reviewed four grab bags and two defibrillators, these had been checked regularly.

We checked records for the six ambulances and saw that servicing and MOT were up to date. Crews had access to up to radio monitors and the control office could track vehicles in real time.

# Patient transport services

The service had a cleaning cupboard and store cupboard at the office base where crew could access to restock their vehicles with consumables and any equipment which needed replacing. Spare uniforms were kept at the office should the crew require them.

The medical gases store was based at the office where bookings were taken. There was an office space for staff to attend for staff meetings and to access policies which were kept on site.

During our inspection, we saw each vehicle carried equipment such as an electronic defibrillator first aid equipment, Oxygen and other items such as spinal boards and splints were stored safely and securely in the vehicles. Oxygen was securely stored on site in a separate locked storage facility. We observed that ambulances had equipment available for patients of different ages and sizes, including children.

The service had systems and process in place to monitor and maintain their medical devices and vehicles. Staff carried out daily safety checks of specialist equipment. We saw that all ambulances had vehicle inspection checklists completed daily.

The service ensured that the ambulance and rapid response vehicle keys were stored securely. Keys were stored safely but in an accessible location and it was monitored 24 hours a day with closed-circuit television (CCTV).

The provider managed clinical waste streams in line with guidance. We saw clinical waste bins in the stations we inspected were stored safely and locked. The provider had a service level agreement in place with an external provider for the disposal of clinical waste.

## Assessing and responding to patient risk

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

The registered manager assessed each patient transfer booking based on risk, suitability of patient and staff qualification and competency. There was no formal deteriorating patient policy for patients that had booked a patient transfer. Staff said they would call escalate concerns to the call centre and dial 999[KU1] .

## 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.**

The service had eleven staff in total consisting of the registered manager, two medical directors, six HCPC paramedics, an operations manager and the quality and governance lead.

The registered manager reported they had enough staff to ensure all shifts were filled. We looked at records and saw all shifts were filled by staff. The registered manager reviewed these bookings to determine how many staff and the number of vehicles needed per day. The patient transport service also operated on a pre-planned basis and the registered manager used patient information and risk assessments to determine staffing in advance of each journey.

## 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 transport services

Patient notes were comprehensive and all staff could access them easily. Patient records were paper based and stored securely in a locked cabinet.

We reviewed four patient records and all demonstrated that patient care had been documented. The patient records had not been audited. At the time of the inspection there had been two patient journeys from a sporting event requiring emergency transfer to hospital and two patient transfers.

Key information from the initial booking process was communicated to staff through a printout of the booking form. These records included information on any specific needs relating to the patient including mobility needs.

All staff who we spoke with understood their responsibilities to maintain patient confidentiality.

### Medicines

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

Medical gases were stored securely whilst on vehicles. All medical gases we checked were in date. Oxygen and nitrous oxide gas cylinders were locked in a cabinet with clearly separated empty and full cylinders.

### Incidents

**The service recorded no patient safety incidents.**

The service used an incident reporting system and all staff we spoke with were familiar with the system.

The service recorded no incidents from the four patient journeys.

Staff knew what incidents to report and how to report them. The service reported no incidents since it had been registered. The service had an incident reporting policy and process. During our inspection we were told that a vial of medication had been broken by accident and although this was logged in the medical audits, this was not reported as an incident.

The service had a duty of candour and being open and honest policy and procedure. Most staff we spoke with were clear on their responsibilities in relation to the duty of candour. Duty of candour is a regulatory duty that relates to openness and transparency and 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 person.

## Are Patient transport services effective?

We rated it as good.

### Evidence-based care and treatment

**The policies documents did not always reference national guidance best practice. Although the service was in the process of reviewing and updating these.**

# Patient transport services

Staff followed policies to plan and deliver care. At the time of the inspection the service was in the process of updating their policies and procedures. Following our inspection the registered manager sent an updated version of their policies.

At the time of the inspection the safeguarding policy did not reference the updated intercollegiate document. This was known to the service as this was highlighted by an independent governance review. Policies and standard operating procedures were reviewed by the registered manager. There was no formal monitoring process for updates to nationally available guidance in place, changes were made as and when management received information. These were then approved and signed by the medical director.

Staff could access policies via a portal and hard copies were stored at the main office.

## Response times

### **The service did not monitor response times**

The audit process to monitor pick up times had not been embedded due to the limited number of patient transfers. The registered manager told us that the two patient transfers were conducted in a timely manner.

## 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.**

The service made sure staff were competent for their roles. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We checked four staff files, they all had enhanced DBS checks and DVLA checks where required.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We saw evidence of meaningful appraisals, these included discussions about training, development, and objectives.

Managers gave all new staff a full induction tailored to their role before they started work. The induction process included: driving checks, online and face to face mandatory training and staff were also expected to read the service's policies. An induction sheet was given to new starters to ensure they had read the service's policies and were signed off by the registered manager confirming that they had completed training modules and training on the use of equipment. All personnel files contained this information and a checklist to show that mandatory training modules had been completed.

We spoke with two members of staff, both felt that the training and information provided were adequate and met their needs. They also felt supported and valued as part of the team. Staff knew their roles and responsibilities, and where to gain further support and guidance when required.

The service had supervisions with staff to provide support and monitor the effectiveness of the service. The registered manager appraised staff's work performance verbally. Staff felt that they had the opportunity to discuss training needs with their manager when needed.

## 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.**

## Patient transport services

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide care and communicated effectively with other agencies. Staff understood their responsibilities to communicate relevant information to other providers when needed. Staff completed patient record form which included an area for staff to write about the handover given to the provider.

### **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. They used agreed personalised measures that limit patients' liberty.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We saw from patient records that staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff recorded consent in patient records.

We spoke with four members of staff who understood their roles and responsibilities under the Mental Capacity Act 2005

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

The service had a mental capacity policy all the information in the policy was applicable to the service that was being provided. We were informed that best interest decisions, consent, the Mental Capacity Act and Deprivation of Liberty safeguards training was delivered as part of safeguarding training which all staff had received.

## Are Patient transport services caring?

Inspected but not rated 

We inspected caring but did not rate as we were not able to speak to patients.

### **Compassionate care**

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

Staff understood the importance of treating patients with compassion and kindness. Staff explained how they respected each patients' privacy and dignity and took account of their individual needs

Managers and control staff explained how they aimed to ensure the most appropriate crew was assigned to each transfer based on the patient's individual needs, such as by ensuring a female member of staff was present for any transfer involving a female patient.

All staff completed mandatory training on information governance and patient confidentiality to ensure all patient information was handled and stored appropriately

# Patient transport services

## Emotional support

**Staff provided emotional support to patients to minimise their distress.**

Staff assessed each patient on an individual basis and for each journey. Staff were able to describe how they would talk to patients drawing from their experience of working in the NHS.

## 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 described being patient focused and involved them in discussions about and throughout their journey. Patients and loved ones, family members or relative were permitted to travel with patients when assessed as appropriate, for example, where an appropriate adult was required for someone living with a learning disability.

## Are Patient transport services responsive?

Good 

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**

Managers planned and organised services, so they met the needs of the local population within the limitations of their contracted work. Facilities and vehicles were appropriate for the services being delivered. All journeys were pre-booked and had provided details at least 24 hours in advance of the journey. This allowed the service to make arrangements to ensure patients were transported safely. The minimum level of cover for a sporting event was one ambulance, one consultant, one paramedic and one ambulance technician.

Patient transport journeys were predominantly private bookings, although the service was in undergoing a tender process to supply patient transport services on behalf of a local NHS trust. Journeys could include transportation to and from outpatient appointments, hospital discharges and inter-hospital transfers.

The service was working with the wider health and care system to expand the service and help deliver a service based on the needs of the local population.

## Meeting people's individual needs

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

Staff said they respected people's privacy and dignity. Staff would treat life-threatening conditions at the sporting event and would transfer the patient to the ambulance and on to the local emergency department. Staff said they would use screens and blankets to preserve dignity. The sporting premises provided crowd management support to enable the consultant, paramedics and technicians to treat people without being overwhelmed by onlookers.

## Patient transport services

Staff told us, where possible they identified communication needs in advance. Staff understood the communication needs of patients with a disability or sensory loss. However, staff did not have access to communication aids in the vehicles. The service did not have access to interpreters but could access a web-based translation app if needed.

Vehicles had different points of entry, which included a sliding door and tailgate so people who were immobile or in wheelchairs could enter the vehicle safely.

### Access and flow

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

People could access the service when they needed it and received the right care promptly. Staff dealt with life-threatening conditions immediately and transferred people to the most appropriate hospital for the injuries. A paramedic always attended to the person during their transfer to hospital. For serious head injuries the consultant would pre-alert the hospital when an accident occurred.

The service transferred two patients to hospital for treatment and two pre-booked patient transfers between since the service had registered in April 2021. We looked at the records of all jobs, all of which were conducted in a timely way to avoid delays or cancellations

Staff supported patients when they were transferred between services. The paramedics cared for patients in the ambulances at hospitals while waiting to handover the patient to emergency staff.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

The provider had a complaints policy that incorporated staff responsibilities under the duty of candour. The registered manager was the named responsible person for complaints to make sure investigations and resolution took place within the policy's timeframes. The complaints policy was focused on compassion towards the complainant and it encouraged staff to deal with issues sensitively and with empathy. There had been no formal complaints to the service since they started offering regulated care.

There was limited ways of obtaining feedback from patients. The service did not have patient feedback forms and there was no way to collect feedback via the website.

Staff understood the policy on complaints and knew how to handle them. The service had received no complaints since April 2021.

## Are Patient transport services well-led?

Requires Improvement 

We rated it as requires improvement.

### 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.**

# Patient transport services

Leaders had the skills, knowledge, experience and integrity to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.

The leadership team consisted of two medical directors and the registered manager. One of the medical directors was also the clinical director. In addition, the service had a quality and governance lead who was also the safeguarding lead, and the operations manager.

The registered manager had worked within the ambulance sector for 16 years and was qualified to Institute of Health and Care Development technician level from an NHS ambulance service. The service was made up of two directors, including one being the medical director. The directors were both emergency medicine consultants and one had a specialty in anaesthesia. The registered manager and the medical director attended events that required onward travel to hospital and delivered patient care.

The safeguarding lead was supported to develop their skills and take on training to safeguarding level five.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.**

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service had a vision that was centred on providing 'the very highest quality of patient care within a safe and robust clinical governance framework'.

Staff and leaders supported the vision and values of the service and were committed to patient centred care and patient safety. The vision, values and strategy had been developed by the management team and external partners. The staff we spoke with understood and supported the values of the service. All staff were optimistic of their future within the service as they were in the process of being assessed for a contract tender[KU1] .

## Culture

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

Staff felt respected, supported, and valued. Staff focused on patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. We saw that the workforce was diverse. There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively.

## Governance

**Leaders did not always operate effective governance processes, throughout the service**

Medical directors and the registered manager met monthly. We reviewed eight sets of minutes from December 2021 to April 2022. The meetings related to operational issues such as mandatory training and cleanliness however there was no set agenda or monitoring of actions. There was no clinical governance meetings to make sure policies reflected national guidelines or best practise. Some policies were not always relevant to the needs of the service. The service's clinical governance policy stated audits should take place but did not specify the frequency or which audits should be undertaken.

# Patient transport services

There was a named author and a designated lead for each policy. At the time of the inspection the registered manager was in the process of updating their policies. On inspection the new policies were not available to staff.

Leaders ensured clear lines of accountability. Staff knew and understood their roles and responsibilities and who they could go to for advice and support. We saw good records of job plans were there with clear lines of accountability and escalation details. This meant staff were supported in understanding their main duties.

Staff recruitment systems and processes ensured they were suitable to employ. All staff files had appropriately completed paperwork including checks. For example, photo identification, DBS checks and a completed application form with references.

The service had arranged for appropriate insurance policies to be in place. This included employer's liability insurance as well as motor insurance which covered all vehicles.

Due to the nature of the workforce leaders communicated key messages by email.

All vehicles were managed and serviced at regular periods to keep patients safe and we saw records to demonstrate this.

## Management of risk, issues and performance

**Leaders did not have established processes in place to identify and manage key risks and performance effectively.**

The service did not have an overall risk register where they recorded business risks. The registered manager was aware of the key business risks. Following the inspection the service submitted a risk register.

Staff said they would escalate any risks they identified directly to a manager, either by phone or in person. They said a manager was always available to contact when required.

The service had a business continuity plan. This provided instruction for staff to manage unexpected events, such as IT failure.

The service had a business continuity plan that and provided guidance on actions to be taken in extreme events.

## Information Management

**The service collected data but systems were not embedded and it was not analysed.**

The service understood performance but had not embedded processes for performance information to be analysed.

Managers maintained documentation such as staff files, patient report forms and mandatory training compliance

Staff understood information governance and the importance of securely storing patient information. Patient report forms as paper records and electronic patient detail was stored securely and only assessible to those with permission to do so.

# Patient transport services

There were notice boards utilised at the service's base to display some relevant information for staff such as COVID updates and guidance relating to policies. Information on clinical updates were stored in folders but there was no process to make sure staff had read them.

## Engagement

**Leaders and staff engaged with and local organisations to plan and manage services. Although there was limited evidence of engagement with staff and patients.**

The service held meetings between medical directors and the registered manager. Due to the nature of the service and limited number of patient journey and the reliance on bank staff there was no team meetings between ambulance staff. The registered manager communicated with the team over email and text messages.

Leaders were working with health care providers and the NHS to provide subcontracted services.

## Learning, continuous improvement and innovation

**Staff were committed to continually learning and improving services.**

The registered manager expressed a commitment to learning and improving the service. The service was working to embed recommendations following an independent audit. We saw evidence that these recommendations had been progressing. For example, the safeguarding lead had been supported in their role work towards a safeguarding level 5 training.

The service had an external review which had identified that policy documents required review. Following the recommendation managers had taken prompt action to address this.