Mr. David Ogden

Unit 1

Quality Report

Unit 1 The Business Centre,
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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Mr David Ogden - Skipton is operated by Mr David Ogden. The service provides emergency and urgent care services.

We carried out an announced inspection of this service using our comprehensive inspection methodology on 5 December 2017. The focus of this announced inspection was in relation to the emergency care provided during the transport of patients to an accident and emergency department (A&E).

During 2017 the service transported a total of 17 patients to hospital.

The provider`s main service is to provide first aid and medical cover at public and private events. We did not inspect this part of their service at the inspection as it is not regulated by the CQC. This element is regulated by the Health and Safety Executive.

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?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

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

We found the following areas of good practice:

- Vehicles were well maintained, cleaned and equipped with the necessary equipment to provide safe care.
- The service had processes for the safe management and administration of medicines. Our observations during the inspection, our discussions with staff and patient records indicated these were followed.
- Staff had access to national best practice guidance and the service's policies and procedures reflected national guidance.
- Staff completed a full assessment of each patient prior to transfer to hospital and liaised with NHS emergency services to ensure the most appropriate method of transfer was agreed and that the correct emergency pathways were followed.
- Feedback from patients and their relatives indicated staff showed compassion and thoughtfulness in their interactions. They said they felt supported and reassured by staff.
- Staff had an awareness of the importance of maintaining patients' privacy and dignity.
- The service had a formal policy for involving patients and stated this was integral to treating people with dignity and respect.
- The service received no complaints during 2016 or 2017. A complaints procedure provided details of the process for the investigation of complaints and timescales for responding.
- Staff showed an awareness of the needs of patients with complex needs and the need to tailor their service to meet patients' individual needs.
- The service had documented their values and these were evident in the way the service was managed and in examples given by staff. Staff were engaged and loyal to the service.

Summary of findings

- The service had policies and procedures in place which were individualised to the requirements of the service, were comprehensive in their content and clear.
- The managing director was visible and involved in the day to day provision of the service.

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

- The service did not ensure staff working directly with children received level 3 safeguarding training. In addition, the identified safeguarding lead had not completed level 4 training for children and they did not have arrangements in place via a service level agreement for supervision and appraisal of staff by a level 4 trained professional. This does not comply with the Intercollegiate Guidance (2014). However, staff were aware of the signs of abuse and gave us examples of safeguarding referrals they had made.
- Although staff were able to explain the action they would take if a patient's condition deteriorated on the journey to hospital, the service did not have a standard operating procedure or protocol to provide guidance for staff.
- The service did not measure any clinical quality indicators related to the safety of the service.
- The service did not consistently maintain records of training completed by staff to maintain their competence. Records of training updates in basic life support and the use of automated electronic defibrillators indicated 65% of staff completed this training from November 2016 to November 2017.
- Staff did not receive formal annual appraisals.
- A governance framework had not been developed. There were no documented management or governance meetings and no risk register. The management team were able to identify some of the risks but there was no evidence that all risks and been systematically identified and assessed
- There was a recruitment policy in place but staff personnel files were disorganised and important documentation was missing.

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

Ellen Armistead

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

Unit 1

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Background to Unit 1

Mr David Ogden first registered with the CQC in October 2010. The provider is an independent ambulance service in Skipton, North Yorkshire and operates throughout the UK. The company provides urgent and emergency paramedic and first aid medical coverage at both private and public events.

The service is registered to provide the following regulated activities:

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

We previously inspected this service in 2012 and 2013. At the last inspection we found the service met our standards in the areas we inspected.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector. The inspection team was overseen by Lorraine Bolam, Head of Hospital Inspection.

How we carried out this inspection

During the inspection, we visited Unit 1, The Business Centre, Snaygill Industrial Estate, in Skipton, North Yorkshire, which is the main operating base.

We spoke with four staff including a registered paramedic, an ambulance assistant and managers.

We reviewed feedback from four patients and relatives and an event organiser, which were completed before our inspection.

During our inspection, we reviewed 10 sets of patient records and 10 staff files.

Facts and data about Unit 1

The provider is an independent ambulance service in Skipton, North Yorkshire and operates throughout the UK.

Until recently it traded under the name of Event Services Ltd and had recently changed its name to Oak Valley

Detailed findings

Events. The company provides urgent and emergency paramedic and first aid medical coverage and/or fire services at both private and public events. When required the services transports patients from events for treatment in hospital.

The CQC does not currently regulate services provided at events. This element is regulated by the Health and Safety Executive.The part of the service regulated by the CQC is the urgent and emergency care provided by the service when patients are transported to hospital.

The service is registered to provide the following regulated activities:

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

There were no special reviews or investigations of the service on-going by the CQC at any time during the 12 months before this inspection. The service has been inspected twice, and the most recent inspection took place in October 2013 which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (January 2017 to December 2017)

- In the reporting period January 2017 to December 2017 there were 17 emergency and urgent care patient journeys undertaken.

The service did not directly employ staff. The staff working for the service were individually sub-contracted. The service regularly used the services of 20 staff including 10 registered paramedics, ambulance assistants and technicians. In addition, a further 20 staff provided occasional cover. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety over the previous 12 months

- No Never events
- One clinical incident (no harm)
- No clinical incidents classed as low harm, moderate harm, severe harm or death
- No serious injuries
- No complaints

Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The company provides urgent and emergency paramedic and first aid medical coverage and/or fire services at both private and public events. When required the services transports patients from events for treatment in hospital.

The CQC does not currently regulate services provided at events. The part of the service regulated by the CQC is the urgent and emergency care provided by the service when patients are transported to hospital.

Summary of findings

The service had robust systems in place for the management of their vehicles, equipment and medicines.

Staff completed assessments of patients' needs and liaised with other services to ensure patients were transferred to hospital safely.

However, the service did not have governance processes in place and did not routinely measure their performance. Staff had not completed training in safeguarding children to the required level.

Emergency and urgent care services

Are emergency and urgent care services safe?

At present we do not rate independent ambulance services.

During out inspection we found the following areas that needed to improve:

- The service did not ensure staff working directly with children received level 3 safeguarding training. In addition, the identified safeguarding lead had not completed level 4 training for children and did not have arrangements in place via a service level agreement for supervision and appraisal of staff by a level 4 trained professional. This does not comply with the Intercollegiate Guidance (2014). However, staff were aware of the signs of abuse and gave us examples of safeguarding referrals they had made.
- Although staff were able to explain the action they would take if a patient's condition deteriorated on the journey to hospital, the service did not have a standard operating procedure or protocol to provide guidance for staff.
- The service did not measure any clinical quality indicators related to the safety of the service.

However, we also found the following areas of good practice:

- Systems were in place for reporting incidents and staff were aware of them. They told us they were encouraged to report incidents and the service looked for ways to improve.
- Vehicles were maintained, cleaned and equipped with the necessary equipment to provide safe care.
- The service had processes for the safe management and administration of medicines. Our observations during the inspection and patient records indicated these were followed.
- The service had a major incident policy and staff were provided with scenario based training to ensure they had the skills and knowledge to respond appropriately.

Incidents

- The service had recorded no never events or serious incidents during the previous 12 months. Never events are incidents of serious patient harm that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- The service had clinical and non-clinical incidents policies and an adverse driving incidents policy which were available to all staff. These stated that an incident form should be completed when an incident or near miss occurred. Incidents were graded according to severity and there was a clear procedure to follow for the investigation and reporting of each grade of incident with timescales. Managers were aware of their responsibility for external reporting under RIDDOR and reporting to the CQC.
- Staff were aware of their responsibility to report incidents and the reporting procedure.
- The service recorded one incident from November 2016 to November 2017. The incident occurred at an event, rather than in the transport of a patient, but is reported here as an example of the way the service responded to incidents. The incident was verbally reported to the registered manager at the time it occurred and an incident form completed. Action was taken by the service as a result of the incident.
- Staff were aware of their responsibility under the duty of candour. They were unable to give any examples of when they had applied the duty of candour as there had been no incidents when this would be required.
- The 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) ofcertain 'notifiable safety incidents'andprovide reasonable support to that person.

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

- The service did not measure any clinical quality indicators to monitor the safety of the service. The manager told us they reviewed the records relating to

patients who required transport to hospital to identify any issues. Due to the small volume of patients and the wide geographical area in which they provided services, common denominators were not found.

Cleanliness, infection control and hygiene

- The service had an infection prevention and control policy that was available for staff. This was supported by policies on hand hygiene, the use of personal protective equipment (PPE) equipment cleaning, and a vehicle hygiene policy. These included clear guidance for staff on managing patients with infections.
- The service included infection prevention and control training within their mandatory training programme. Records supplied by the service indicated 15 out of 20 regularly used staff, had accessed the training within the last twelve months.
- The service did not formally monitor adherence to infection control policies and procedures. The managing director said they checked adherence to hand hygiene on site and checked that cleaning procedures were followed but did not document this.
- Staff completed cleaning schedules for each vehicle and cleaned vehicles after each event. Cleaning equipment was available in the ambulance garage. A colour coding system was used which separated cleaning equipment that was to be used in different areas.
- Vehicles that we checked all contained evidence they were deep cleaned after their last use and the manager told us they made checks that the cleaning was up to date but did not record this. Vehicles and equipment were visibly clean.
- Arrangements were in place for the disposal of clinical waste. Clinical waste on ambulances was stored in a secure clinical waste bin. Staff removed clinical waste from vehicles at the end of each shift and it was stored securely until it was collected by an independent contractor.
- Personal protective clothing and equipment (PPE) was available on all ambulances. This included disposable clinical gloves, glasses and aprons. Staff were aware of when these should be used. Decontamination wipes were available on all vehicles.
- Staff wore a uniform at work. The service had a uniform policy which outlined the roles and responsibilities of all staff members in relation to the laundering of their uniforms. Staff we spoke with were compliant with the uniform policy.

Environment and equipment

- The building from which the service operated had internal and external CCTV coverage and external lighting covering the exterior of the building and car park.
- The ground floor had a small foyer and large first aid store with racks to store general equipment used on the ambulances. There was a small laundry room adjacent to the store room which led to another locked store room. At the rear of the building was a large garage area where the vehicles used by the service were stored. The first floor of the building had a general office, a large meeting/training room with an additional smaller office, and separate kitchen and toilet facilities.
- The premises including the store rooms were visibly clean, tidy and well laid out. The room used to store medical gases and packs of equipment used by paramedics was secured with locks and alarms. There were bars at the ground floor window.
- The service had a process for ensuring vehicles were serviced and maintained regularly. The service maintained a diary for scheduled servicing and the garage used by the service to maintain their vehicles had a system for calling the vehicles in when servicing and the annual MOT was due. All vehicles had a current MOT.
- We examined three vehicles during the inspection. There was no damage to the outside of the vehicles and all lights were in working order. Vehicles were equipped with VHF radios which were charged and stored in the store room.
- An external independent company serviced all equipment such as scoops and boards used for moving patients. Records indicated equipment had been serviced and checked in March and April 2017.

- All essential emergency equipment had evidence of checks including the automatic external defibrillators (AEDs), oxygen and suction. All equipment and cylinders within the vehicles were secured. Medical gases were stored safely in line with applicable requirements.

Medicines

- The service had a medicines policy based on national guidance for ambulance services (Joint Royal Colleges Ambulance Liaison Committee (JRCALC) that was available for staff.
- Patients were normally stabilised on site prior to transfer to hospital where this was needed and medicines were only used in an emergency situation or if the person experienced a further onset of pain.
- Medicines were stored in the secure ground floor storage area. Medicines were not stored on the ambulance and there was a locking safe available on the ambulances when they were needed.
- A pack containing medicines was available to be taken on the ambulances and staff signed these out and back in on return. They were sealed and a security tag indicated whether they had been opened. The pack contained a record sheet that staff completed if medicines were needed and they also completed the patient record form.
- Controlled medicines were stored and managed in line with requirements. Controlled medicines were checked at the end of each shift. All controlled medicines were recorded in the controlled medicines records and were in date.
- Records were kept of all medicines administration in accordance with requirements.
- Oxygen and nitrous oxide cylinders were stored safely and secured to the wall in a locked cage.

Records

- The service had a records management policy and confidentiality policy. This gave clear directions on the completion of records, their management and storage.
- Staff completed records about the patients who accessed the service at events. Records were legible, dated, timed and signed.
- The record contained a full patient assessment using the ABC system (Airway, Breathing, Circulation), vital signs, an assessment of the patient's pain, past medical history, consent to treatment and whether the patient had capacity to make decisions about their care. It was also noted whether a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order was in place.
- When patients were transported to hospital, the record included the time they left the scene, the time they arrived at hospital and the handover time. Full records of the interventions provided on site were therefore available to staff throughout the journey to hospital and enabled a comprehensive handover to take place when they arrived at hospital.
- Patient records were returned to base and stored in appropriate locked facilities with the records of the event at which they occurred.

Safeguarding

- The service had a safeguarding children and safeguarding vulnerable adults policy (2015) that provided guidance for staff in relation to their interactions and examination of patients and the reporting procedure if they had concerns a person was being abused.
- The service provided training for safeguarding adults and children as part of mandatory training. This was an online training course and the manager was not clear about the level of this training. Following the inspection we were informed the training was at Level 2.
- Data provided by the service indicated that 15 out of 20 staff who regularly worked for the service had completed the online safeguarding adults and children's training modules. In addition, most staff worked within the NHS emergency services and may have completed safeguarding training during their employment. However, the service did not consistently obtain evidence of the training they had undertaken.
- The two staff we spoke with said they had completed level two safeguarding children training with another employer. However, the Royal College of Paediatrics and Child Health (RCPCH) guidelines and those contained in

the Intercollegiate Document (March 2014) state that clinicians who are potentially responsible for assessing, planning, intervening and evaluating children's care, should be trained to level three safeguarding.

- The designated safeguarding lead was the managing director. However, they had not undergone any extra training to complete this role or have arrangements in place via a service level agreement for supervision and appraisal of staff by a level 4 trained professional. The intercollegiate document (March 2014) states that the identified safeguarding lead should be trained to level 4 for children.
- Therefore we were not assured that staff were trained to the appropriate level in safeguarding children. The manager told us they would ensure that additional training was provided for staff to meet these requirements.
- Staff were required to treat and transport children to hospital on occasions although they would always be accompanied by a guardian, except in an emergency situation when a guardian was not available. If this situation arose, staff told us they would always ensure an chaperone accompanied the child in the ambulance. Written guidance for staff on the action to take if a child was unaccompanied by a responsible adult was not available.
- Staff were aware of the signs of abuse and the reporting procedure. A member of staff told us of an occasion when they made a safeguarding referral and the outcome of this. Another member of staff said they had made a safeguarding referral when working for another service. In addition, a patient record we reviewed contained information about a safeguarding concern staff reported and the record indicated the information was passed on to staff at the hospital when the patient was handed over.

Mandatory training

- The service identified a range of training which was mandatory for staff to complete. This included infection control, moving and handling, safeguarding children and adults, the Mental Capacity Act (2005), equality diversity and discrimination and safe handling of medicines. The manager told us that staff mainly completed their training updates in the winter period when the service was quiet.
- The manager told us staff completed annual training in basic life support (BLS) and use of an automated external defibrillator (AED). Records indicated 13 out of 20 staff who regularly worked for the service had completed refresher training in BLS and AEDs between November 2016 and November 2017.
- The manager did not keep a central record of attendance at mandatory training to allow them to monitor compliance or when training was due. Staff personnel files did not consistently contain training certificates or a record of completion mandatory training. However, records printed from the on-line training provider indicated 15 out of 20 regularly used staff, had completed training in all of the mandatory topics except equality and diversity which 11 staff had completed.

Assessing and responding to patient risk

- The patient record form contained prompts for the regular completion of vital sign observations and the ABC (airway, breathing, circulation) framework. This would enable staff to identify a deterioration in the patient's condition. There were no risk assessments to identify risks related to the transport of the patient to hospital.
- Staff we spoke with were aware of the requirement for patients with some conditions to be transferred to a specialist unit (for example patients suffering a heart attack or major trauma) and therefore said they would always liaise with NHS emergency ambulances to ensure patients had direct access to specialised care where necessary.
- The was no standard operating procedure for crews to follow in the event of a patient's condition deteriorating during transfer to hospital. The manager said staff used their professional judgement to make a decision in the individual circumstances. However, they accepted that a procedure would add clarity and expressed a willingness to develop a procedure.
- Staff we spoke with were able to describe the action they would take if a patient deteriorated during transfer and were clear that in the event of an emergency they would immediately stop and dial 999 for an NHS ambulance.

- Vehicles were equipped with automated external defibrillators (AEDs) and the ambulance was always manned by a paramedic during transportation, ensuring that skilled staff were available in the case of an emergency.
- Staff told us they would not normally transport disturbed or violent patients to hospital and would ring for assistance at the scene. If a person became violent or disturbed during transfer they would try to calm them and stop the ambulance if necessary. They would not use restraint.

Staffing

- All staff were subcontractors. Staff completed a formal registration form and references were obtained prior to working for the service.
- Event medical plans were completed when the service was commissioned to attend an event. These contained an assessment of the number and skill mix of staff required for the event and contained consideration of the driving skills required and capacity to allow patients to be transported off site if required.
- Staff told us the number of staff rostered to cover the service was sufficient to enable patients to be treated and transferred to hospital if necessary.

Response to major incidents

- The service had a major incident policy dated November 2015. This identified that staff may be called to assist in a major incident or may be on duty in a situation where a major incident occurred. In these cases, the duty manager would allocate staff and the nationally agreed command structure, based around Gold, Silver and Bronze commands were to be adhered to.
- Additional scenario based training was provided for staff following the 2017 Manchester bombing to ensure staff were equipped to deal with major incidents when they might be the first service on site.
- The service did not have a formal business continuity plan but had ensured systems were in place to maintain a service in the event of a disruption to the service. For example, they had back up computer systems, paper and electronic records, and had considered what they would do in the event of loss of power or loss of the use of ambulances.

Are emergency and urgent care services effective?

At present we do not rate independent ambulance services.

During our inspection we found the following areas of good practice:

- Staff had access to national best practice guidance and the service's policies and procedures reflected national guidance.
- Staff completed a full assessment of each patient prior to transfer to hospital and liaised with NHS emergency services to ensure the most appropriate method of transfer was agreed and that the correct emergency pathways were followed.
- Staff documented verbal consent of patients to care and transfer. They were aware of the principles of the Mental Capacity Act and were able to apply them to practice.

However, we also found the following areas that needed to improve:

- The service did not consistently maintain records of training completed by staff to maintain their competence. Records of training updates in basic life support and the use of automated electronic defibrillators indicated 65% of staff completed this training from November 2016 to November 2017.
- Staff did not receive formal annual appraisals.

Evidence-based care and treatment

- Best practice guidance was used in the development of the service's policies and procedures which referenced guidance from national bodies. This included guidance from both the National Institute for Health and Care Excellence (NICE) as well the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

- Staff were provided with access to JRCALC guidelines and the service's policies and procedures; they were aware of these and where to locate them. Pocket JRCALC guidelines were kept on each vehicle.

Assessment and planning of care

- Staff completed a proforma for patient assessment which promoted a systematic assessment of the patient and enabled them to plan care accordingly. The staff transporting patients to hospital, were the staff who initially treated them on site at the event, therefore they were fully aware of the patient's condition and the treatment provided.
- Staff completed pain assessments and recorded them in the patient records. Patients were stabilised and provided with pain relief prior to transfer to hospital. However paramedics had access to Entonox and other pain relief which could be administered if necessary during the journey.
- Staff had access to clinical advice through the manager and the medical director. A member of staff said they had accessed clinical advice through this route and they had received prompt and appropriate advice.
- Staff assessed each patient and made a decision with the patient where possible as to whether the patient should wait for an NHS ambulance, utilise alternative means of transport or whether they should be transported by the service. They did this in conjunction with the NHS ambulance service when appropriate. In doing this, they were able to plan the transfer and identify any issues prior to making the journey.
- Staff handed over care to hospital staff on arrival at hospital. We were not able to observe this during the inspection and therefore cannot make any comment about the quality of this. However, the patient record provided the level of detail necessary for a comprehensive handover.

Response times and patient outcomes

- Staff kept records of the time they were alerted to a casualty, the time they were seen, the time they left the site on transfer, the time they arrived at hospital, and the handover time.
- We examined 10 of these records and saw that patients were seen promptly and there were no undue delays in taking the patients to hospital when this was required. However, the service did not monitor this formally. The manager said they reviewed all patient records following an event and would address any issues identified, but this was not recorded.
- We discussed the merits of monitoring the amount of time on the vehicle, but the service operated in a wide geographical area and therefore the time taken to transport a patient to hospital would be dependent on the distance and the traffic conditions. The service did not transport more than one patient at once and went directly to the hospital; therefore the benefits of monitoring transfer times were felt to be limited.

Competent staff

- The service did not have systematic evidence of the completion of training by staff and formal systems were not in place for the appraisal of staff. Staff records contained copies of various training certificates but there was no standardised recording and we identified gaps in the evidence of training.
- First aiders were provided with an induction which included completing a first responders course and their training needs were explored at interview. All new staff shadowed a more experience member of staff for several events and were provided with feedback from the management team, but this was not recorded.
- The manager gave us an example of a recruit that lacked confidence and was provided with additional support and mentorship to help develop their skills but after a period of time, they reached mutual conclusion that the person would not be utilised by the service in the future.
- Staff told us they were able to identify any training needs they had and the manager was very responsive and would provide training. They said the manager continually looked at the possibilities for new and innovative training.
- Patient records showed evidence of systematic assessment and diagnostic skills of staff. The manager attended most events and assessed the skills of staff but did not record this.
- The manager and individual staff told us staff driving ambulances had completed driver training and blue light training. Staff files contained copies of staff driving

licences but did not contain evidence of additional driver training. Following the inspection, the manager provided training certificates for staff driving ambulances to demonstrate staff had completed training and were assessed as proficient.

- All paramedics were registered with their regulatory body.
- The manager told us staff had informal appraisals as they were all subcontractors. There were no records of appraisals in place at the time of our inspection.

Coordination with other providers

- The service was involved in post event debriefing and review meetings with other services involved in the events. They provided a post event report which covered information about patients transferred to hospital.
- The service did not have any contracts with other healthcare providers.

Multi-disciplinary working

- Staff described good multi-disciplinary working within the service and staff were clear about each other's roles.
- Staff provided a handover of information given in the patient record to hospital staff on arrival and transfer.

Access to information

- Staff obtained information about each person's past medical history where possible from the person or their relatives. They did not receive patients from other services as they provided services only at events and patients self-referred.
- Crews had VHF radios to maintain contacts and communicate as required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had access to policies about consent in adults and children and procedures to be followed when a patient refused treatment.
- Staff obtained verbal consent to treatment and recorded patient consent on the patient record form.
- Staff completed training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards as part of mandatory training. They were able to explain the principles of the Act and best interest decision making.

Staff said they would not restrain a person and would not use physical intervention to prevent a person from leaving. However, would contact other emergency services such as the Police if they felt it was necessary to maintain the person's safety

Are emergency and urgent care services caring?

At present we do not rate independent ambulance services. However, during the inspection we found the following for caring:

- Feedback from patients and their relatives indicated staff showed compassion and thoughtfulness in their interactions. They said they felt supported and reassured by staff.
- Staff had an awareness of the importance of maintaining patients' privacy and dignity.
- The service had a formal policy for involving patients and stated this was integral to treating people with dignity and respect.

Compassionate care

- Staff showed an awareness of the importance of maintaining patients' privacy and dignity. They told us they ensured patients were covered as much as possible and they carried out examinations in the back of the ambulance. They were proud of the professionalism of the service and showed a commitment to providing the best possible care.
- An event organizer said event attendees had commented on the team's ability to provide a positive experience for all and a patient commented on their 'cheery and positive attitude.' The patient went on to complement their thoughtfulness in taking action to preserve something of importance to them in anticipation of action which would need to be taken by staff later at the hospital.

- A relative said staff had a respectful and caring attitude towards them when they travelled with their relative to hospital.
- The service's policy on involving patients identified that a patient might prefer to be treated by a person of the same gender and this should be respected. It also stated that chaperones should be offered to patients and staff confirmed this was done in practice.

Understanding and involvement of patients and those close to them

- Staff told us they consulted verbally with patients about the necessity for transfer to hospital and explained the options available to them, i.e. whether they could go independently to hospital, call for an NHS ambulance or use the service, depending on the injuries or medical condition they had experienced. In this way they gained agreement with the patient and/or their relatives about the transfer.
- The service had a policy for involving patients and stated full engagement and involvement of the patient was integral to treating patients with dignity and respect. It identified that a full explanation should be given and any options provided to patients in a way they could understand. It recognised that some patients may have difficulties in communicating or understanding the information and advised staff they should ask the patient if they would like a friend, relative or carer to be involved to help them understand.

Emotional support

- A relative said they valued the support given to them by the ambulance crew and the fact they were able to travel with their relative who had suffered a serious medical problem. They said the staff provided them with support and reassurance on the journey.
- Staff we spoke with showed empathy for patients and an understanding of the impact of patients' injuries on their emotional well-being and the anxiety caused to patients and their relatives.

Supporting people to manage their own health

- The service operated solely as an events service and did not therefore see patients regularly or indeed on more than one occasion.
- Staff showed an understanding of people's long term health conditions. A record we reviewed indicated a person presented with an epileptic seizure and staff ascertained the person had experienced a sudden increase in their seizure activity. As a result staff advised the patient and reached an agreement they should attend hospital.

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

At present we do not rate independent ambulance services.

During out inspection we found the following areas of good practice:

- The service received no complaints during 2016 or 2017. A complaints procedure provided details of the investigation of the complaint and timescales for responding.
- Staff showed an awareness of the needs of patients with complex needs and the need to tailor their service to meet people's individual needs.

However, the following area needed improvement:

- The service did not have access to translation services.

Service planning and delivery to meet the needs of local people

- The service experienced seasonal fluctuations in activity and they planned their service accordingly. Staff were sub-contracted, which allowed the service to respond to increases in demand. They told us they made use of the quiet period over the winter months to provide annual training and development for staff.
- The managing director told us the service was considering the options for expansion of the events service due to the overwhelmingly positive feedback from organisations who had utilised their services and their reputation for professionalism. This had led to increased enquiries about the service.
- The service did not have any contracts for the provision of urgent and emergency care and patient transport. They tendered for individual events.

Meeting people's individual needs

- The service did not provide any written information for patients.
- The manager showed us a copy of a communication booklet that had been ordered to be provided in all vehicles in the future, to aid communication with patients with special needs and those for whom English was not their first language. At the time of the inspection one copy was available for staff to use.
- Staff told us they used internet translation aids if a person was not able to speak English. However, most patients presented accompanied by a person who could translate for them. They recognised the importance of ensuring the patient was happy for the person accompanying them to be involved and said they would give the patient the opportunity to see them alone.
- The service had recently started to provide training for staff in dementia awareness. At the time of the inspection five staff had accessed the training.
- Staff said they treated everyone as an individual and showed an awareness of the adjustments they might need to make in their communication and care of people with additional needs such as those with a learning disability and those living with dementia.

Access and flow

- Staff recorded in the patient record the time a call for assistance was received (or the time the person presented to the service), the time 'on-scene', time left for hospital, time arrived at hospital, and time ready to leave. Information from the records we reviewed suggested that resources were available when required and there was no evidence of undue delays in transferring the patient to hospital.

Learning from complaints and concerns

- The service had a complaints procedure with details of how to make a complaint and the timescales for investigation and response to the complainant. It provided details of the parliamentary ombudsman if the person was not satisfied with the service's response.
- The service did not receive any complaints during 2016 or from January 2017 to November 2017.
- Staff were aware of the complaints procedure and told us they would provide the patient with a business card with contact details to enable them to make a formal complaint if required.

Are emergency and urgent care services well-led?

At present we do not rate independent ambulance services.

During our inspection we found the following areas that needed improvement:

- A governance framework had not been developed. There were no documented management or governance meetings and no risk register. The management team were able to identify some of the risks but there was no evidence that all risks had been systematically identified and assessed.
- There was a recruitment policy in place but staff personnel files were disorganised and important documentation was missing.

However, we also found the following areas of good practice:

- The service had documented their values which were evident in the way the service was managed, and in examples given by staff. Staff were engaged and loyal to the service.
- The service had policies and procedures in place which were individualised to the requirements of the service, were comprehensive in their content and clear.
- The managing director was visible and involved in the day to day provision of the service.

Leadership / culture of service related to this core service

- The service was led by two directors, one of whom was a registered paramedic and took the leadership role in relation to clinical care and safeguarding. They were supported by a medical director who was a consultant in accident and emergency medicine and provided medical expertise.

- The managing director had a good understanding of the operational management of the service and showed a commitment to ensuring the service provided was patient focussed.
- Staff we spoke with said the managers were visible as they regularly attended events and provided feedback to staff after the events. A member of staff said, "[The managing director] takes the reputation of the service very seriously and it is a service we can be proud of." "If they say they will do something, they do it." Another member of staff said, the manager was frequently on site and was always available. They said, "I wouldn't hesitate to ring, if there was a problem."
- The manager and staff were open and honest during the inspection. There was a positive culture and they showed a willingness to take improvements forward. Staff were clearly comfortable with the manager and one person said, "They never brush things under the carpet." They went on to say, "Any recommendations you [the CQC] make will be acted on quickly."

Vision and strategy for this core service

- The service had formally documented values and a vision for the service that emphasised caring, being responsive to patient needs and innovating to further improve services.
- Staff were aware of the values of the service and told us the welfare of patients was always their priority. One member of staff gave an example of a situation in which there might be a conflict between the continuation of an event and the transport of the patient off site and they said in these situations, the patient would always come first.
- Another member of staff said, "[The manager] always makes sure everything is done properly and everything is as it should be, we have the right equipment, the right vehicles, the right staff, training and they are always keen to learn more and develop the staff."

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

- There were no formal management or governance meetings. The management team said they had daily meetings to discuss forthcoming events, concerns, and any risks and incidents but they were not documented.
- The service did not have a risk register or a risk management policy or strategy. We spoke with the management team about the risks to the service and they identified the importance of ensuring vehicles were fit for purpose and ensuring staff were capable and maintained their driving competencies. These risks were not recorded in a risk register although we found evidence that processes were in place to mitigate these risks. For example the manager kept a record of regular servicing and maintenance of vehicles and equipment.
- The service had a range of policies and standard operating procedures that covered topics such as incident reporting, safeguarding, complaints, recruitment, medicines management records management, confidentiality and infection control. Policies and procedures were referenced against appropriate best practice guidance. They had dates of implementation and review.
- Evidence that the appropriate pre-employment checks were completed was not consistently available as there was no standardised list of the information the personnel files should contain.
- There was a recruitment policy in place for the management team to follow when employing new staff. This included proof of identity, driving licence and enhanced disclosure and barring service (DBS) checks. Staff were asked to complete a registration form prior to working at the service to record their qualifications, experience and training completed. They were also asked to provide two references from previous or current employers.
- The manager told us the policy was followed but staff files were not consistently organised and information was missing. For example, copies of references were not available in the files. Although evidence of paramedic professional registration checks were not available in the staff files, the manager provided evidence of their current registration.
- There were no audits to monitor performance indicators or the quality of the service. The manager said they carried out informal assessments of staff and compliance with procedures such as hand hygiene but did not record these.

Public and staff engagement (local and service level if this is the main core service)

- The service had developed a social media page for staff which provided information about forthcoming events, last minute events and details of learning and changes to practice. Staff were able to contribute their ideas and it provided a platform for feedback.
- Staff were able to volunteer for events and their interest areas were catered for as much as possible.
- There was no evidence of public engagement in the development of the service.

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

- The service had grown over the last two years and the management team said that due to the reputation they had developed, they had secured additional customers, some of whom ran large events. They said they would like to take on additional work and recognised the need for a business partner to enable them to further develop the service.
- They said they intended to remain as an events and training service. They had no plans to expand patient transport work by tendering for NHS contracts.
- Staff gave us examples of improvements to the service. They said the clinical bags were now standardised and the location of equipment on each vehicle was standardised as much as possible, after suggestions put forward by the paramedics. Boxes containing equipment and disposables were colour coded so staff knew at a glance what they contained.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The service must ensure that safeguarding training for children is provided in line with Intercollegiate Guidance (2014). This includes staff providing direct care and treatment to patients as well as the safeguarding lead.
- The provider must develop a system to maintain records of training completed by staff and monitor compliance with training requirements.
- The provider must develop a system for identifying, mitigating and controlling risks appropriately.
- The provider must ensure there is evidence of the appropriate pre-employment checks for all members of staff.
- The provider must establish a governance framework which includes a process to review risks, incidents and complaints, monitor key performance indicators and ensures learning and continuous improvement.

Action the hospital SHOULD take to improve

- The provider should develop a standard operating procedure or protocol to provide guidance for staff on the management of deteriorating patients.
- The provider should develop some clinical quality indicators related to the safety of the service and monitor performance against these.
- The provider should take steps to ensure staff complete training updates in basic life support and the use of automated electronic defibrillators.
- The provider should ensure staff receive annual appraisals and record these.
- The provider should ensure staff are provided with communication aids and a translation service to aid communication with patients who have difficulty in understanding English or have communication needs.
- The provider should develop clear guidance for staff on the transfer of children not accompanied by a responsible adult.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** • Staff did not always have the correct level of knowledge, experience and training to undertake their role. This is a breach of Regulation 13 (2)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • The provider did not have formal processes to monitor, and improve the safety of the service. This is a breach of Regulation 17 (17) (2) (a). • The service did not have a risk register and processes to identify organisational risks and risks to people using the service. This is a breach of Regulation 17 (17) (2) (b). • The service did not keep records to monitor staff compliance with training requirements. This is a breach of Regulation 17 (17) (2) (d). • The service did not ensure there was evidence of the appropriate pre-employment checks for all members of staff. This is a breach of Regulation 17 (17) (2) (b)