

Remote Medic UK Ltd

Remote Medic UK Ltd

Quality Report

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Date of inspection visit: 16 November and 27
November 2017

Date of publication: 26/01/2018

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

Remote Medic UK Ltd is operated by Remote Medic UK Limited. The service supplies paramedics, doctors, emergency technicians and first aiders to provide first aid and medical cover. The service works with a local charity to supply medical staff on a mobile unit in town centres on Friday and Saturday nights on an SOS bus. The SOS bus is a charity based project, with the aim of providing a safe haven and medical support to people who need it. Facilities include a treatment room and assessment area. Remote Medic UK Ltd have been providing medical cover for the SOS bus since March 2017.

The service also supplies paramedics at organised events such as festivals and music concerts. On occasions, the service will provide emergency and urgent care transport from events to a hospital or suitable care facility.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 16 November 2017, along with an unannounced visit to the service on 27 November 2017.

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.

The main service provided is first aid and event medical cover; however, this is not within our scope of regulation. We inspected this service under our emergency and urgent care framework. As the service has transferred patients from event sites via ambulance to local urgent and emergency care centres between November 2016 and October 2017, and provides medical care, delivered by healthcare professionals on SOS buses, the service falls within our scope of regulation.

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:

- There was an up to date incident reporting policy in place and staff knew how to report incidents.
- Staff described what constituted a safeguarding concern and how to escalate concerns appropriately.
- Medicines were in date and stored securely.
- Records were completed accurately and stored securely, with completed mental capacity assessments forms where indicated.
- Staff always had access to senior clinical advice in the event of requiring advice in patient management.
- The service had a comprehensive set of policies which were based on national guidance, in date and accessible to staff.
- The service was passionate about developing their own staff, with the provision of training in extended skills such as wound closure and suturing.
- Staff described a positive culture within the service and told us that they felt supported and valued.
- The service had a clear governance structure in place. Members of the senior management team had dedicated key roles and responsibilities.

Summary of findings

- The service was patient focused with an emphasis on providing effective pre-hospital care to patients, to reduce hospital admissions and therefore reduce the impact on the NHS.

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

- The service was unable to demonstrate that regular checks had taken place on a carry chair and stretcher.
- We found out of date consumable items within the ambulance. However, we raised this with the registered manager who took immediate action to ensure that there was an effective process in place to check consumable items were within their expiry date.
- The service did not have a formalised risk register in place.

Heidi Smoult

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?

The main service provided was the provision of first aid and medical cover for events; however, this is not within our scope of registration. The service also regularly provided medical care and treatment at a mobile treatment unit, which was run in partnership with a local charity. On rare occasions, the service has transported patients from the site of events to hospital in the event of an emergency. This falls under the scope of regulation.

There were effective processes in place to record and report incidents. Medical records were complete and the service effectively assessed and monitored patients for deterioration. The service was passionate about developing their own staff. The service was planned in advance to meet the needs of people.

However, the service was unable to demonstrate that regular servicing had taken place on a carry chair and stretcher. We found out of date consumable items within the ambulance. However, we raised this with the registered manager who took immediate action to remove and replace these items and also arranged servicing for the carry chair and stretcher.

There was no formal risk register in place. There were no clear processes in place to record or monitor progress from actions taken, nor specific ownership of each action in relation to risks the service faced.

Remote Medic UK Ltd

Detailed findings

Services we looked at

Emergency and urgent care

Detailed findings

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Background to Remote Medic UK Ltd

Remote Medic UK Limited opened in 2011 as an expedition medicine service. The service then went on to provide event first aid and medical services. It is an independent ambulance service based in Colchester, Essex. The service primarily provides first aid and medical cover for events and supplies healthcare professionals for the provision of medical care at SOS bus locations. All staff are employed on zero hours contracts.

The service has one ambulance for the transportation of patients and one rapid response vehicle (RRV). The service has had a registered manager in post since October 2012.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and second CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Facts and data about Remote Medic UK Ltd

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the service's single base location in Colchester, Essex. We spoke with six members of staff including members of the senior management team, staff who worked on the SOS bus and staff who provided medical care at events where transportation may be required. We reviewed policies, documentation and data provided by the service before, during and after our inspection. During our inspection, we reviewed 15

patient report forms. We were unable to speak with any patients who had used the service or observe patient care as transportation was only a very small proportion of the work carried out.

The service's main focus was event medical cover and the provision of medical healthcare professionals to an SOS bus.

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 has been previously inspected in March 2015 and March 2014, which found that the service was meeting all standards of quality and safety it was inspected against.

Detailed findings

The service does not operate under subcontracting arrangements with the NHS or private providers. The provision of medical healthcare professionals to the SOS bus was in collaboration with a local clinical commissioning group and charity.

Activity (November 2016 to October 2017)

- The service provided healthcare professionals to local charity SOS bus town centre projects, based in two locations. At one location, from April 2017 to October 2017, the service saw 189 patients, the care and treatment delivered resulted in a reduction of 102 accident and emergency admissions and on 57 occasions avoided the need to call a frontline ambulance.
- At the other SOS bus location, from March 2017 to October 2017, the service saw 159 patients, care and treatment delivered resulted in a reduction of 72 accident and emergency admissions and on 37 occasions avoided the need to call a frontline ambulance.

- From November 2016 to October 2017 there was one emergency and urgent care patient journey undertaken from an event to the nearest accident and emergency department.

The service employed staff on zero hours contracts and had 46 staff including paramedics and doctors who worked on an ad hoc basis. Most of the staff had full time jobs within the NHS or other healthcare related organisations.

The service did not have an accountable officer for controlled drugs (CDs) as no CD's were held on site.

Track record on safety (November 2016 to October 2017)

- No Never events
- No clinical incidents
- One non-clinical incident
- No serious injuries

The service had received no complaints from November 2016 to October 2017.

Emergency and urgent care services

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

The main service provided was the provision of first aid and medical cover for events; however, this is not within our scope of registration. The service also regularly provided medical care and treatment at a mobile treatment unit, which was run in partnership with a local charity. On rare occasions, the service has transported patients from the site of events to hospital in the event of an emergency. This falls under the scope of regulation.

Summary of findings

There were effective processes in place to record and report incidents. Medical records were complete and the service effectively assessed and monitored patients for deterioration. The service was passionate about developing their own staff. The service was planned in advance to meet the needs of people.

However, the service was unable to demonstrate that regular servicing had taken place on a carry chair and stretcher. We found out of date consumable items within the ambulance. However, we raised this with the registered manager who took immediate action to remove and replace these items and also arranged servicing for the carry chair and stretcher.

There was no formal risk register in place. There were no clear processes in place to record or monitor progress from actions taken, nor specific ownership of each action in relation to risks the service faced.

Emergency and urgent care services

Are emergency and urgent care services safe?

Incidents

- There were effective processes in place to ensure that incidents were reported and recorded.
- Staff had access to a policy named 'recording and reporting of incidents'. The policy was reviewed in April 2017. The policy provided guidance for staff on examples of reportable incidents and the service's incident reporting processes.
- There had been no never events between November 2016 and October 2017. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic barriers are available at a national level, and should have been implemented by all healthcare providers.
- Incident reporting systems were paper based. We saw that staff had access to incident reporting forms, which were taken to event sites. In addition, staff could access incident reporting forms at the service's base location.
- From November 2016 to October 2017, there were no clinical incidents reported.
- For the same reporting period, there was one non-clinical incident reported. This was in relation to a member of staff being assaulted whilst on duty. We reviewed a completed incident form and saw evidence that the incident had been reviewed by the registered manager. Records demonstrated the incident outcome and actions taken as a result of this incident, which included regular review of staffing at the SOS bus project and ensuring that the staff member was up to date with conflict resolution training.
- Clinical governance meeting minutes demonstrated that incidents were a standing agenda item. The non-clinical incident had been discussed and showed that discussion had taken place with the charity who provided the SOS bus service.
- There was a clear process for sharing learning from incidents. This included staff receiving email communications and face to face feedback if required.

- We spoke with two staff who told us what constituted an incident and described the reporting processes. One member of staff described how feedback was verbally shared with them following an incident they had previously reported. The service had a policy named 'being open and duty of candour'. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- This policy was in date and clearly outlined key responsibilities for staff in relation to the duty of candour.
- We spoke with two members of staff about the duty of candour. Both staff clearly explained the meaning of the duty of candour and circumstances in which it should be applied. The registered manager was clear in their responsibilities in relation to the duty of candour.

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

- The service did not use a clinical dashboard. The service monitored key elements of safety through discussion at clinical governance meetings, which covered subjects including, but not limited to; incidents, safeguarding concerns, health and safety reports and issues and clinical audit.

Cleanliness, infection control and hygiene

- The service had effective processes in place to protect people from healthcare associated infections.
- The service had a policy relating to infection prevention and control. The policy was in date, based on relevant guidance and clearly outlined the key responsibilities for staff to prevent and control the spread of infection.
- All areas we inspected were visibly clean.
- Staff had access to a hand hygiene policy. The policy directed staff to follow practices such as arms bare below the elbow. This was in line with the National Institute for Health and Care Excellence (NICE) clinical guideline (CG139).
- Staff had access to hand washing facilities at the base location and sanitising wipes on the ambulance for hand decontamination purposes.

Emergency and urgent care services

- A poster displaying the 'five moments for hand hygiene' was visible to staff at the service's base location. The five moments for hand hygiene is evidence based guidance to inform individuals when hand hygiene steps should be performed.
- Hard surface sanitising wipes were available to allow effective cleaning of equipment and vehicle surfaces.
- Blankets and sheets were single use and disposable.
- Equipment bags were labelled 'I am clean' so staff knew they were clean prior to use.
- The service had a contract in place for the provision of deep cleaning of vehicles. We saw that deep cleaning was planned to take place every three months. The vehicle was acquired in July 2017 and records showed that the ambulance had been cleaned in line with policy in September 2017, with a further clean planned to take place the week after our inspection. We requested to see evidence of the previous deep clean but the registered manager told us this had taken place prior to the purchase of this vehicle.
- We spoke with one member of staff who regularly provided medical cover at events where emergency transportation may be required. They were able to explain the cleaning processes in place and that an additional deep clean would be arranged through request to the registered manager in the event of heavy vehicle contamination.
- Ambulance cleaning equipment including mops and buckets were colour coded. Staff had access to suitable cleaning fluids.
- We saw that the ambulance contained a range of personal protective equipment (PPE) including disposable gloves and aprons.
- Staff used decontamination wipes to clean equipment after each episode of patient care. We saw wipes were readily available on the ambulance.
- During our announced inspection, we found that the stretcher mattress used in the ambulance, had worn areas on it where safety straps were located. This meant the mattress might not be able to be effectively cleaned. We escalated our concerns to the registered manager. When we returned for the unannounced inspection, we saw that the worn mattress had been replaced.
- The carry chair on the ambulance had a heavily worn and unravelled plastic coating on one safety ring. This meant the area could not be cleaned effectively. We escalated our concerns to the registered manager. Following our inspection, we saw evidence that the registered manager had a contract in place to ensure the regular repair and servicing of this equipment.
- The service had an in date uniform policy in place, which was based on relevant guidance. We reviewed this policy and saw that it provided clear guidance for staff on uniform requirements, replacement and laundering.
- We spoke with two staff who told us there was a uniform policy in place and that they would reference this in the event of requiring further guidance for uniform related issues.

Environment and equipment

- There were effective processes in place to ensure that equipment was maintained and safe for use.
- The location consisted of a vehicle storage area, equipment store, medicines store, training room, kitchen and toilet. The base location was all on ground floor level, with all exits and entrances accessible.
- We inspected all areas of the location and found them to be well organised and free from clutter.
- The service had a clinical operations manager in post that was responsible for vehicle oversight.
- The service used one ambulance and one rapid response vehicle (RRV). We reviewed MOT records for both vehicles and found these to be in date.
- Our review of records demonstrated that both the ambulance and RRV had valid tax in place.
- Vehicle keys were stored securely within the administrative area at the services base location. We spoke with one member of staff who confirmed that keys were stored securely in a lockable cabinet.
- We requested to review servicing records for both vehicles. The registered manager told us that neither vehicle was due a service as they had acquired both vehicles within the last 12 months. They told us both

Emergency and urgent care services

vehicles had been serviced prior to Remote Medic UK Ltd taking ownership of the vehicles however, we were not provided with documentary evidence to confirm that previous servicing had taken place.

- The ambulance had received repairs in August 2017 and documentary evidence showed that an extensive list of work had been carried out on the vehicle, including a full vehicle inspection and repairs.
- The service acquired the rapid response vehicle in October 2016. The registered manager advised us it had received a service prior to acquisition, and was due at 19,000 miles or 24 months whichever was sooner for a service. Therefore, the vehicle was due a service in February 2018 however, it was not used for the transportation of patients or for blue light responses.
- Upon our return at the unannounced inspection, the registered manager clarified dates that both vehicles were due for service and had implemented a visual reminder in the office to inform all staff when servicing was due.
- The service had an up to date policy in place for the handling and disposal of clinical waste. We reviewed this policy and saw it contained appropriate guidance for staff on how to store and dispose of clinical waste and sharps (needles).
- We saw that all clinical waste and sharps were stored and disposed of safely. Sharps boxes located on the ambulance had been correctly assembled and were securely stored. There was a designated receptacle for clinical waste with appropriately coloured waste bags available.
- All clinical waste was stored in a locked bin, located outside the premises. We reviewed invoices that showed a contract was in place for the removal of clinical waste.
- The service had a clinical operations manager in post who was responsible for the oversight of medical equipment such as stretchers, suction machines and carry chairs.
- The ambulance contained a laminated equipment checklist. Staff completed vehicle checks in pairs, on a challenge and response basis. This process was not documented however, any equipment identified as missing, would be sourced and replaced at that time. Vehicle daily inspection sheets were printed on an envelope. This enabled staff to document any mechanical faults, bodywork damage or faulty lights for example. We spoke with one member of staff who confirmed that vehicle daily inspections took place at the commencement of each shift.
- The envelope was also used for the secure storage of patient report forms and as a document to record how many episodes of care had taken place on each shift. At the end of each shift, all documentation was returned to the base location for secure storage.
- Documented checks included, but were not limited to; lights, tyres, faults and condition of the vehicle. We reviewed a sample of three checklists and saw all areas had been completed.
- Staff reported vehicle faults on the vehicle checklist. The checklist was returned to the base location, pending action by a senior manager. We spoke with two members of staff who were clear on the steps to take in the event of faulty equipment being identified.
- The ambulance was not used on a regular basis due to the irregular nature of event medical cover provided. However, we saw that faults identified during a vehicle check had been rectified and fixed in a timely manner.
- We inspected the ambulance and saw it contained the appropriate equipment. This vehicle was visibly clean and well organised.
- We checked the ambulance stretcher service date. The stretcher was overdue a service from September 2017. We raised this with the registered manager who told us the stretcher had been serviced in July 2017, prior to acquiring this equipment.
- We checked the carry chair located on the ambulance. There was no service sticker or records in place to demonstrate that this had been serviced in accordance with manufacturers recommendations. We escalated our concerns to the registered manager.
- Piped oxygen supplies, located on the ambulance, lacked servicing sticker dates. We raised our concern with the registered manager who told us that he was advised servicing had taken place prior to Remote Medic UK Ltd acquisition of the vehicle. We could not gain assurances that servicing had taken place as no documentary evidence was provided.

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- In response to our concerns, the registered manager told us that the vehicle was not in use as the service's main focus was on the provision of event medical cover with additional contracts in place for SOS bus care provision. The service were due to have all piped oxygen lines checked prior to future use of the vehicle.
- Following our announced inspection, we saw that the registered manager had implemented a service contract for the stretcher and carry chair, with servicing planned to take place following our unannounced inspection.
- There was no fire extinguisher in the cab of the ambulance. The fire extinguisher located in the rear of the ambulance had last been serviced in 2013. We could not gain assurances that it had been maintained in line with manufacturer's recommendations. We escalated our concerns to the registered manager who removed the fire extinguisher from use.
- The registered manager removed the fire extinguisher and was in the process of purchasing a replacement following the concerns we raised prior to the next use of the vehicle. At the time of our inspection, there was no scheduled work for the ambulance vehicle.
- Staff had access to stores of consumable items for vehicle replenishment such as oxygen masks, dressings and needles at the service's base location.
- We checked suction equipment within the equipment store and found out of date suction tubing and suction catheter. We raised this with the registered manager who took immediate action to dispose of these items.
- We randomly checked an additional selection of ten consumable items in the equipment store and found them all to be in date.
- Equipment storage areas were well organised and colour coded into red or green equipment packs, so staff could easily define whether equipment was for advanced or intermediate life support equipment. Blue equipment bags contained equipment for the treatment of minor injuries.
- Staff had access to equipment in various sizes to accommodate care and treatment for both adults and paediatric patients.
- Staff had a prescriptive list of equipment required on the SOS bus. We reviewed all equipment used on SOS bus shifts and found all to be well organised, clearly labelled and in date. We spoke with one member of staff who confirmed that all kit was pre packed and checked prior to use.
- The registered manager checked and stocked all equipment bags prior to use on the SOS bus. Bags were then sealed to demonstrate they were complete and ready for use.
- The service pre packed emergency response kits, for carrying out various procedures such as chest drain insertion. This meant staff had access to emergency equipment in a timely and well organised manner.
- We checked consumable equipment located on the ambulance. We found five pieces of consumable equipment that had passed their expiry date. We escalated our concerns to the registered manager who immediately removed the stock from the vehicle and arranged for replacement.
- The service had a policy named 'management of clinical equipment'. Equipment faults were reported on a specific form, which was returned to the base location. Equipment was then marked with a red tag as 'do not use'. Once repaired, equipment was labelled with a green tag to inform staff that it was safe for use.
- We saw the tagging system in use on the day of our inspection. This demonstrated that the service was working in line with their management of clinical equipment policy, which described the tagging system.

Medicines

- The service had a medicines management policy in place. We saw the policy was in date and contained relevant guidance in relation to the storage, supply and administration of medicines. The policy identified various grades of staff and was clear as to what medicines were within the scope of each grade of staff.
- The service did not stock controlled drugs (CDs) on site.
- There was a service level agreement with the local NHS acute hospital for the supply of all medicines including prescription only medicines (POMs) and CDs, which were issued directly to the relevant healthcare professionals who worked at the service. Authorised clinicians are responsible under the law for the safe storage, use and destruction of their own CDs.

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- Healthcare professionals employed by Remote Medic UK Ltd underwent checks with a chief pharmacist at the local NHS acute hospital. Staff placed and collected orders of medicines with invoices for all medicines going to the registered manager. This was in line with the service's medicines management policy.
- The service's medicines management policy clearly outlined storage requirements for CDs that were personally issued to healthcare professionals who worked at the service. The registered manager maintained a medicines inventory for all non-controlled medicines held by the service. We reviewed the inventory and saw that it documented various data including but not limited to; batch numbers, date of expiry, stock levels and location of medicines. Medicine expiry dates were colour coded to indicate those medicines nearing expiry. The inventory allowed the service to have oversight of stock and the ability to order medicines or recall batches of medicines if required.
- The registered manager had oversight of all ordered medicines, which meant there was an audit trail, should recall of medicines be required in the event of an alert from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Medicines were stored securely with only authorised personnel having access to the medicines storage area. We checked a random selection of medicines contained in this area and found that they were all in date.
- The service had an account with a company for the provision of medical gases. The service did not have regular deliveries of medical gases due to limited use of entonox and oxygen. The registered manager explained that cylinders were exchanged as and when required, in line with the service's policy.
- The management of medical gases policy was in date and contained information for staff on the safe storage, carriage and use of medical gases.
- There was no medical gases storage area at the service's base location. All medical gas cylinders were stored either in equipment bags, on the ambulance or in the rapid response vehicle (RRV).
- We saw that all medical gas cylinders were stored securely and in date, on both the ambulance and RRV.
- We checked a random selection of emergency medicines for use in the event of cardiac arrest. We found that all medicines were in date.
- We checked medical glue used specifically for wound closure. All sachets were in date.
- We reviewed the one patient report form for a patient that had been transported by the service. We saw that allergies were clearly documented.
- The service had a fridge for the storage of medical glue, used for wound closure. We reviewed documented checks and saw that the fridge had been checked at least once a week for the period from April 2017 to November 2017. All temperatures were within a normal range.

Records

- The service had a data protection and medical records management policy in place. This provided staff with information on the completion, storage and destruction of medical records.
- As per service policy, patient report forms (PRFs) were stored securely in a locked cabinet. Records were accessible by authorised members of staff only, and well organised to enable the timely retrieval of records if required.
- During the course of a shift, PRF's were placed in an envelope and then stored in the locked ambulance or rapid response vehicle to ensure that patient information was kept confidential. Once the shift had ended, all PRF's were returned to the base location for secure storage in a locked cabinet.
- Forms were carbonated to allow a copy to be given to the receiving hospital, in the event of patient transportation, or to the patient in the event of transportation not being required.
- The clinical director carried out PRF audits. We saw that concerns identified at audit were fed back to staff by email.
- The summary of audit data for the period of January 2016 to December 2016 demonstrated that overall compliance was 83%. The audit summary showed clear steps to improve future completion of medical records and detailed plans for re-audit.

Emergency and urgent care services

- The registered manager completed regular reviews of PRFs that were completed at the SOS bus.
- We reviewed 10 PRFs for patients that had been treated at the SOS bus service. All records were complete with baseline observations, patient details, allergies if applicable and relevant patient history and detailed any treatment that had been carried out.
- We reviewed one PRF for a patient who had been transported by the service from November 2016 to October 2017. We saw the PRF was complete with an appropriate range of clinical and non-clinical information. It also demonstrated that a doctor had checked the record for quality assurance purposes.
- Patient transportation was carried out in the event of a medical emergency only. The service did not book patient transportation in advance. Therefore, staff did not have access to patient information or special notes prior to transfer.

Safeguarding

- The service had a designated safeguarding lead who was available to provide advice in the event of a safeguarding concern being identified.
- We saw that the designated safeguarding lead had recently completed an online course named 'designated safeguarding officer' in November 2017. In addition, we saw that the registered manager was trained to safeguarding level three. The registered manager was available at all times to provide advice and guidance in relation to safeguarding queries.
- Staff received safeguarding adult and safeguarding children level two with their full time employer. An annual probity document was signed by staff to state they had received this training, which was specific to their role. We reviewed nine staff files which demonstrated the annual probity document had been completed.
- We spoke with two members of staff who confirmed that they had both received safeguarding training with their primary employer.
- There were processes in place to make safeguarding referrals during provision of the SOS bus service and at event cover. In addition, safeguarding concerns were escalated to the lead clinician and then reported on a paper based system. The registered manager had oversight of all safeguarding referrals.
- The service had a policy named safeguarding children and vulnerable adults. We reviewed this policy and saw it was in date. It provided information for staff on different types of abuse including sexual abuse and other forms of maltreatment, and signposted staff to the appropriate action to take in the event of a safeguarding concern being identified. The policy also contained a flow chart to provide guidance to staff including reporting processes and escalation to the local authority.
- Staff working on the SOS bus reported safeguarding concerns in conjunction with the charity who provided the service. In addition, all concerns were reported to the registered manager.
- Staff utilised a single point of contact (SPOC) referral telephone line relevant to the area in which they were providing care. Staff were provided with telephone numbers for the local authority and social services as part of event planning. We saw evidence that staff were provided with access to relevant safeguarding contact numbers as part of event planning. This enabled staff to make safeguarding referrals in a timely manner.
- We reviewed four event planning documents and saw that each contained local authority information for use in the event of a safeguarding referral being required.
- Safeguarding was a standard agenda item at clinical governance meetings, which took place every three months. Meeting minutes from September 2017 demonstrated that discussion had taken place in relation to the SOS bus, where the service provided medical cover.
- The service had made one safeguarding referral between November 2016 and October 2017. We reviewed the documentation and saw evidence of an appropriate referral, complete paperwork and referral to the single point of contact line.

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- We spoke with two staff who told us what constituted a safeguarding concern. Both staff told us that all safeguarding concerns were documented, with onward referral if applicable, prior to escalation to the registered manager.

Mandatory training

- Due to the nature of staffing within the service, the provision of mandatory training was limited. The service had recently developed a new system to enable oversight of mandatory training compliance of staff from their primary employer and for training offered within the service.
- All clinical staff involved with the treatment and transportation of patients were also employed by NHS or other healthcare organisations. Upon interview and commencement of employment, the service requested to see evidence of mandatory training compliance in various subjects, qualifications and if applicable, registration with a professional body such as the Health and Care Professions Council.
- All staff were required to sign an annual declaration of probity. This document required staff to confirm if they were up to date with mandatory training and to give assurances that the member of staff had the right qualifications and training in the role to which they were being used.
- We reviewed nine staff files and saw that all contained an annual declaration of probity.
- The service had recently planned mandatory training sessions for staff, in addition to courses received in primary employment. Due to poor attendance, training days were cancelled.
- Upon commencement of employment, the service carried out a blue light driving assessment with a qualified assessor. The service was in the process of amending the annual declaration of probity to include a section on driving under emergency conditions.
- The senior management team recognised that staff attendance to mandatory and additional core training was a key challenge for the service, mainly because staff were employed on zero hours contracts and held full time positions in other services. Attendance to

mandatory training was discussed at a clinical governance meeting in September 2017, which showed discussion had taken place around the need to capture staff compliance in relation to mandatory training.

- At the time of our inspection, the service had developed a 'staff training and competency record' which would enable the service to maintain oversight of the completion of mandatory training subjects staff had completed with their primary employer and within the service.

Assessing and responding to patient risk

- The service had effective processes in place to recognise and respond to patient deterioration.
- Staff always had access to a senior clinician or doctor that they could contact to seek further advice regarding the management of a patient's clinical condition. All senior clinicians and doctors had a background in emergency care.
- We spoke with two members of staff who both confirmed that senior clinical advice was available at all times, either in person or by telephone.
- Patient report forms contained various clinical information that staff used to monitor for signs of patient deterioration, for example; blood pressure, pulse, respiratory rate and level of consciousness.
- PRFs had a specific area to record the Glasgow Coma Scale (GCS). Use of the GCS allows a clinician a practical method for assessment of impairment of consciousness levels.
- We reviewed 15 PRF's and saw that the baseline observations and GCS had been recorded.
- The service obtained assurances that all doctors, paramedics and emergency medical technicians had received advanced life support (ALS) or immediate life support training with their full time employer. In addition, there was specific reference to ALS training in the recently adopted 'staff training and competency record'.
- Documented risk assessments were completed prior to all events taking place. Risk was ascertained by close

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communication with the client requesting medical cover. This enabled the service to supply a suitable number of appropriately trained staff to each event, based on the level of risk posed.

- We spoke with two staff about actions they would take in the event of patient deterioration. Both told us they would treat the patient according to their condition and request ambulance transfer by the local NHS trust if required from both events and the SOS bus sites.
- The decision to transfer a patient from the site was based on a number of factors including the clinical severity of the patient's condition and response times from the local NHS ambulance trust.
- The service could access the local NHS ambulance service trust directly, using a specific healthcare professional referral route. This route was used in the event of NHS ambulance service resources being required.
- The service delivered micro training sessions to provide guidance to staff on how to manage patients who displayed challenging or aggressive behaviour.

Staffing

- Staffing was sufficient to meet the demands of the service.
- The service completed a risk assessment prior to all events. Staffing numbers were based on a variety of factors such as the number of spectators and type of event to ensure that the appropriate number of suitably qualified staff were allocated to each event. Risk assessments were based on the Health and Safety Executive (HSE) guidance.
- The main focus for the service was to provide medical cover for events and the SOS bus service. All staff worked on zero hours contracts with staff being supplied on a demand basis.
- The senior management team would contact staff via email to request medical cover for events and the SOS bus shift cover.
- The service had 12 doctors, 17 paramedics, one nurse, 15 emergency medical technicians (EMT) and 12 first aiders in their team of staff.

- At all events where transport might have been required, the service provided a minimum of one paramedic and one emergency medical technician, both would be qualified in blue light driving enabling the transfer of patients under emergency conditions.
- The service had an up to date lone working policy in place. Staff rarely worked on their own as all SOS shifts had a minimum of one member of Remote Medic UK Ltd staff on site with support from a team leader and first aiders provided by the charity operating the service. All event medical cover was provided as part of a team, meaning staff did not work on their own.
- We spoke with one member of staff who worked on the SOS bus. They explained that there was always face to face contact with another member of Remote Medic staff when collecting and dropping kit back to the service's location.

Response to major incidents

- In February 2017, a selection of staff participated in a practical major incident exercise, simulating a chemical gas release. The exercise simulated a mass casualty incident with 40 patients and was in run in conjunction with other emergency services.

Are emergency and urgent care services effective?

Evidence-based care and treatment

- The service had a range of comprehensive policies that were based on legislation, best practice and national guidance. Policies included, but were not limited to; infection prevention and control, corporate and professional conduct and medicines management.
- All policies we reviewed were in date and had specified dates for when review was due. Policies referenced guidance from the National Institute for Health and Care Excellence and the Department of Health. In addition, paramedic staff used the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- Staff were informed of changes to policy by email. All policies were accessible by paper, at the service's base location. Upon request, policies were emailed to staff

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when required. We spoke with two members of staff who confirmed that they could access all policies either by paper, or upon request to the senior management team.

Assessment and planning of care

- The service effectively assessed and planned care in advance of all attendances at the SOS bus and for event medical cover.
- The service provided additional clinical support to staff working at the SOS bus by telephone. We spoke with one member of staff who worked at this service who told us “there is always someone available to give clinical advice if required”.
- The service worked in partnership with the charity who operated the SOS bus. The service provided a paramedic to every SOS bus to ensure that there was a suitably trained member of staff to meet the needs of patients.
- The service completed an event medical planning document prior to attendance at events, where the conveyance of patients to hospital might have been required. We reviewed an example medical plan and saw this clearly documented the crowd profile and number of people expected to attend. This enabled the service to complete a risk assessment and provide the appropriate number of staff with specific skill levels for each event area where medical cover was being provided.
- The registered manager spoke with local emergency departments prior to events taking place. In the event of emergency transfer, patients were taken to the most appropriate emergency department.
- Patients that were seen, treated and discharged from events or the SOS bus were provided with comprehensive information regarding any follow up care that might be required, for example the removal of staples after wound closure.
- Information included clear instructions on who a patient should contact in the event of deterioration and provided information for other healthcare professionals such as GPs or practice nurses.

Response times and patient outcomes

- The service did not monitor response times as it provided event and SOS bus medical cover.
- The service monitored patient outcomes and business activity in relation to the SOS bus medical cover it provided. At one location where this service was delivered, the care and treatment provided by the service resulted in 72 avoided admissions to an accident and emergency department from March 2017 to October 2017. At the other location, from April 2017 to October 2017, care and treatment provided resulted in 102 avoided accident and emergency admissions.

Competent staff

- Clinical staff were all employed on zero hours contracts, with primary employment being elsewhere.
- The service had a recruitment procedure in place which clearly outlined the competencies required, dependent on the grade of staff.
- Prior to employment, the service carried out initial checks to ensure that staff were competent in the role in which they were to be employed. Checks included registration with a professional body, a minimum twelve months of post qualification experience (if applicable) and completion of a training needs analysis to identify areas where further training was required. We spoke with two members of staff who confirmed this process had taken place upon commencement of their employment with the service.
- Staff working on the SOS bus worked autonomously as clinical decision makers. Due to the nature of work, only experienced paramedics were used to provide this service. The service provided a minimum of two mentored shifts to ensure staff were competent in this role, prior to working independently.
- We spoke with one member of staff who worked exclusively on the SOS bus. They told us that they had received two mentored shifts prior to commencement of their role and that they had received a corporate and local induction upon commencement of employment with the service.
- The service was passionate about developing their own staff. Over recent months, two staff had been supported through paramedic training. In addition, further plans were in place to support staff through an immediate medical care diploma.

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- The service provided in house training to staff in extended skills such as wound management and closure.
- The service requested a disclosure and barring service (DBS) check for all staff, prior to the commencement of employment. We reviewed 16 staff files, of which 15 contained a DBS check. The one remaining DBS check was in progress with the registered manager.
- The registered manager had previously identified that competency oversight was a key challenge for the service due to infrequent contact with staff. This was due to the irregular nature of event work and small numbers of staff in the same location at any one time. The service had recently devised a new staff training and competency record which identified role specific competencies, how often training was required and whether training was provided by the primary employer or service.
- The service delivered various micro training sessions on subjects when attending events.
- Due to the challenges of staff attendance to core and mandatory training, the service was looking to implement the use of eLearning however there was no set date for this at the time of our inspection.
- We spoke with two staff members who told us they had been provided with additional training to enhance their clinical skills, such as wound closure, minor injury and illness training and hospital avoidance training.

Coordination with other providers

- The service liaised with local NHS ambulance services when planning and delivering care at SOS bus project and events. We saw that ambulance trust contact details were available in medical event plans, with on-site attendance from the local NHS ambulance trust if required.
- If NHS ambulance trust transportation was required at the SOS bus, staff contacted the local ambulance control room to request a vehicle through a dedicated healthcare professional contact route.
- If conveyance of a patient was required, the service requested NHS ambulance back up by making a

healthcare professional referral call. This would only occur in the event that the service's own ambulance was not available to transport a patient, for example if they were already on route to hospital with another patient.

- The service provided discharge advice and information that patients could share with other healthcare professionals such as GPs and practice nurses. Follow up with a GP would be required if a patient required the removal of wound staples for example, after treatment at either an event or on the SOS bus.

Multi-disciplinary working

- We saw evidence that regular communication had taken place between the service and charity that provided the SOS bus service.
- The registered manager described good working relationships with the local NHS ambulance service requesting emergency transportation from the site of the SOS bus. In addition, the registered manager reported good relationships with local emergency departments and other organisations when planning event medical cover and through the referral of patients from the SOS bus project.
- We spoke with one member of staff who worked regularly on the SOS bus. They described a good working relationship with staff from the SOS charity and that debriefs took place at the end of each shift.

Access to information

- Prior to SOS bus shifts and event attendance, staff were provided with a range of information for local emergency departments, local authority contact details and other pertinent information. Staff could easily access this information and pre-alert the nearest receiving emergency department if patient transportation was required.
- Policies were available to staff upon request. We spoke with two members of staff who told us policies were available whether electronically or on paper by request.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service had a policy named consent to care and treatment. We reviewed the policy and saw it provided clear guidance for staff on obtaining and documenting consent. The policy referred to the Gillick competence,

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which relates to consent processes for patients under 16 years of age. We reviewed four PRFs for patients who had received care and treatment at the SOS bus. All records demonstrated a documented mental capacity assessment had been completed. Mental capacity assessments were used regularly during SOS work as the service saw a high proportion of patients who were confused or intoxicated.

- We reviewed the consent form for a patient who had been transported to hospital from an event and saw that consent had been clearly documented.
- The service did not transport patients that were under section 136 of the Mental Health Act.
- Staff had received training in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) through their primary employer.
- We spoke with two members of staff who were both able to explain the meaning of deprivation of liberty and explained when a mental capacity assessment should be carried out.

Are emergency and urgent care services caring?

Compassionate care

- We were unable to directly observe interactions between staff and patients as no planned care was due to be delivered on the day of our inspection.
- Staff respected the dignity and privacy of vulnerable patients in public places when treating them at the scene of the SOS bus. Privacy and dignity was maintained with the use of blankets and through the use of dedicated treatment areas within the bus.
- We spoke with one member of staff who provided medical cover and the transportation of patients at events. They described the use of screens and curtains in treatment areas to ensure the patient's privacy and dignity was respected. In addition, patients were treated in the rear of the ambulance, out of view from other members of the public.

Understanding and involvement of patients and those close to them

- We were unable to observe interaction between staff and patients as no planned care was being delivered on the day of our inspection. There was an up to date policy on 'corporate and professional conduct'. This provided guidance for staff on the need to provide clear, accurate and credible information to patients and to remaining polite, helpful and professionally courteous at all times.

Emotional support

- Staff provided emotional support to patients during examination and treatment. Family members and friends were encouraged to accompany patients where clinically safe to do so.
- The service ensured that there was a chaperone present during examination and treatment when care was being delivered at the SOS bus project. The chaperone was provided by the charity that operated the SOS bus project.

Supporting people to manage their own health

- The service's passion was to provide care and treatment to avoid hospital admissions where clinically safe. Upon discharge from the service, patients were given a range of information on how to help manage their condition.

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

Service planning and delivery to meet the needs of local people

- The service was working in conjunction with the charity who provided the SOS bus to plan and deliver a service that met the needs of patients and to reduce demand on the local NHS ambulance service and emergency departments.
- Prior to event medical cover, the registered manager had regular contact with event clients to ensure that the service's proposals met the need of those running and attending the event.
- The registered manager described an open and supportive relationship with the charity that provided the SOS bus.

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- The service did not provide services to the NHS, nor did they work under any subcontracts.

Meeting people's individual needs

- Staff could access translation services either via the internet on a mobile phone, or by a dedicated telephone line for patients whose first language was not English. We spoke with two members of staff who confirmed they would use either language line or internet translation services if required.
- Staff received training in learning disabilities and dementia through their primary employer.
- The service used a stretcher suitable for bariatric transportation and some staff had received specialist bariatric training through their primary employer. If assistance with a bariatric patient was required, staff would call the local NHS ambulance trust.
- The service provided feedback forms, asking patients to rate specific areas of care and treatment out of 10. We reviewed 12 feedback responses from January 2017 onwards. Questions were centred on cleanliness, hygiene, equipment, explanation of treatment by clinician, courtesy and overall impression. Responses showed that all areas scored a minimum of nine out of ten.
- The service provided a wide range of patient information leaflets in the event of non-conveyance to hospital. Advice sheets included information on head injury, wound closure and intoxication.

Access and flow

- Patients requiring care and treatment at the SOS bus self-referred to the service. The service was located in the same area in town centres on Friday and Saturday nights.
- A main focus of the service was hospital avoidance. As a result, patients were rarely transported and only in the event of a medical emergency. The service had transported one patient from November 2016 to October 2017. As a result, the service did not monitor response, on-scene or turnaround times.
- Prior to events taking place, a list of local emergency departments was available for staff reference purposes. Information for staff included the relevant 'alert line'

telephone number so staff could pre-alert the hospital informing them that they were inbound with a critically unwell patient. This enabled staff to access the nearest emergency department in a timely manner.

- In addition, the registered manager contacted the local emergency departments, informing them that an event was taking place, and that Remote Medic UK Ltd staff may arrive with a patient.

Learning from complaints and concerns

- The service had an up to date 'raising concerns and complaints' policy in place. We reviewed this document and saw that it provided clear guidance on how complaints should be handled. The policy signposted staff to refer patients to the independent sector complaints adjudication service (ISCAS) should a complaint not be resolved at a local level.
- The service had received no formal complaints in the 12 months prior to our inspection.
- Patients were able to submit feedback via the service's public website. The website provided a range of contact methods such as telephone numbers, email and postal address.
- In addition, the service offered patient feedback forms at events where patients might be transported from the scene, to hospital.

Are emergency and urgent care services well-led?

Leadership / culture of service related to this core service

- The service had a clear governance structure in place. The registered manager led the service in the role of chief operating officer, and had an extensive background in emergency and pre-hospital care.
- The board of directors consisted of a number of members, including doctors, paramedics and a radiographer. Staff had dedicated roles and responsibilities such as clinical and medical directors, and vehicle and equipment oversight managers.

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- During attendance at medical events and the SOS bus, there was always a senior clinician on scene to provide support and guidance. In addition, staff could contact a doctor by telephone if required.
 - The service provided guidance to staff on how they could raise concerns through a whistleblowing policy. We reviewed this policy and found it was in date, and provided staff with comprehensive guidance on how to raise and escalate concerns.
 - We spoke with two staff who reported they felt well supported by senior management. One staff member told us that they felt well supported and able to raise concerns with the senior management team, although they had not had cause to raise any concerns to date.
 - Another member of staff told us that they felt very well supported clinically. They explained that no matter what time of day or night it was, there was always a senior clinician available to provide support and advice.
 - We spoke with two members of staff who described feeling valued in their role with the service. One said “I feel respected, they make you feel valued and take the time to speak to us. We get thank you emails and calls for the work we carry out”.
 - The service carried out a staff survey in 2017. The survey focussed on areas such as the raising of concerns to senior management and professionalism within the service. Response scores were graded from one (poor) to five (excellent).
 - When asked if staff felt able to raise concerns with senior management, responses gave an overall score of 4.9 out of five, demonstrating that staff felt able to raise concerns. Staff commented, “I would feel confident approaching management with concerns”, “I would feel confident I could raise any issue and it would be dealt with” and “yes, clinical governance meetings are characterised by a free exchange of ideas and an open and honest culture”.
 - Staff rated the professionalism of the service as 4.9 out of five overall. Staff comments included “the managers are helpful, professional and dedicated”, “great support from the management team when needed” and “I find my colleagues at board level to be professional and honest in their approach to both business and medical practice”.
 - Staff were able to contact senior management for support. There was a minimum of one senior manager at all events where medical cover was provided. Paramedic practitioners had access to senior management and clinical advice when working on the SOS bus project.
- ## Vision and strategy for this this core service
- The service’s aim was ‘to be the outstanding provider of specialist event medical services; delivering the highest standards of care, cost-effectively and to mitigate risk for clients and their customers’.
 - The registered manager was passionate to ensure the service was delivering high quality pre-hospital clinical care and to mitigate the impact on NHS resources through the provision of care at both the SOS bus and events, in the aim to avoid hospital admission.
 - The service’s mission and philosophy was clearly documented; to minimise the impact of the event on local NHS resources, both ambulance services and acute hospitals.
 - The service was achieving their mission of admission avoidance through the provision of care at the SOS bus and event based medical cover.
- ## Governance, risk management and quality measurement
- The service had some processes in place to monitor risk and the quality of service provided. All relevant risks, with the exception of equipment maintenance had been identified by the service prior to our inspection.
 - The service did not have a formalised risk register in place, however, risk and quality oversight was addressed through clinical governance meetings that took place three times a year.
 - We reviewed clinical governance meetings from February 2017 and September 2017. We saw that discussion had taken place around key areas such as safeguarding, incidents, health and safety, medicines management and clinical audit. Meetings were well attended with representation from a variety of senior managers and clinical staff.
 - However, there were no clear processes in place to monitor ongoing risks and review actions taken. For example, senior managers had identified that staff

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attendance at core and mandatory training was a challenge. Whilst this was discussed at clinical governance meetings, there was no clear process in place to record or monitor progress from actions taken, nor specific ownership of each action.

- The service informally monitored key performance indicators from work carried out on the SOS bus. The main aim of this project was admission avoidance. Senior managers reviewed admission avoidance figures on a regular basis and worked in close partnership with the charity who provided this service.
- The service had dedicated clinical operation managers in post for vehicle and equipment oversight. At our announced inspection we were not assured that senior management had an effective oversight of compliance with vehicle and equipment maintenance, as we were unable to find evidence that equipment, such as the carry chair and stretcher, had been serviced on a regular basis, according to manufacturer's recommendations.
- The registered manager was responsive to our concerns. During our unannounced inspection, we saw that the registered manager had put a contract in place to ensure that stretcher, carry chair and equipment servicing took place at regular intervals.
- During our unannounced inspection, we saw that the registered manager had clearer oversight of when vehicle servicing was required. Information sheets were on display as a visual reminder for staff as to when servicing was due.

Public and staff engagement

- Senior staff engaged with staff on a regular basis at events and on SOS bus shifts. In addition, the service planned social events for staff to attend.

- The service carried out a staff survey in 2017. The survey was sent to all staff and the registered manager acknowledged that there was a poor return, with 20% of staff completing responses.
- However, the survey revealed that overall staff satisfaction was good. Due to the low response rate, the registered manager told us that the survey would be repeated in 2018, and used for baseline comparison. In addition, the service were exploring other options such as electronic based surveys to improve response rates.
- The service engaged with the public and was visible during the provision of care when providing medical care at the SOS bus project and attendance at events.
- The service had a public website, which provided information to the public on the services offered, company news and information about staff.

Innovation, improvement and sustainability

- The service was developing plans to fund staff through university to qualify as paramedics. This would help ensure that the service had adequate numbers of suitably trained staff in the event of business growth. In addition, the service was also in the process of funding staff to complete the Diploma in Immediate Medical Care of the Royal College of Surgeons of Edinburgh.
- Due to the challenges of staff attendance to core and mandatory training, the service was looking to implement the use of eLearning however there was no set date for this at the time of our inspection.

Outstanding practice and areas for improvement

Outstanding practice

- The service was passionate about providing patient centred care, with the aim of avoiding the need for accident and emergency attendance to reduce pressure on other healthcare providers.
- The service was keen to develop staff, providing opportunities for further training and skills, meaning patients received the appropriate care and treatment in a timely manner whilst in the pre-hospital environment.
- The service was passionate about developing their own staff. Over recent months, two staff had been supported through paramedic training. In addition, further plans were in place to support staff through an immediate medical care diploma.

Areas for improvement

Action the service SHOULD take to improve

The service should continue to monitor and embed newly implemented processes to enable the effective oversight of staff competencies, mandatory and core training.

The service should continue to monitor and embed newly implemented processes to enable the safe and effective oversight of vehicle and equipment maintenance.

The service should have clear processes in place to monitor, review and document actions taken from on-going risks. Whilst the service demonstrated effective oversight of risk by individual staff, clinical governance meetings and risk assessments, this did not enable a concise and comprehensive overview of levels of risk, on-going actions, mitigation of risk or clear ownership.