St. John Ambulance

St John Ambulance - London Region

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?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated it as good because:

- 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. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and 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. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service's audits did not always ensure leaders could monitor compliance fully,
- The service's medicines standard operating procedure did not make clear the protocols or practices required to keep controlled drugs at home.
- Not all staff had received appraisals.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

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Summary of this inspection

Background to St John Ambulance - London Region

St John Ambulance – London Region is a large independent service that provides urgent and emergency support to NHS ambulance services. The service has one main hub in Park Royal, London.

The service has not been inspected since the change in registration in 2020.

The current registered manager has been registered with the CQC since the service was registered. The service is registered for the following regulated activities:

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

The service provides the following services:

Emergency and Urgent Care Services (EUC)

St John Ambulance – London Region provides paramedic and technician crewed emergency ambulances to all London-based NHS hospitals and one NHS ambulance trust mainly in London.

St John Ambulance – London Region provides comprehensive cover to events including sporting meetings and festivals. Unless transport to hospital is provided, such provision is outside of the scope of registration. Provision within the scope of registration is reported under the EUC core service.

The service does not provide the patient transport services (PTS) core service in the London region.

How we carried out this inspection

We carried out an announced (24 hours' notice) comprehensive inspection, looking at all five key questions; safe, effective, caring, responsive and well led.

We visited the Park Royal Headquarters of the provider, the Children's Acute Transfer Service (CATS) based at a London children's hospital and the Neonatal Transport Service (NTS) based at an NHS hospital in London where we inspected premises, vehicles and equipment.

The urgent and emergency core service inspection was carried out by one CQC inspector, one inspection manager and one specialist advisor with paramedic experience.

During the inspection we looked at six patient records and spoke with 12 patients.

We spoke with 16 staff members on site.

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

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

The service employed staff on a voluntary basis who gave their time, skills and experience to provide outstanding care to patients in need, often in complex and difficult environments

Areas for improvement

Action the service SHOULD take to improve: We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportioned to find a breach of regulation overall

Action the service SHOULD take to improve:

- The service should ensure infection, prevention and control audits monitor hand hygiene practice to ensure leaders are assured that staff are following best practice. Regulation 12(1)(2) (a)(c).
- The service should ensure its audits monitor compliance with areas, such as National Early Warning Scores (NEWS2) recording, pain assessment, clinical impression section completion and whether a safeguarding referral was completed. Regulation 12(1)(2) (a)(b)(c)
- The service should ensure it is made clear in the standard operating procedure what the practices and protocols are for keeping controlled drugs in residential properties. Regulation 17(2)(e)
- The service should ensure all staff receive appraisals. Regulation 12(1)(2)(c)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Emergency and urgent care safe?

Good

We rated it as good.

Mandatory training

The service provided mandatory training in key subjects to all staff but did not always make sure staff completed it. It was unclear which subjects were classed as mandatory.

All staff received training; however, it was not clear which subjects were classed as mandatory. In the evidence provided by the service, there was no clear training matrix which listed which courses were assigned as mandatory. A dashboard provided to the inspection team included subjects such as data and security awareness, equality and diversity and conflict resolution but did not contain subjects such as fire safety and infection prevention and control (IPC). The registered manager told us training subjects were agreed between ambulance operations teams, clinical teams, assurance teams and the clinical education team. They also told us mandatory training would be disseminated to trainers via 'train the trainer' sessions that shared the relevant course resources and discussed requirements and learning outcomes alongside assessment criteria.

Post-inspection, the service told us that mandatory topics were listed in their online learning platform. The service also told us managers were sent expiration dates as a reminder to ask their staff to complete training which was due for renewal.

Mandatory training trainers were SJA qualified trainers who had completed the 'train the trainer' sessions in order to deliver training to staff. The registered manager also told us mandatory training was scheduled to be rolled out at specified points throughout the year and all sections of the training must be completed by year end for the individual staff member to remain compliant and registered at their specified clinical grade. Therefore, the overall mandatory training target changed depending on the agreed subjects requiring completion.

The overall mandatory training compliance figure was shown as 91.89% at the time of the inspection.

Managers monitored staff who undertook training at alternative places of work, such as NHS trusts and requested evidence of completion of all mandatory training. Staff had training to drive under blue lights.

The service grouped essential training into two complete modules which all staff were expected to complete. The service told us they changed their essential training topics annually based upon themes from incidents and complaints and changes in national guidance.

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.

All staff received training specific for their role on how to recognise and report abuse. All staff received training in safeguarding children and adults, and they knew how to recognise and report abuse. Safeguarding training was reported to have a 99.1% completion rate for safeguarding level one and 95.5% for safeguarding level two. However, on review of a training dashboard provided by the service, 13 staff were showing as out of date with safeguarding level 1 and 33 members of staff currently out of date with safeguarding level two training. It was unclear how the overall compliance figures were calculated.

Staff were able to give examples of safeguarding concerns. Staff completed training including terrorism (PREVENT) and modern-day slavery.

The safeguarding lead had relevant experience and knowledge for the role and was trained in safeguarding children and adults' level 3. Staff knew who the safeguarding lead was or knew how to access their details and were able to approach them for advice and support.

Safeguarding referrals were submitted by the service to the Care Quality Commission (CQC).

The service had safeguarding policies and protocols in place for both children and adults. The service's safeguarding policy was appropriately reviewed and in date. Each staff member had access to safeguarding policies and procedures and appropriate contacts for escalation. Staff used these tools for safeguarding advice, support and to report safeguarding concerns to the provider.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service involved appropriate organisations, such as the police, in the safeguarding referrals where appropriate.

Between 1 August 2021 and 31 July 2022, the service made nine safeguarding referrals across the London region.

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 service audited infection, prevention and control practice but there were some areas which were not included such as hand hygiene practice.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. All vehicles were visibly clean and well maintained. Vehicles that were not suitable to go out on the road were clearly labelled VOR (vehicle off road).

There was a dedicated cleaning bay equipped with vehicle washing equipment, benches, sinks and other washing equipment. Cleaning materials were safely stored and there was usage and Control of Substances Hazardous to Health (COSSH) information displayed. Mops had disposable heads, were colour coded and stored upright off the floor.

The service performed well for cleanliness. Managers audited cleanliness to ensure compliance to required standards. Data from the service showed evidence these audits were conducted quarterly. The report for quarter two of 2022 showed vehicle infection, prevention and control (IPC) compliance was measured for both vehicle environment cleanliness and IPC equipment availability on vehicles. For the vehicle environment categories set out in the audit the service scored between 91% and 99%. For IPC equipment availability on vehicles categories set out in the audit the service scored between 84% and 100%. The service replenished the IPC equipment where required and had actions as a result of the audit. The IPC audit contained no hand hygiene practice monitoring so leaders were unable to monitor this.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact to reduce the risk of cross infection. The service deep cleaned vehicles as a standard on a six-weekly basis, and if additional deep cleans were required for any reason they were booked in.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was adequate PPE available on the vehicles. All staff were observed wearing PPE in accordance with current infection control guidance. Staff had received training in the safe use of PPE.

The service had an appropriate infection prevention and control procedure in place which was appropriately reviewed and in date. It included key areas, such as vehicle cleaning schedules and medical devices decontamination.

The service followed guidance around COVID-19 protocols. Entry to the building was restricted to prevent the risk of COVID-19 infections and there were reception staff on duty. Staff were seen to observe COVID-19 precautions including the use of masks and hand sanitiser. There were dispensers for hand sanitiser and masks available throughout the building. Staff took lateral flow tests if unwell or had a high temperature and a polymerase chain reaction (PCR) test could be arranged in line with guidance in place at the time of the inspection. The service was aware of the vaccination status of all staff, and staff were encouraged to use the immunisation programme.

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 design of the environment followed national guidance. The main ambulance hub we visited was secure and there was CCTV, the premises was surrounded by a secure perimeter fence. Other hubs we visited also had CCTV and were secure. All vehicles were locked when not in use.

All vehicles were in an identified parking space within a designated area of the hub. We observed four crew members preparing to go on shift and noted that they carried out vehicle and equipment checks against a written checklist. All vehicle keys were stored securely.

The service held comprehensive records of vehicle maintenance, including servicing of the vehicles. The service had comprehensive systems to manage vehicle safety testing/insurance and road tax and there were accurate records. Staff demonstrated how these systems worked during the inspection, the service had a dedicated team to deal with vehicle management.

Staff carried out daily safety checks of specialist equipment. The service had a process in place to monitor medical device recall alerts, and how these notices were discussed with the team. The service had a 'red tag' system when equipment that needed repairing was identified. This ensured it would not be used in active ambulances. The service had a standard operating procedure in place for the process.

For the CATS and NTS services, some vehicle equipment was owned by the partnership organisation St John was contracted to work with. Equipment was clearly labelled as either belonging to St John Ambulance or by the organisation they were working in partnership with inside each ambulance vehicle we inspected. The equipment belonging to the organisation St John was contracted to work with was often specialised equipment which only the contracted organisation staff knew how to operate. However, it was not always clear on the daily equipment check sheet, which equipment was owned and maintained by St John and which equipment was owned and operated by the partnership organisation. Senior management agreed during the inspection that this was not clear and stated they would seek to improve the daily equipment checklist to ensure it was easily distinguishable which equipment was owned by St John and which was owned and maintained by the partnership organisation.

The service had an in date medical device management procedure which outlined the management of medical devices from procurement through to disposal.

The service had enough suitable equipment to help them to safely care for patients. The service had enough stock which was linked to each vehicle. During the inspection stock was checked and was in date in both ambulances and in the stock room. All essential emergency equipment was serviced, electrical safety tested and secured in the vehicles. The service had specific equipment for transferring children when required.

The service had access to clean linen. Staff changed linen between patients.

Staff disposed of clinical waste safely. Staff understood guidance relating to the safe disposal of clinical waste and had appropriate systems in place at both sites for clinical waste disposal. Policies and procedures were in place to support this.

Assessing and responding to patient risk

Staff monitored and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff did not always complete full audits of patient risks.

Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly, including after any incident. Staff had the knowledge to identify and deal with any specific clinical risk issues. However, it was not clear if managers audited staff compliance for undertaking risk assessments. We asked the service to provide records of audits undertaken in the last three months. From the information provided by the service, it was clear certain record audits were being undertaken, such as adherence to chest pain protocol, stroke, sepsis and hypoglycaemia. However, there were no other records of audits that provided a general overview to assess other risks. This meant there were no audit measures to monitor compliance with areas, such as National Early Warning Score 2 (NEWS2), completion of the clinical impression section, pain assessment completion and whether a safeguarding referral was required.

The service used the NEWS2 system to carry out and record observations and assess if escalation or further treatment was needed.

All healthcare professionals who worked for the service received intermediate life support training.

Staff completed risk assessments for patients thought to be at risk of self-harm or suicide, in order to determine the best pathway for the patient. Staff demonstrated a good understanding of patients at risk of self-harm.

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 enough paramedic and support staff to keep patients safe. Staff comprised of contracted staff, however, the overwhelming majority of staff worked on a volunteer basis. All vehicles had appropriate staff allocated dependent on the shift.

Managers accurately calculated and reviewed the number and grade of paramedics, assistants and emergency care technicians needed for each shift in accordance with national guidance.

The service had clinical leaders and shift leaders who supported the paramedics staff when required.

The service had variable and low turnover rates. Between January and June 2022, the average turnover for full time staff was 6.59%.

The service had variable sickness rates. Between November 2021 and August 2022, the average sickness rate was 12.87%. The service told us the majority of staff sickness was in relation to COVID-19.

Managers made sure all staff had a full induction and understood the service. All staff completed an induction, which identified the company values, the vision of the company, what was expected of staff and the training that the staff would complete. Staff had support from a mentor when they started working at the service.

For the CATS and NTS service, staff were required to complete an induction booklet which included observational ride outs and competency assessments. This was signed off by a manager once all elements had been successfully completed.

The service had a 24 hour on call system and a process in place for escalation to ensure that the staff could seek support from a senior member of staff when needed.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely.

Patient notes were comprehensive, and all staff could access them easily. There was a clear policy in relation to record keeping. Patient notes we reviewed were fully completed. All patient records were logged before being sent to the relevant trust. We reviewed the patient record audits provided for the last three months and saw managers had completed two cardiac care audits.

The service had policies in place and staff we spoke with had a good understanding of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

Records were stored securely. Completed records were taken back to a hub where they were scanned and securely sent to the provider headquarters in the North East of England, here they were scanned onto an electronic system and kept in line with the records management policy.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had a clear medication management policy in place.

Staff completed medicines records accurately and kept them up to date. No medicines were stored on the vehicles overnight and were signed back into a locked cupboard in a locked room covered by CCTV. We reviewed records where controlled drugs were administered and saw that there was consistent practice. However, it was not clear in the controlled drugs standard operating procedure whether two staff needed to sign out controlled drugs (CD's). CD's are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.

Paramedic staff employed by the service told us they kept one type of controlled drug at home. The service had provided these staff with secure lockable safes and instructions on how to store the drug. Staff told us they were required to send in a monthly audit of the quantities of drugs kept at home. However, it was not clear from the controlled drugs standard operating procedure, what the exact requirements were for keeping controlled drugs at home.

Staff stored and managed all medicines and prescribing documents safely. All medicines we checked were securely stored and within their expiry date. Some medicines were stored in the fridge. The temperatures of the fridge were checked daily and recorded. The temperatures were within the recommended range. The service held a stock list of medicines enabling a clear process for replacing stock.

The service held controlled medication on site. These were stored correctly, checked and audited by clinicians.

Medical gases were stored separately in a locked area which was dry, well ventilated and regularly checked. Empty gas cylinders were stored in a separate space from full cylinders.

Staff learned from safety alerts and incidents to improve practice. Managers had a good overview of safety alerts and disseminated this information to staff. Staff confirmed learning was shared with them to improve practice. The service had monthly medicines management meetings in place. At these meetings, the service monitored temperature logging, medicines alerts, supply issues, expired medicines, medicines packs and patient group directions.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents but not all staff received feedback from this. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff had access to electronic systems to report incidents when on the road. This meant information could be shared in real time and reviewed without delay to ensure prompt action could be taken. Staff we spoke with described reporting incidents and raising safeguarding concerns whilst working with patients.

Good

Emergency and urgent care

Staff raised concerns and reported all incidents and near misses in line with the service's policy.

The service had a clear major incident policy and major incident plan in place.

The service had one never event between 1 July 2021 and 1 September 2022. This related to a lack of standard checking of a vehicle to identify a broken piece of equipment which was needed during a transfer. This related to the NTS provided by the service.

There were 230 total incidents across the region between 21 September 2021 and 22 August 2022. Of these incidents six were categorised as high severity, 142 were medium severity and 82 were low severity. The highest volume of incidents (92) came under the category 'clinical care failure'. The service told us a 'clinical care failure' was any incident where St John staff had failed to meet the needs of patients in a clinical setting.

Managers investigated incidents. The service discussed incidents individually at meetings and learning was identified.

Staff were updated via email of the status of their incident investigations and of the outcome. The service admitted it needed to make sure that they learnt from incidents in a more systematic way and ensure that everyone received feedback when they raised a concern. The service planned to tailor training programmes specifically based on incidents that occurred in order to ensure learning took place.

Managers debriefed and supported staff after any serious incident. Staff were also offered counselling support if required.

Staff fully understood the duty of candour. The duty of candour is when every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

Are Emergency and urgent care effective?

Good

We rated it as good.

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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff and the service were following Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidelines. JRCALC combines expert advice with practical guidance to help paramedics in their roles and supports them in providing patient care. Staff had access to this information remotely.

Staff, particularly working for the CATS and NTS service, also followed trust processes and policies they were working on behalf of. This meant that at times, staff would follow different processes depending on the trust they were working for. Staff also had regular updates on NHS trust policies that had changed.

The service had appropriate protocols in place for staff which they could access via the providers intranet if it was required.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

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.

Staff prescribed, administered and recorded pain relief accurately. Staff told us they would offer pain relief quickly if needed, we did not see any pain relief administered during the inspection. Staff could offer a range of pain relief depending on the needs of the patients.

Response times

The service monitored and met agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

We noted that the service was contracted by the NHS to provide emergency responses to patients. As part of this service level agreement, an ambulance and crew on shift were allocated and dispatched to responses by the contracting NHS trusts control headquarters.

The dispatches were automatically delivered to an on-board electronic control unit within the providers ambulances. The timings relating to a response were collated by the NHS contracting trust from the electronic control unit within the ambulance.

If any response time issues were identified, then this was raised and discussed with the provider during regular meetings and inspection and/or audit.

Competent staff

The service made sure staff were competent for their roles. Managers appraised some staff's work performance. Staff had access to regular team meetings.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service employed staff with a wide range of skills and experience. Staff had good understanding of their roles supported by relevant qualifications and training. Clinical staff were available as mentors to newer, less experienced members of the staff team.

It was not clear if all staff had an appraisal at the time of our inspection. Data provided by the service showed a number of completed appraisals for staff. On our review of 10 completed appraisal forms for staff we found these to be comprehensive with a good level of standard detail such as opportunities for learning as well as priorities and objectives for the forthcoming year. However, the service did not provide an overall appraisal compliance rate, therefore we could not be assured all staff had received an appraisal.

The training team supported the learning and development needs of staff. All contracted operational staff were required to undertake the full training package as part of their role. The service had a comprehensive package.

Some staff were involved in initiatives, such as clinical auditing, mentoring and assessing, and the clinical on-call team. They felt that St John Ambulance provided good opportunities for learning and development.

Staff had access to regular team meetings. During our inspection, staff told us they attended meetings. We requested minutes for team meetings held within the three months prior to our inspection and saw staff meetings had occurred.

Managers identified poor staff performance promptly and supported staff to improve. The service operated clear policies and procedures to support staff performance. Staff were aware of the expectations of their individual role and action was taken promptly to address any concerns with staff performance. Leaders could give examples where poor performance had been identified indicating training and support needs.

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.

Staff worked with their colleagues and NHS staff to discuss patients and improve their care. Staff worked closely with hospital staff to be able to transfer patients into hospital safely and quickly, to meet the needs of the patients.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked with NHS trusts and with other agencies when required to care for patients, including; the police, coroner and fire service if needed.

Work carried out through the services' CATS and NTS provision was done in conjunction with the NHS trusts the service was working with. We saw a good working relationship between St John Ambulance staff and NHS staff. Staff told us they worked well together to ensure the patients were cared for appropriately and in line with best evidence-based practice. Staff we spoke with told us they felt part of a team and whilst they knew their work scope and responsibilities, they were always willing and keen to work with NHS staff to innovate and look at implementing new practices to keep the service working at it's best.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a clear policy and procedure for capacity to consent which covered the Mental Capacity Act 2005.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We saw this was documented in patient records we reviewed.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. The service had a policy and procedure in place which staff followed to ensure patients were given the opportunity to consent to their care. Where possible staff supported patients to sign to say they consented to any decisions made. We reviewed seven patient records and consent for any decisions made had been sought and recorded in all cases.

Good

Emergency and urgent care

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Where appropriate staff would discuss patient's care with their relatives and made decisions in the patients' best interests.

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. All staff had received training in relation to the Mental Capacity Act 2005 and understood how this applied to their role. Managers were available to give advice and support relating to capacity and consent. Staff had access to the provider policy which covered the Children Act, consent for under 18s and how to assess for Gillick competence for those under 16. Gillick competency is often used to assess whether a child is mature enough to consent to treatment.

Are Emergency and urgent care caring?

Good

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. During our inspection we spoke with 12 patients and saw feedback to the service from September 2021 to August 2022. The service received 11 compliments in this timeframe from patients, family members and carers.

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'respected my privacy' and 'treated me with dignity and respect' the service achieved 97%.

Patients said staff treated them well and with kindness. Themes within patient feedback included kind staff who did not rush patients, and supported patients to take their time.

Staff followed policy to keep patient care and treatment confidential. Staff were aware of their responsibilities in relation to confidentiality and followed policies and procedures to protect patient's information. Staff maintained the dignity of patients during examinations. They provided blankets for warmth, modesty and comfort and ensured that patients were secure when transported in the back of the ambulance.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff showed a non-judgemental approach and the service had a positive culture of respecting people.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We reviewed patient feedback and spoke with 12 patients. Patients spoke of a good level of emotional support that staff gave them and to their loved ones.

Good

Emergency and urgent care

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'spent enough time with me', 'listened to me' and 'showed me they cared' the service achieved 97%.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. We observed staff remained calm and patient when supporting patients.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. When treating a patient, we observed staff made sure that patients' family members had support in place before leaving their home.

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 made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care. When explaining medical terminology to patients and their relatives, staff spoke in plain terms and used diagrams to aid understanding.

The service carried out a patient experience survey and across all compassionate care measures in July 2022 which included, 'gave me information that was easy to understand' and 'explained clearly what was happening' the service achieved 97%.

Staff talked to patients and family members in a way they could understand and were able to ask questions and seek more support if needed. Feedback from patients and relatives showed that they were involved in care and staff took the time to communicate clearly.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients could give feedback; either compliments or complaints to the service. As mentioned above the patients could easily leave feedback using the barcode and could also take part in the ongoing patient survey.

Are Emergency and urgent care 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. It also worked with others in local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. The urgent and emergency provision of the service was, in the main, contracted by the NHS. Therefore, the services were designed around the requirements of the commissioning arrangements. We saw within senior leadership team meeting minutes that managers regularly reviewed these.

Good

Emergency and urgent care

The service also provided urgent and emergency care at events. CQC does not regulate any care given at an event; however, we do regulate the service if they convey a patient to hospital for ongoing treatment. The service provided cover for events in line with requests from event management. At the time of inspection, the service was covering a significant event based in Central London.

Facilities and premises were appropriate for the services being delivered. The service headquarters were housed in purpose configured industrial units with dedicated training centres. The service also had bases across London. The garage, office and training space were suitable for the needs of the staff and the vehicles. Patients did not visit the premises.

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.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had multilingual cards available in different languages for patients who did not speak English.

Managers made sure staff and patients, loved ones and carers could get help from a specialist language line to access interpreters when needed.

Staff had access to communication aids to help patients become partners in their care and treatment. The service had picture cards available for patients with communication needs

Staff had an understanding and received training about how to support patients living with dementia or a learning disability. Patient feedback we reviewed showed staff were able to support patients with dementia appropriately.

The service had appropriate equipment to transfer bariatric patients if needed.

Access and flow

People could access the service when they needed it.

The service supported NHS hospitals and one NHS ambulance trust. The service carried out their work based on requests from those services.

We were provided with documentation which demonstrated response times and KPI's were discussed in meetings. However, due to the relatively new nature of the contract held with the NHS, it was not possible to be provided with further information at the time of inspection.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The service had electronic barcodes which could be scanned to make giving feedback easier for patients and their families

Good

Emergency and urgent care

We reviewed the complaint's policy and found it fully reflected patients' options when following up on complaints.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. The service had received three complaints from July 2021 to June 2022. Investigations into complaints were carried out by the management team and where appropriate a response was provided to the patient or relative.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw evidence of actions taken in both complaints we reviewed even if they were not upheld. Management staff shared these lessons with wider staff groups where necessary.

Managers shared feedback from complaints with staff and learning was used to improve the service. Where learning had taken place following a complaint information was shared with staff to improve practice and reduce the risk of reoccurrence.

Are Emergency and urgent care well-led?

Good

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.

The registered manager was supported by ambulance operations managers, regional ambulance leads, a director of quality and safety, regulatory assurance manager, a medical director and many others. Below this grade were area and locality managers. They were supported by shift supervisors.

The senior leadership team were able to identify and prioritise issues that arose, these were addressed in a timely manner.

Staff told us that site managers were supportive and senior managers and the registered manager were also visible. Staff told us they had a good rapport with leaders who were friendly and approachable. Senior managers worked clinically alongside staff which staff felt decreased any hierarchy.

Staff told us that they were supported to develop their skills and roles. The service had invested in their leadership structure, doubling the number of ambulance operations managers and regional ambulance leads.

There was always an on-call manager available 24 hours a day.

Good

Emergency and urgent care

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them.

The service had a clear strategy in place from 2019 to present which was based around serving communities the best way they could.

The service also had an operational and business plan in place moving from 2021 into 2022 which laid out objectives for their ambulance operations department.

The strategy clearly identified the values of the service. Staff were aware of these values and demonstrated them to us throughout the inspection.

Culture

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

Staff told us they felt there was a positive culture in the service and felt very supported by managers and senior managers. Staff told us that if they had frustrations, they felt they could raise these concerns with managers and were listened too.

Staff spoke highly of their colleagues and stated it was a pleasure to work with the crews and a pleasure to work for the service. Feedback from patients, relatives and carers indicated they were able to share feedback openly with the service.

Staff completed equality and diversity training as part of their training and could seek advice from managers and diverse staff groups. The service had an equality diversity and inclusion strategy in place from 2022 to 2023. This included an equality diversity and inclusion steering group and several staff networks including; disability and accessibility, women, pride, multi-cultural and carers.

The service had introduced a Freedom to Speak Up Guardian (FTSU) in order to bring it into line with NHS services. Staff we spoke with were aware of the FTSU, how to contact them and knew their role and responsibilities. No member of staff we spoke with had used the FTSU.

The service provided support and de-briefing for staff experiencing difficulties. There was a Wellbeing lead and confidential Care Support Line for staff, where staff could access counselling if needed. There was also an HCP Friends line where healthcare professionals could discuss distressing or challenging clinical cases with a peer. This was widely advertised within the building and staff were aware of the service.

The evidence we saw supporting the complaints and incident investigation processes was indicative of a culture of openness and honesty.

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.

Good

Emergency and urgent care

The service had a clear structure in place, which identified the senior manager structure and middle management structure. This was evidenced through a documented organisational structure and comprehensive and well written documentation, such as policies, procedures and forms.

Staff were employed in specific roles with job descriptions and responsibilities. Staff at all levels understood their roles and responsibilities. Staff understood the areas they had oversight for.

There was a dedicated human resources department and a training department which staff could contact if they had any questions or queries. Line managers also told us they found it useful to have a contact in these departments to assist with any queries they had when managing staff.

Processes and procedures were in place and ran effectively. For example, there was a clear process in place for learning from incidents, including serious incidents, and how these were reviewed and then training identified if needed.

The service had regular governance meetings. The service provided several examples of governance meetings minutes and we saw that there were discussions around re-structuring, audits, recruitment, staff welfare, clinical observations and training.

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.

The service had a risk register in place. This identified the risk and any mitigation taken to reduce the impact of risks. The risk register was comprehensive, regularly reviewed and clearly showed mitigating actions.

Managers and senior managers were able to explain what their three top risks were for the service and how they were addressing these. Manager's risks mirrored those upon the risk register.

Staff told us they received feedback from risks and incidents and were aware if learning from these had taken place.

The service had a monthly performance dashboard and used it to monitor various aspects of performance including staff sickness, mandatory training, notifications, incidents and patient feedback.

The service had business continuity policies. These included the policy along with critical functions and/ impacts and risk analysis which the service had undertaken and it was reviewed regularly.

Reports of serious incidents and allegations of abuse against staff and safeguarding referrals were reported appropriately.

Information Management

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.

There were effective information systems in place to support the activities of the provider. Data was comprehensive and we saw it was used to operate day to day systems, manage the service and provide strategic information.

The provider operated a staff portal which enabled the distribution of information, such as policy updates and bulletins.

Vehicles were equipped with global positioning system-based navigation and location systems, this meant managers were able to see where their staff were on shift and if there were any issues, staff could be easily located. Staff had access to mobile phones.

The service completed audits to monitor the performance and these were discussed in the clinical governance meetings. Action plans were put in place to monitor performance where it was identified actions were required to improve aspects of the service.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service held regular meetings with NHS leaders who commissioned services, to discuss audits, learning from incidents and to improve services for patients.

Staff told us they were involved in decision making within the service, and ideas of change were listened too and implemented where possible. We saw evidence in team meeting minutes that changes to the service were discussed with staff.

The service carried out regular staff surveys and had clear actions in place to address concerns.

The service had a regular ambulance operation newsletter to share messages with staff, as well as provide feedback.

The service engaged with patients and made it easy for them to leave feedback.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

St John Ambulance had launched a new ‘box-body’ ambulance to transform the work undertaken by the charity, both as an emergency support for the NHS and at events. The new design ensured ambulances were comfortable as well as practical. There were many improvements to the new vehicles which included being more spacious, and a lighter with a fully automatic gearbox which made them easier to drive and more fuel efficient improving environmental performance.

The service had developed a fully electronic patient form in conjunction with staff and following best practice guidelines. We were told this would be rolled out fully amongst all staff by the end of 2022.