Ikon Ambulance Services Ltd

Grange Farm

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	Requires Improvement
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location improved. We rated this service as requires improvement. As we did not rate against all the key lines of enquiry the service retains its inadequate rating for effective and requires improvement rating for responsive. This means the overall rating of the service is requires improvement.

On this inspection we found that:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. They had set up systems to manage medicines.
- Leaders set up services using reliable information systems to monitor performance. Most staff understood the service's vision and values. Staff felt respected, supported and valued and were clear about their roles and accountabilities. Staff were committed to continually improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Requires Improvement 	The rating of this service has improved. We rated this service as requires improvement. As we did not rate against all the key lines of enquiry the service retains its inadequate rating for effective and requires improvement rating for responsive. This means the overall rating of the service is requires improvement. • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. They managed medicines well. • Managers made sure staff were competent. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. • All staff were committed to improving services continually.

Summary of findings

Contents

Summary of this inspection

Background to Grange Farm

We carried out an inspection of Grange Farm using our focussed methodology under the core service framework of Emergency and Urgent Care. The service had no plans to undertake and had suspended any Patient Transport Services activity following our inspection on 6 September 2022.

The inspection was a focussed inspection to follow up concerns from our inspection of the service on 29 November 2022 and 6 September 2022, when we imposed an urgent suspension on the registration of the service. CQC regulates the emergency and urgent care service provided by IKON. The other services provided by IKON, are not regulated by CQC as they do not fall into the CQC scope of regulation. The areas of IKON Limited that are not regulated are provision of first aid treatment onsite at events.

The service had appointed a new registered manager since our last inspection.

As this was a focussed inspection, we did not inspect all elements of the key questions. We reviewed elements of two of the five questions: are services safe and well led. We did not review the questions: are services caring, effective and responsive.

Grange Farm is operated by the registered provider IKON Ambulance Services Ltd. It is an independent ambulance service that supplies paramedics, emergency technicians, and first responders. The service provides first aid support at organised sporting and public events such as stock car racing, horse shows, and agricultural shows - this activity is out of scope of our regulations. As part of the events support, IKON Ambulance Services Ltd also provide medical transportation, including emergency transfers to local emergency departments, which is a service regulated by CQC.

The service is also registered to provide patient transfer service. However, this element had been suspended by the service.

Patient transport services is a small proportion of service's activity. The main service was urgent and emergency care. Where arrangements were the same, we have reported findings in the urgent and emergency care section.

The service is registered to carry out the following regulated activities:

• Transport, triage, and medical advice provided remotely

• Treatment of disease, disorder, or injury

The previous inspection of IKON ambulance service took place on 6 September 2022. We took this action because there was a high risk that a service user may be or will be harmed. We had serious concerns about urgent and emergency care and patient transport services. Following the inspection, IKON ambulance services Ltd. was served with an Urgent Section 31 notice of suspension of regulated activities for 12 weeks to allow the service to improve. An inspection on 29 November 2022 continued to identify concerns that could impact on patient safety within the service. On 1 December 2022 CQC issued a notice of proposal to cancel the service and also separately, to continue the suspension of the service

Summary of this inspection

until 2 June 2023. On 12 January 2023 the service submitted representations not to cancel the service. On 17 March 2023 we issued a notice of decision not to cancel the registration of the service. On 16 May 2023 CQC carried out an inspection of the registered location to see if the improvement had been made within the service and if action had been taken on risks that had been highlighted from previous inspections.

How we carried out this inspection

We carried out a short notice announced inspection on 16 May 2023 at the provider's operating base at Grange Farm, Repps Road.

During the inspection visit, the inspection team:

- Looked at the quality of the environment; this included the office space, storage areas, the converted barn that was used to store the medication and vehicles.
- Spoke with the registered manager, clinical director and paramedics, emergency technicians and cleaning staff.
- Inspected 3 vehicles.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies, procedures and other documents relating to the running of the service.

The on-site team that inspected the service comprised of a CQC inspector, and a specialist advisor to CQC with expertise in paramedic services. A CQC inspection manager and a medications inspector was available by telephone during the inspection to provide advice and guidance. The inspection team was overseen by a Deputy Director of Operations. We reviewed information we requested from the service after our inspection visit.

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 service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should continue to monitor adherence to the revised medicines management policy (Regulation 12).
- The service should ensure that the staff induction policy is embedded within the organisation.
- The service should continue to ensure that all staff receive appropriate safeguarding training.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Inspected but not rated	Not inspected	Not inspected	Good	Requires Improvement
Overall	Good	Inspected but not rated	Not inspected	Not inspected	Good	Requires Improvement

Requires Improvement

Emergency and urgent care

Safe	Good
Effective	Inspected but not rated
Well-led	Good

Is the service safe?

Good

Mandatory training

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

The provider has a mandatory training policy which was in date, version controlled and had a review date. The purpose of the policy was to outline the requirements regarding statutory and mandatory training, ensuring all staff were aware of their responsibilities and that IKON required this policy to be followed by all employees.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The training aligned to the Skills for Health online mandatory training (Skills for Health is a not-for-profit organisation committed to the development of an improved and sustainable healthcare workforce across the UK). Online training modules included for example, Deprivation of Liberty Safeguards, safeguarding adults and children, fire safety, and infection control. There were 17 mandatory training modules, covering topics such as safeguarding adults and children, consent, privacy and dignity. Mandatory training was completed via e-learning. The service intended on providing two continuous professional development (CPD) days per year where staff met face to face to practise scenarios of providing care.

All staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

The service required staff to provide evidence to show that they had completed blue light training. We reviewed 2 staff records that showed certification of blue light training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored mandatory training and alerted staff when they needed to update their training. Managers kept a spreadsheet of staff training and staff were alerted when training modules were due to be completed. Training was stored and undertaken online via an electronic system.

The service used software to allocate staff to specific job roles. The system was set up so that staff could not be allocated to a job unless they had completed their mandatory training.

Requires Improvement

Emergency and urgent care

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, some staff's training had expired while the service was suspended.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We observed that staff demonstrated an appropriate professional curiosity when asking questions to ascertain if patients may be at risk of harm.

The provider had a safeguarding policy which was in date, version controlled and had a review date.

There was an identified safeguarding lead who was trained to safeguarding level 5.

Staff received training on how to recognise and report abuse. Staff received training appropriate to their role. Paramedics were trained to safeguarding vulnerable children and adults level 3 and staff with a First Response Emergency Care qualification (FREC 3) were trained staff were trained to level 2.

Following from our previous inspection the service had updated their safeguarding policy. The policy outlined different types of harm which would require a safeguarding referral, had a link to current intercollegiate guidance, a list of external contact numbers where referrals could be made and links to training requirements. The updated policy therefore reflected best practise, which stipulates that safeguarding training should be specific to each job role. The service required paramedics to be trained to level 3 in both safeguarding adults and children. Staff that were based in the office were trained to level 1. This was an improvement on our last inspection however data submitted by the service showed that 5 staff had not updated their safeguarding training. The registered manager planned to continue the service's suspension until they could evidence that their training had been completed.

The provider had updated their safeguarding policy for this which covers purpose, definitions and responsibilities. The service had updated their IT system so that referrals could be made in line with their policy. Contact details for the safeguarding lead and local authority contacts were contained in the policy. Staff we spoke with could all outline the process for escalating a safeguarding concern.

We reviewed the staff data for 3 employees held by the service which demonstrated that references and Disclosure and Baring Service (DBS) checks had been completed in line with recruitment policy and legal requirements.

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.

All areas were clean and had suitable furnishings which were clean and well-maintained.

The location site was a barn that had been converted to store the vehicles, equipment, including medical gases and the washing area for vehicles. The office was located outside the barn in a static caravan. The service had an informal agreement with a neighbour to use an external toilet.

Emergency and urgent care

The registered manager had developed new policies and procedures in partnership with the staff member responsible for cleaning the vehicles. The service had developed a decontamination manual. The manual set out how vehicles should be cleaned and set out responsibilities for staff. Ambulance crews were required to remove all clinical waste and contaminated linen, clean any spillages of blood or bodily fluid. The manual set out how the vehicles should be cleaned and the equipment to be used. Cleaning processes were audited by the registered manager. We reviewed cleaning records that showed that the vehicle had been cleaned and signed off by the registered manager. The service had a system for auditing the cleanliness of vehicles. This was an improvement from our last inspection. The audit process was underpinned through an updated IPC policy that required vehicle cleanliness to be audited every month.

There was a contract in place for collection of clinical waste.

Vehicle cleaning records were up-to-date and demonstrated that vehicles were cleaned regularly. There were 2 ambulances on site, and they were both visibly clean and tidy.

We observed the premises had areas and suitable furnishings which were clean and well-maintained. Most areas were clear of clutter, which was an improvement from our last inspection. We observed the premises had designated cleaning preparation and storage areas, which promoted good levels of cleanliness.

Cleaning records were up-to-date and demonstrated that areas were cleaned regularly. We reviewed a sample of Infection Prevention and Control (IPC) audits which demonstrated a comprehensive record of checks and a high level of compliance.

Staff understood infection control principles including the use of personal protective equipment (PPE). The service had updated their IPC policy. The service had a member of staff solely responsible for cleaning the vehicles. The cleaning staff had been involved in the updated policy. The IPC policy set out how vehicles should be cleaned and the frequency of deep cleans.

The service used Adenosine triphosphate (ATP) testing for all clinical areas before and after cleaning and documented outcome scores of cleanliness. (ATP is an enzyme that is present in all living cells, and an ATP monitoring system can detect the amount of organic matter that remains after cleaning an environmental surface, a medical device or a surgical instrument).

Staff we spoke with had a comprehensive knowledge of the service's infection prevention control (IPC) processes. The service's IPC policy was up to date, and reflected current guidance in relation to infection control, including COVID-19. Staff had access to a wide range of personal protective equipment, handwashing facilities, sanitizers, and antibacterial wipes.

All areas were clean and had suitable furnishings which were clean and well-maintained. The office was clean, tidy and all furnishings were clean and intact.

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 a process for staff to carry out safety checks of specialist equipment. Staff followed the service's IPC policy in relation to clinical waste. We noted that staff stored clinical waste safely, including sharps and had a contract with a waste removal and disposal company.

We reviewed a sample of all stock supplies, which were within expiry dates. All relevant equipment was stored appropriately, for example medical gasses. There was piped oxygen in the vehicles which was checked and shown to have been serviced.

Staff carried out daily safety checks of specialist equipment to ensure it was ready to be used. The service had enough suitable equipment to help them to safely care for patients. Specialist equipment was stored at the base and moved onto vehicles prior to patient transfers. Bags containing disposable medical equipment were tagged to show they were ready for use. We did not see any out-of-date disposable equipment.

The registered manager had developed a Control of Substances Hazardous to Health (COSHH) policy and had collaborated with the cleaning staff so that the content was relevant to the service. The policy set out the arrangements for the identification, assessment, management, and control of substances hazardous to health within the organisation and gave guidance to staff on safe use.

We found all consumable items to be in date, clean and packed correctly. There was clear evidence of good labelling and content lists for bags with clear expiry dates.

Vehicles were kept and cleaned onsite. The vehicles were locked, and the keys were kept in a secure location in a locked key box with restricted access.

At the time of the inspection the service had hand held tablets and intended for them to be used by staff if the service resumed regulated activity.

The service were compliant with Ministry of Transport (MOT) testing and servicing of the vehicles. We saw evidence all vehicles had a current MOT, service and insurance. The service had an agreement with a mechanic who maintained the vehicles.

We reviewed information about the ambulance fleet used by the service including MOT and services records. All were within MOT date where applicable and service schedules were fully up to date.

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.

Following on from our last inspection the service had added paper copies of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines in each vehicle. The service had purchased electronic tablets and intended to subscribe to the electronic version.

The service planned to use a nationally recognised tool to identify deteriorating patients and escalate them appropriately. The service required staff to adhere to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines in assessing a patient's clinical presentation. The JRCALC guidelines are a nationally recognised body which

produces clinical guidelines for ambulance professionals. The National Early Warning Score (NEWS) 2 determines the degree of illness of a patient and prompts critical care intervention. The service had developed a clinical escalation policy which required staff to complete NEWS2 scores on their patient report forms (PRFs). This was an improvement on our last inspection.

The service had prepared risk assessment templates to be used prior to each event. Details of events were discussed well ahead of the event to enable the service to undertake risk assessments and to help minimise risks.

Staff knew about and dealt with any specific risk issues. Staff completed learning on the Sepsis 6 care bundle.

The service had been suspended and had not transferred any patients since the previous inspection.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough paramedic and support staff to keep patients safe. The registered manager would use a tool to calculate the number of staff needed for each event.

The registered manager, directors, the office assistant and the cleaner were substantive staff. All events and ambulance crew were ad hoc staff from a bank of staff who had been recruited for the service.

The service employed crew staff on an ad hoc basis according to the team requirements at events. There were some staff who worked regularly at events throughout the events season.

Since our last inspection the service had revised its induction policy and had started to induct staff in accordance with the new policy.

The service had developed a clinical supervision policy and had associated KPI's to monitor effectiveness. The service had a target of 100% of all patient facing staff to have received a clinical supervision at least every 12 months.

Records

As there had been no regulated activity since the last inspection there were no patient records to review. The service planned to record patient report forms electronically on tablets provided by the service.

Medicines

The service had set up systems and processes to safely prescribe, administer, record and store medicines.

During our inspection we checked the stock safe and found all medicines in stock were recorded in the record book and the correct quantities had been recorded. All medicines we checked were in good condition and within the recorded expiry date.

Requires Improvement

Emergency and urgent care

At the previous inspection we raised concerns over the use of medication requiring patient group directives. Following on from the previous inspection the service had removed tranexamic acid and clopidogrel medications. The service was looking to recruit a medical director in order to review the patient group directives across the service. There were no patient group directives in place.

The service had a system for managing stock of medications. This meant that medications were always traceable. We checked 3 paramedic bags and all had accurately recorded stock levels. Leaders were responsible for updating audits.

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 electronic system was set up to track medications and use. Managers intended to audit medications monthly to provide assurance that all stock was accurately recorded, monitored and accounted for.

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.

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.

The service was now able to demonstrate that staff had received training to administer pentrox. We saw evidence that paramedics had completed training and records were stored within staff files. This was an improvement on the last inspection.

The service had set up a process for the safe disposal of medications. The service had an agreement with the local pharmacy to dispose of out of date medication.

The service had sharps bins that were correctly labelled and accounted for.

Incidents

The service had set up a process to manage incidents. Staff recognised and were encouraged to report incidents and near misses.

There had been no regulated activity since our last inspection and this meant that no incidents had been reported by staff. Following on from the last inspection the service had refreshed the incident policy and the system for reporting incidents. The incident reporting process had been changed so that managers had greater oversight of incidents within the service and could share learning withing the service. Incidents were a standing item at the clinical governance meetings and there was a key performance indicators to review how incidents were being reported.

Staff knew what incidents to report and how to report them. All staff we spoke with were open and transparent, and fully committed to reporting incidents and near misses.

The service had set up an electronic system for staff to escalate concerns and report incidents and near misses in line with their policy.

The registered manager gave an overview of the incident reporting process and was able to clearly articulate how clinical governance meetings would be used to review and respond to incidents.

Requires Improvement

Emergency and urgent care

Staff understood the duty of candour. All staff we spoke with understood the principles of duty of candour. The provider had a duty of candour policy and module as part of staff's core mandatory training. Staff received feedback from investigation of incidents, both internal and external to the service

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The service had up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and standard operating procedures reflected up-to-date and relevant legislation and guidance set out by relevant national public bodies and committees including the Joint Royal Colleges Ambulance Committee (JRCALC), The National Institute for Health and Care Excellence (NICE) and NHS England. The service had copies of the JRCALC guidelines in each vehicle. Following the inspection, the service had developed a clinical escalation policy that provided staff with direction on escalating a deteriorating patent with specific medical or trauma injuries.

The service was assured that new and existing staff had read and understood policies and procedures. We saw staff files that showed staff had signed to confirm that they had read the policies of the service.

Pain relief

Staff supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

The service had introduced a suite of visual aids to assist staff when communicating to patients. This was an improvement on the last inspection.

Competent staff

The service made sure staff were competent for their roles.

We reviewed 2 staff files and found that the service could evidence competencies in line with their recruitment policy. We reviewed 2 staff appraisals that were fully completed. As the service had been suspended the registered manager had a plan to appraise all staff once they were undertaking regulated activity. The service had a key performance indicator that 100% of staff should receive an annual appraisal.

The service had been communicating to staff while being suspended. The service planned for the staff to attend continuous professional development (CPD) days and to introduce team meetings.

Requires Improvement

Emergency and urgent care

Is the service well-led?

Good

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

Leadership

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

Since the previous inspection the leadership had changed and a new registered manager was in post. The registered manager was also the clinical director for the service. They were a paramedic who also worked in a local GP practice. The service had a clinical director, a operations director, a commercial training director and a safeguarding lead. This group formed the senior leadership team who met formally to oversee the service activities. The service was in the process of recruiting a medical director.

The new registered manager had enrolled onto a Skills for Care programme to support registered managers in their role. On the inspection, the registered manager was able to articulate how the programme had helped them change aspects of the service to ensure there was greater oversight of the service.

All staff we spoke with said that the manager was approachable and would be able to raise concerns if needed. Staff had been informed about changes to the service through communication from the registered manager.

The registered manager had overseen an overhaul of the way the service operated. The registered manager had been on a course to develop their leadership skills.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood how to apply these and monitor progress

The registered manager was able to articulate how they envisaged the service to operate in the future. We were told that leaders had engaged with staff to develop the corporate strategy. The strategy had 3 key areas to improve premises, the fleet and to focus on training. Whilst not all staff were aware of the new corporate strategy, staff were able to align to principles of improved training. The service was in the process of publishing the corporate strategy to circulate to staff.

Culture

Staff felt respected, supported and valued. The service had an open culture.

Staff acknowledged that the service had changed since the September inspection and were optimistic about the future. We found a positive, open culture where staff felt respected and listened to. All staff we spoke with advised us managers were supportive.

Requires Improvement

Emergency and urgent care

Governance

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

The policies we reviewed were structured in a way which clearly defined which members of staff were responsible for which actions. Staff could access all policies and procedures by using an app.

The registered manager had refreshed policies and included key performance indicators to monitor how the service was operating. The service had introduced a standardised policy template. Each policy had a policy ratification checklist that ensured policies were standardised. Some policies were linked to key performance indicators that focussed on mandatory training compliance and number of staff that have had an annual appraisal – which were issues that previously had been highlighted as a concern. The service had not undertaken any regulated activity since being suspended. The service had set up systems that provided the board with an oversight of how the service was operating.

The registered manager met regularly with members of staff and was planning team meetings for later in the year.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a risk register that reflected the service and was reviewed at governance meetings.

The service had 19 key performance indicators (KPI) spread across 5 domains such as infection, prevention and control to medicines management. These KPIs would be monitored at board level through the monthly clinical governance meetings. The service had set up a KPI on incident management to monitor how incidents were being reported within the organisation. The board had overall responsibility for KPIs. The registered manager intended to monitor the safety of the service by ensuring incident reporting system could become embedded.

The registered manager was aware of the service's top current risks. Risks were reviewed every month in the management board meeting. We reviewed the provider's risk register. We noted it contained a description of the risk and was allocated a score.

The service planned for unexpected events. There was an on-call system for directors to be contacted if there was a concern that required immediate escalation.

The service had a registered manger in post on the day of the inspection.

Information Management

Requires Improvement

Emergency and urgent care

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service now had effective systems for monitoring recruitment and ensuring pre-employment checks were completed prior to staff commencing work. Managers demonstrated the new electronic employment system that recorded staff training and personnel files. The system included a sign off feature that prevented staff from uploading the electronic rota application until they had completed their induction and training.

All policies and incident reporting mechanisms were available on an electronic tablet.

Policies and procedures were stored on secure, password protected devises and access to information.

Engagement

Leaders and staff encouraged active and open engagement to plan and manage services.

The provider had set up a lightbulb initiative. Staff were able to submit suggestions for improving the service that would be considered by the directors in governance meetings. While the service had been suspended from undertaking regulated activity, the registered manager was in contact with members of staff that provided support at events, or unregulated activities. The registered manager had been in regular contact with members of staff. The service had also sent out newsletters to provide key updates to staff, for example following an inspection to provide update and assurance. Staff were involved in creating new policies which was an improvement on the last inspection.

As the service had been suspended there was limited opportunity for public engagement.

Both staff and leaders were focussed on providing more training and CPD days had been planned for later in the year.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

All staff that spoke to us were committed to learning and improving services. The registered manager had applied for a master's degree in healthcare leadership starting September 2023.