

Mr. Mike Crockford

# Event Medic Services - Burgess Hill

## Quality Report

44 Inholmes Park Road

Burgess Hill

RH15 0JE

Tel: 07790 575526

Website: [www.eventmedicservices.co.uk](http://www.eventmedicservices.co.uk)

Date of inspection visit: 12 December 2017

Date of publication: 26/04/2018

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

Event Medic Services Limited is a private ambulance service operated by Event Medic Services Limited. The service provides emergency and urgent care and transfer to hospital to members of the public and participants injured during events, covered by the service, in the South East of England.

The service employs one paramedic, who is also the managing director. The service has a bank of trained paramedics, ambulance technicians and nurses to staff the events. Event cover is exempt, by law, from CQC regulation. We did not inspect the services provided by Event Medic Services Limited to patients injured taking part in or attending an event. However, providers are required to register with CQC if they transport patients off the event site to hospital. Event Medic Services attended 269 events and transported six patients to hospital from an event site in the 12 months prior to inspection.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 12 December 2017. During our inspection, we reviewed the records of the six patients transferred to hospital in the 12 months prior to inspection.

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:

- The ambulances used to transport patients to hospital were clean both inside and out. They contained personal protective equipment for staff and antibacterial wipes to clean equipment in between patient use.
- Vehicles had the appropriate safety checks, were maintained and checked daily.
- The management of medicines within the service was safe.
- The service had up to date, referenced and annually reviewed policies that ensured the staff used best clinical practice in line with current legislation.
- When assessing and treating patients the staff used current best practice guidelines issued by the Joint Royal Colleges Ambulance Liaison Committee.
- Effective systems were in place to ensure staff maintained their professional registration and were up to date with their mandatory training and clinical skills.
- Comprehensive risk assessments were completed prior to staffing an event to ensure the patients could be safely transferred to hospital if needed.
- Patient records were stored securely at all times and this ensured patient confidentiality was maintained.
- Staff felt supported by the manager of the service and said the manager was always available to discuss concerns.
- The staff liked working for the service and described an open culture where all staff were focused on providing high quality care.

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

- The manager, who was a registered paramedic and worked for the service, had not undergone mandatory training in the twelve months prior to inspection.
- The manager lacked understanding of the Duty of Candour and had no policy relating this.

# Summary of findings

- The sharps policy did not include actions to be taken in the event of a sharps injury.
- Audits were not undertaken and therefore learning did not take place from a review of procedures and practice.
- Not all equipment on the ambulance was calibrated according to the manufactures recommendations.
- There were no governance arrangements in place to evaluate the quality of the service and improve delivery.
- There was no formal risk register in place. This meant the service's ability to monitor their risks was limited.

Following this inspection, we told the provider that it should take some actions to comply with the regulations.

- The service should ensure the registered manager completes annual mandatory training. Since the inspection we have seen evidence the manager has completed mandatory training.
- The service should have a policy in line with current legislation regarding duty of candour. Since the inspection we have seen evidence the service has a policy about duty of candour.
- The sharps policy should include actions to be taken in the event of an injury. Since inspection we have seen evidence that the sharps policy includes action be taken in the event of an injury.
- Audits should be undertaken to ensure learning happens a review of procedures and practice.
- Equipment on the ambulances should be calibrated according to the manufactures recommendations.
- The manager should have governance arrangements in place to ensure they can evaluate the service.
- The manager should have a risk register which would enable the service to monitor its risk.

Following this inspection, we told the provider that it must take some actions to comply with the regulations.

- Complete an annual appraisal with all staff.

## **Name of signatory**

Amanda Stanford

Deputy Chief Inspector of Hospitals on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Emergency and urgent care services

### Rating Why have we given this rating?

Event Medic Services Limited is a private ambulance service operated by Event Medic Services Limited. The service provides emergency and urgent care and transfer to hospital to members of the public and participants attending events covered by the service in the South East of England. Services are staffed by trained paramedics, ambulance technicians and nurses.

We found the following areas of good practice:

- The ambulances used to transport patients to hospital were clean thoroughly both inside and out. They contained personal protective equipment for staff and antibacterial wipes to clean equipment in between patient use.
- Vehicles had the appropriate safety checks, were maintained and checked daily.
- The management of medicines within the service was safe.
- The service had up to date, referenced and annually reviewed policies that ensured the staff used best clinical practice in line with current legislation.
- When assessing and treating patients the staff used current best practice guidelines issued by the Joint Royal Colleges Ambulance Liaison Committee.
- Effective systems were in place to ensure staff maintained their professional registration and were up to date with their mandatory training and clinical skills.
- Comprehensive risk assessments were completed prior to staffing an event to ensure the patients could be safely transferred to hospital if needed.
- Patient records were stored securely at all times and this ensured patient confidentiality was maintained.
- Staff felt supported by the manager of the service and said the manager was always available to discuss concerns.
- The staff liked working for the service and described an open culture where all staff were focused on providing high quality care.

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

# Summary of findings

- The manager, who was a registered paramedic and worked for the service, had not undergone mandatory training in the twelve months prior to inspection.
- The manager lacked understanding of the Duty of Candour and had no policy relating this.
- The sharps policy did not include actions to be taken in the event of a sharps injury.
- Audits were not undertaken and therefore learning did not take place from a review of procedures and practice.
- Not all equipment on the ambulance was calibrated according to the manufactures recommendations.
- Audits were not undertaken and therefore learning did not take place from a review of procedures and practice.
- There were no governance arrangements in place to evaluate the quality of the service and improve delivery.
- There was no formal risk register in place. This meant the service's ability to monitor their risks was limited.

Following this inspection, we told the provider that it should take some actions to comply with the regulations.

- The service should ensure the registered manager completes annual mandatory training. Since the inspection we have seen evidence the manager has completed mandatory training.
- The service should have a policy in line with current legislation regarding duty of candour. Since the inspection we have seen evidence the service has a policy about duty of candour.
- The sharps policy should include actions to be taken in the event of an injury. Since inspection we have seen evidence that the sharps policy includes action be taken in the event of an injury.
- Audits should be undertaken to ensure learning happens a review of procedures and practice.
- Equipment on the ambulances should be calibrated according to the manufactures recommendations.
- The manager should have governance arrangements in place to ensure they can evaluate the service.

# Summary of findings

- The manager should have a risk register which would enable the service to monitor its risk.

Following this inspection, we told the provider that it must take some actions to comply with the regulations.

- Complete an annual appraisal with all staff.
-

# Event Medic Services - Burgess Hill

## Detailed findings

### Services we looked at

Emergency and urgent care

# Detailed findings

## Contents

Detailed findings from this inspection	Page
Background to Event Medic Services - Burgess Hill	8
Our inspection team	8
How we carried out this inspection	9
Facts and data about Event Medic Services - Burgess Hill	9
Findings by main service	10
Action we have told the provider to take	21

## Background to Event Medic Services - Burgess Hill

Event Medic Services Limited is operated by Event Medic Services Limited. The registered manager has been in post since the service opened in 2002. It is an independent ambulance service based in Burgess Hill, West Sussex. The service provides emergency and urgent care and transfer to hospital to members of the public and participants attending events covered by the service in the south east of England. The service employs one managing director, who is a paramedic and has access to staff bank of 35 trained paramedics, ambulance technicians and nurses. The service has two emergency ambulances used to transport patients to hospital.

The service has had a registered manager with the CQC since 06 September 2011.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder and injury

During our inspection, we visited the head office. We reviewed six sets of patient records, which included every patient transferred to hospital in the 12 months prior to

inspection. We spoke with four members staff including; registered paramedics and management, who had responsibility for the emergency transfer of patients to hospital.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had been inspected before. The most recent inspection took place in February 2014, which found that the service was meeting all standards of quality and safety when it was inspected using the previous methodology.

Activity (January 2017 to December 2017)

In the reporting period January 2017 to December 2017, the service attended 249 events and transported six patients to hospital.

Track record on safety

- Zero clinical incidents
- Zero serious injuries
- One complaint

## Our inspection team

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



# Detailed findings

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 12 December 2017. During our inspection, we reviewed the records of the six patients transferred to hospital in the 12 months prior to inspection.

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.

## Facts and data about Event Medic Services - Burgess Hill

The service employs one paramedic, who is also the managing director. The service has a staff bank of trained paramedics, ambulance technicians and nurses to staff the events. Event cover is exempt, by law, from CQC regulation. We did not inspect the services provided by Event Medic Services Limited to patients injured taking

part in or attending an event. However, providers are required to register with CQC if they transport patients off the event site to hospital. Event Medic Services attended 269 events and transported six patients to hospital from an event site in the 12 months prior to inspection.

# Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

Event Medic Services Limited is a private ambulance service operated by Event Medic Services Limited. The service provides emergency and urgent care and transfer to hospital to members of the public and participants attending events covered by the service in the South East of England. Services are staffed by trained paramedics, ambulance technicians and nurses.

## Summary of findings

We found the following areas of good practice:

- The ambulances used to transport patients to hospital were clean thoroughly both inside and out. They contained personal protective equipment for staff and antibacterial wipes to clean equipment in between patient use.
- Vehicles had the appropriate safety checks, were maintained and checked daily.
- The management of medicines within the service was safe.
- The service had up to date, referenced and annually reviewed policies that ensured the staff used best clinical practice in line with current legislation.
- When assessing and treating patients the staff used current best practice guidelines issued by the Joint Royal Colleges Ambulance Liaison Committee.
- Effective systems were in place to ensure staff maintained their professional registration and were up to date with their mandatory training and clinical skills.
- Comprehensive risk assessments were completed prior to staffing an event to ensure the patients could be safely transferred to hospital if needed.
- Patient records were stored securely at all times and this ensured patient confidentiality was maintained.
- Staff felt supported by the manager of the service and said the manager was always available to discuss concerns.
- The staff liked working for the service and described an open culture where all staff were focused on providing high quality care.

# Emergency and urgent care services

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

- The manager, who was a registered paramedic and worked for the service, had not undergone mandatory training in the twelve months prior to inspection.
- The manager lacked understanding of the Duty of Candour.
- The sharps policy did not include actions to be taken in the event of a sharps injury.
- Audits were not undertaken and therefore learning did not take place from review of procedures and practice.
- There were no governance arrangements in place to evaluate the quality of the service and improve delivery.
- There was no formal risk register in place. This meant the service's ability to monitor their risks was limited.

## Are emergency and urgent care services safe?

### Incidents

- The service had an up to date, referenced and annually reviewed Untoward Incident Reporting policy. Records showed staff had read the incident reporting policy. The manager emailed each staff member annually with the updated policy and required an emailed response to confirm the policy had been read. This provided assurance to the manager that staff understood their role in reporting incidents.
- Although staff had not reported any incidents in the 12 months prior to the inspection, they could identify which incidents to report and the process for doing so. Staff were provided with an untoward incident paper reporting form which would be completed and given to the manager in the event of an incident occurring.
- The manager was not aware of the legislation regarding duty of candour and had no policy covering this. This meant any potential occurrences requiring duty of candour would not be recognised and dealt with appropriately. Since inspection, the provider submitted a Duty of Candour policy, which referenced national guidance and had been shared with the staff.

### Mandatory training

- The majority of staff worked for the local NHS ambulance trust and underwent annual mandatory training as part of their employment. We saw records that showed the manager viewed the staffs' mandatory training attendance certificates annually to confirm the training had been attended. This meant the manager was assured any staff employed by this trust had up to date mandatory training.
- The manager also ensured any staff not employed by the local NHS ambulance trust had up to date mandatory training by viewing the attendance certificates with their own employer.
- The manager was unable to show us that they had completed their own mandatory training last year. We have seen evidence that the manager has completed this training since the inspection.

# Emergency and urgent care services

- We found that staff were sufficiently trained and qualified to drive emergency response vehicles. Staff records showed that the necessary staff had a C1 driving licence. A C1 driving licence is required to drive vehicles with a maximum authorised mass of between three and a half and seven and a half tonnes.

## **Safeguarding**

- The service had separate, up to date, referenced and annually reviewed Safeguarding policies for adults and children. The manager emailed each staff member annually with the updated policy and required an emailed response to confirm the policy had been read. Records showed us the staff had read the Safeguarding policy. This provided assurance to the manager that staff understood their role in reporting safeguarding concerns in line with the local policy.
- There was no quick reference guide for the staff on duty to follow in the event of identifying safeguarding concern. Since the inspection, the service has provided us with a flowchart identifying the key safeguarding actions and professional links in the community, which will be available to staff on each ambulance.
- Although staff had not reported any safeguarding concerns in the 12 months prior to inspection they could identify safeguarding concerns and knew how to report them.
- The majority of the staff worked for the local NHS ambulance trust provider and underwent annual mandatory training as part of their employment, which included safeguarding children level 1 and 2 and safeguarding vulnerable adults' level 1. Records showed that the manager made annual checks that staff had attended this training. This meant the manager was assured any staff employed by this trust had up to date safeguarding adult and children training. The manager also ensured any staff not employed by the local NHS ambulance trust had up to date mandatory training by viewing their training records.
- The manager was unable to demonstrate they had attended safeguarding training in the 12 months prior to inspection. We have seen evidence that the manager has completed this training since the inspection.

## **Cleanliness, infection control and hygiene**

- We inspected the two ambulances used for emergency transport and both were visibly clean internally and externally. We saw the ambulance deep cleaning policy and viewed records that confirmed the ambulances had been deep cleaned every six months for the last five years.
- Records confirmed that ambulances were cleaned using antibacterial decontamination wipes at the beginning and end of each shift and in between patient use.
- The provider had an up to date Infection Control Policy, which was reviewed annually and we saw records confirming staff had read this. Personal protective equipment was provided on each ambulance. Personal protective equipment is specialised clothing or equipment worn by employees for protection against health and safety hazards.
- We were unable to confirm if staff adhered to the Infection Control Policy, as there was no work to view on the day of inspection.
- We saw the Hand Decontamination Policy, which records confirmed had been read by staff. The policy referenced National Institute for Health and Care Excellence guidelines for Healthcare Associated infections (CG 139). Each ambulance had hand-cleansing gel available.
- We did not observe any practice so were unable to confirm if staff decontaminated their hands in line with the policy.
- The service provided uniforms for all staff. Photos of staff uniforms showed that staff were bare below the elbows in line with the policy. Staff were responsible for ensuring their uniform was cleaned appropriately.
- The ambulances had hazardous waste bags, soiled linen bags and sharps bins on the ambulance to dispose of clinical waste, soiled linen and used sharps. The sharps bins were correctly assembled and not overfilled in line with Sharps Regulations, as required by the Management of Health and Safety at Work Regulations 1999.
- We saw a service level agreement with a company licensed to dispose of hazardous waste, soiled linen and used sharps. This ensured all hazardous waste, soiled linen and used sharps were disposed of safely.

# Emergency and urgent care services

- At the end of a shift, the staff stored any hazardous waste, soiled linen and used sharps in a locked cupboard within a secure garage until collection.
- The service did not conduct any audits in relation to infection control. This meant the service missed opportunities to monitor staff compliance with the infection control policies.

## Environment and equipment

- The service had two emergency ambulances, which were kept in a secure facility when not in use. An electronic key code was needed to access ambulance keys in the office of the location where they were stored. This ensured the ambulances were stored securely when not in use.
- We saw records confirming each vehicle had current MOT and a complete service history. The provider monitored this using an electronic spreadsheet.
- Each ambulance had an equipment checklist, which was used to prepare the vehicle for each use. Records showed the ambulance equipment checklist was used to ensure the ambulance was fully stocked. Equipment was checked by the paramedic on duty prior to each event attended and every week by the manager regardless of use.
- We saw evidence that all equipment on the ambulance had an annual electrical safety check. The defibrillators were self-checking and replaced if faulty. A defibrillator is used to control heart fibrillation by application of an electric current to the chest wall or heart.
- The blood pressure cuff and peak flow meter had not been calibrated on one ambulance. The equipment must be serviced and calibrated in accordance with the manufacturer's recommendations. Without that being done, the staff could not be assured the equipment was giving reliable readings.
- We saw each ambulance had a fire extinguisher however; the servicing was due to be done in September 2017 and had not been done at the time of inspection. We informed the provider who agreed to take immediate action to resolve this.
- The provider had an up to date Sharps Policy, which was reviewed on an annual basis and we saw records confirming staff had read this. Sharps waste is a form of

biomedical waste composed of used sharps, which includes any device or object used to puncture or lacerate the skin. Sharps waste is classified as biohazardous waste and must be carefully handled.

- The policy did not include actions to be taken in the event of a sharps injury. We informed the provider and they told us they would add this to the policy. This policy has been updated to include actions to be taken in the event of a sharps injury.

## Medicines

- The service had a Medicines Management Policy which was reviewed annual and records confirming this was read by staff.
- The service reported no medication errors in the 12 months prior to inspection.
- The service had a group of medicines that were used to treat patients under a paramedic[CD1] patient group direction. Patient group directions allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. This guideline aims to ensure that patient group directions are used in line with legislation, so that patients have safe and speedy access to the medicines they need.
- Records showed the patient group direction was up to date and signed by a medical consultant. Medicines were obtained from a pharmaceutical company. All medicines were kept securely and records kept of stock levels, expiry dates and disposal. This was in line with the National Institute of Health and care Excellence medicines practice guideline MPG2.
- The manager, who was a registered paramedic, had two vials of morphine sulphate, which were securely stored in a safe. Morphine Sulphate is a controlled drug. Controlled drugs are a group of medicines that require special storage and recording arrangements due to their potential for misuse. We viewed a home office prescription only medicine letter allowing the secure storage of the morphine at the registered office of the provider.
- Paramedics and ambulance technicians recorded administration on a medicine administration record and

# Emergency and urgent care services

on the patient record forms. The administration records identified the medicines the paramedics and technicians had administered and who was accountable for the administration.

- We viewed medical gases stored correctly on each ambulance. They had been obtained from a recognised international medical gas provider. All cylinders were in date and stored correctly.

## Records

- The provider had an up to Data Protection Policy, which was reviewed on an annual basis and we saw records confirming staff had read this.
- We viewed the patient assessment records of the six patients transported to hospital from the event. These contained the demographics of the patient, past medical history, assessment of current symptoms, a record of vital observations, signed patient consent for treatment and a record of treatment given. The records were complete, legible and up to date in line with Joint Royal Colleges Ambulance Liaison Committee guidelines.
- Notes were kept securely within the ambulance when transporting a patient to hospital and handed over to the receiving professional as part of the patient handover in line with provider's data protection policy. A copy was given to the registered manager at the end of the shift.
- The forms were securely stored in a locked cabinet at the registered office. There was no policy to destroy the forms and the service had a record of all patient assessments since the start of the company.
- The service did not undertake any record keeping audits, therefore it missed opportunities to assess staff compliance to the management of health records procedure and identify improvements.

## Assessing and responding to patient risk

- All patients were assessed and treated in line with Joint Royal Colleges Ambulance Liaison Committee protocols. Records demonstrated continuous assessment of patients allowing early detection of a patient becoming unwell and take appropriate action. All patients were assessed by a qualified paramedic.

- All crews included trained paramedics who worked within their professional scope of practice to assess patient risk, detect patients who were becoming more unwell and undertake a medical intervention. If the paramedics decided they did not have the skills or equipment to deal with an emergency they would call for an NHS emergency ambulance.
- The provider told us that support would be sought from the accident and emergency team in the event of needing specialist clinical advice. Staff we spoke to confirmed this was the procedure followed.

## Staffing

- The manager used a risk assessment tool and his experience as a paramedic when providing event cover to plan the skill mix needed for each event. This was confirmed by the completed risk assessment tools viewed during the inspection.
- The staff were offered work on the event via text message and this was filled on a first to respond basis.
- Sickness or absence was covered by contacting the staff to arrange for cover.

## Anticipated resource and capacity risks

- The service did not have on going contracts with providers but had built good relationships with event providers and were booked for annual commitments.
- All ambulances were covered by a national breakdown service in the event of mechanical failure. The service had access to its own alternative emergency vehicles if needed.

## Response to major incidents

- While on duty at an event the service used the major incidents policy in line with the organisers risk assessment

## Are emergency and urgent care services effective?

(for example, treatment is effective)

## Evidence-based care and treatment

# Emergency and urgent care services

- We saw from patient records that staff worked to National Institute of for Health and Care Excellence and Joint Royal Colleges Ambulance Liaison Committee guidelines. The manager ensured staff knew about changes to guidelines by email as necessary.
- All patients were assessed in line with Joint Royal Colleges Ambulance Liaison Committee protocols. Records demonstrated there was continuous assessment of patients. This allowed the paramedic to detect if a patient was becoming unwell and take appropriate action. However, there were no regular clinical audits to monitor adherence to these guidelines.

## Assessment and planning of care

- As part of the event preparation, the provider identified the nearest Accident and Emergency department to the venue and calculated the estimated transfer time. These details and a telephone contact number for the department were given to the crew working at the event. This ensured the patients were transferred to the nearest accident and emergency department.
- The staff used the patient transfer form to give a comprehensive handover to the staff in A&E as part of the discharge process.
- The patient had their pain assessed and this was recorded on the patient assessment form. Painkillers were given and regular assessment of the pain completed to ensure the patient was as comfortable as possible.

## Response times and patient outcomes

- The service did not participate in any local or national audits, benchmarking, accreditation, peer review, research or trials. This meant the manager had no oversight on how the service was performing.
- The service did not collect patient outcome data, response times or performance data. This meant that learning did not take place from a review of procedures and practice.

## Competent staff

- Staff records we saw showed the manager checked the professional registration of the staff on an annual basis. The records of staff also contained competency certificates demonstrating they have up to date knowledge and skills.

- There was no appraisal system in place. This means the manager does not have assurance the staff are competent to carry out their duties.

## Coordination with other providers and Multi-disciplinary working

- The service undertook a physical assessment of the event site. This assessment was used to create a risk assessment for the event and also inform the staff of drive times to the local accident and emergency department. This allowed the staff to coordinate transfer times between the event and the accident and emergency department.
- Staff told us there were effective handovers, both verbal and written, between themselves and hospital staff when they took patients to the accident and emergency department.
- The service only transported patients from the event venue to the local accident and emergency department.

## Access to information

- For each event, the manager provided staff with documentation, which included the address of the event, contact details and addresses of local NHS services and event site maps.
- The staff were provided with a patient assessment form to use during the event. The form was produced in the format of a duplicate pad; one copy was the handover sheet for the accident and emergency department and the other kept by the service.
- Due to the nature of event work, staff were unlikely to see 'Do Not Attempt Cardiopulmonary Resuscitation' orders. This was proportionate for this service.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider had an up to date consent policy, which was reviewed on an annual basis and we saw records confirming staff had read this. This policy referenced the Mental Capacity Act.
- All staff had completed annual mandatory training with their regular employer that included the Mental Capacity Act and deprivation of liberty safeguards.



# Emergency and urgent care services

- Staff we spoke with showed awareness and understanding of the Mental Capacity Act (2005) code of practice and consent processes. The manager described how they supported a patient who agreed to care but refused to be taken to hospital.
- Unconscious patients were treated in their best interests until they are able to give consent.
- No patients subject to section 136 were transported by this service. Section 136 is an emergency power, which allows you to be taken to a place of safety from a public place, if a police officer considers that you are suffering from mental illness and in need of immediate care.

## Are emergency and urgent care services caring?

### Compassionate care

- We were unable to observe patient care or interactions, as there was no activity on the day of the inspection; however, the manager and staff we spoke to were able to give examples of the good care staff provided.
- The manager told us the closed curtains in the ambulance maintained privacy of the patient while being assessed and treated. We were told all patients were offered a chaperone before any examination. If there were two male members of staff on duty this could be a relative if they wished. Relatives could stay with the patient to offer emotional support.
- The ambulance would be positioned as close to the injured patient as possible to prevent a long journey to the ambulance for the patient to be assessed.

### Understanding and involvement of patients and those close to them

- We were unable to observe patient care or interactions, as there was no activity on the day of the inspection; however, the manager was able to give examples of the involvement of patients and those close to them his staff provided.
- Staff explained the options available to patients and those close to them prior to making a treatment

decision or being transferred to hospital. However, the service did not have access to any language interpreters or sign language interpreters if they encountered any patient not able to communicate in English.

- In the event of having patient who could not communicate the manager told us his staff would consider using an online translation facility or the family or carer of the patient to complete their assessment and treatment.
- In the 12 months prior to inspection the service did not have any patients who could not communicate verbally or in English.

### Emotional support

- We were unable to observe patient care or interactions, as there was no activity on the day of the inspection; however, the manager was able to give examples of the emotional support his staff provided.
- The manager told us those close the patient are often more distressed than the patient as they feel so worried. With the patients permission the staff tried to help with this by making the relative or carer feel involved and kept them updated on the patients progress.

### Supporting people to manage their own health

- This service provided care for the members of the public attending events and did not have any regular patients.

## Are emergency and urgent care services responsive to people's needs? (for example, to feedback?)

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

- The key stakeholders for this service were the event organisers. Many of the events had been covered on a regular basis. A full risk assessment of the event was completed by the provider and given to the event organiser for agreement prior to accepting the job.
- We saw evidence of electronic communication between the provider and event organiser discussing the planned needs of the event including the nature of the event, expected number participating, expected number of spectators and any special considerations or hazards.



# Emergency and urgent care services

- Following the event the manager sent a summary email to the event organiser outlining the number of patients treated and the outcomes.

## Meeting people's individual needs

- The manager told us all patients were treated as individuals and staff would use all means, such as carers, to enable them to meet their patients' needs.
- Both ambulances could accommodate wheelchair users.

## Learning from complaints and concerns

- The provider had an up to date Complaints Policy, which was reviewed on an annual basis and we saw records confirming staff had read this. Complaints were received via the service website, via email or via telephone to the manager. Leaflets detailing how to complain were available in both ambulances.
- The manager investigated all complaints unless there was a conflict of interests and then it was delegated to the compliance officer. The service aimed to acknowledge complaints within three working days of receiving it and resolve the complaint within 25 working days.
- The service had received one complaint in the twelve months prior to inspection. Records showed us this was investigated and resolved in line with the policy. On this occasion there was no wider learning for the team but the manager could tell us how learning would be shared if needed.

## Are emergency and urgent care services well-led?

### Vision and strategy for this core service

- The service did not have documented vision or values. The manager considered the service to be patient focused, staff to be professional at all times and patients to be treated with respect and dignity maintained.
- The staff aimed to prevent deterioration of a patient and promote recovery following an injury.
- The strategy of the service was to maintain the current high standards of care provided.

- The provider did not have an anti-discrimination policy but told us that no discrimination on any grounds by his staff would be tolerated. Any staff member who was observed to discriminate would face disciplinary action.

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

- The manager gave us examples of how the service managed risk. For example, when a vehicle was out of action they reviewed planned jobs and hired an alternative vehicle to ensure continuity of service.
- The manager did not have documented oversight of risks to the service and how they were dealt with. A risk register outlining risks to the service and actions taken would give the registered manager an oversight of the risks to the service.
- Governance issues such as staff training or qualifications were discussed on an informal basis and there was no record of these discussions. A record of these discussions would inform the manager as to the current issues within the service.

## Leadership of service

- Paramedics and nurses reported to the registered manager. The service also had a compliance officer who was responsible for updating the policies and procedures according to the latest professional and mandatory guidelines.
- Staff we spoke to described a good working relationship with the manager and told us they remained in contact with the manager by telephone, text and email.

## Culture within the service

- Staff we spoke with described an open culture with open and honest communication about the work undertaken. The manager was always available by telephone to discuss any issues of concern.

## Public and staff engagement

- The service did not use questionnaires to assess the quality of the service due to the unplanned nature of transporting emergency patients. The public, if needed, could give feedback via the services website. Staff also carried business cards with the contact details of the manager to give to patients on request.

# Emergency and urgent care services

- We saw laminated CQC posters 'tell us about your care' displayed in both ambulances.
- Feedback on performance was obtained via email from event organisers. An email outlining the care given at the event was sent to the organiser following an event and feedback requested.
- The manager communicated with the staff via email and text. These methods were used to book shifts and inform staff of any pertinent information. Staff raised concerns via email, text or telephone call to the manager.
- Staff told us the manager was supportive and readily available via the telephone. They felt respected and valued by the manager.

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

- The service had been retained by event organisers to provide event cover for many years and the manager believed this would continue to be the case in the future.

## **Vision and strategy for this this core service**

- The service did not have documented vision or values. The manager considered the service to be patient focused, staff to be professional at all times and patients to be treated with respect and dignity maintained.
- The staff aimed to prevent deterioration of a patient and promote recovery following an injury.
- The strategy of the service was to maintain the current high standards of care provided.
- The provider did not have an anti-discrimination policy but told us that no discrimination on any grounds by his staff would be tolerated. Any staff member who was observed to discriminate would face disciplinary action.

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

- The manager gave us examples of how the service managed risk. For example, when a vehicle was out of action they reviewed planned jobs and hired an alternative vehicle to ensure continuity of service.

- The manager did not have documented oversight of risks to the service and how they were dealt with. A risk register outlining risks to the service and actions taken would give the registered manager an oversight of the risks to the service.
- Governance issues such as staff training or qualifications were discussed on an informal basis and there was no record of these discussions. A record of these discussions would inform the manager as to the current issues within the service.

## **Leadership of service**

- Paramedics and nurses reported to the registered manager. The service also had a compliance officer who was responsible for updating the policies and procedures according to the latest professional and mandatory guidelines.
- Staff we spoke to described a good working relationship with the manager and told us they remained in contact with the manager by telephone, text and email.

## **Culture within the service**

- Staff we spoke with described an open culture with open and honest communication about the work undertaken. The manager was always available by telephone to discuss any issues of concern.

## **Public and staff engagement**

- The service did not use questionnaires to assess the quality of the service due to the unplanned nature of transporting emergency patients. The public, if needed, could give feedback via the services website. Staff also carried business cards with the contact details of the manager to give to patients on request.
- We saw laminated CQC posters 'tell us about your care' displayed in both ambulances.
- Feedback on performance was obtained via email from event organisers. An email outlining the care given at the event was sent to the organiser following an event and feedback requested.
- The manager communicated with the staff via email and text. These methods were used to book shifts and inform staff of any pertinent information. Staff raised concerns via email, text or telephone call to the manager.

# Emergency and urgent care services

- Staff told us the manager was supportive and readily available via the telephone. They felt respected and valued by the manager.
- The service had been retained by event organisers to provide event cover for many years and the manager believed this would continue to be the case in the future.

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

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

The provider must complete an annual appraisal with all staff.

### Action the hospital **SHOULD** take to improve

- The service should ensure the registered manager completes annual mandatory training.
- The service should have a policy in line with current legislation regarding duty of candour..
- The sharps policy should include actions to be taken in the event of an injury.
- The blood pressure machine, pulse oximeter, nebuliser and peak flow meter on each ambulance should be calibrated in line with manufacturer recommendation.
- The manager should have a formal system of governance arrangement that supports the delivery of safe care. This should include a system of identifying and mitigating risk.

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	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• No staff had received an appraisal.</li></ul> <p>18 (1)(2) (a)</p>