

Mr David Chown

# Kings Medical Services

## Quality Report

Unit 9, Abbotts Wood Farm  
Blythe Bank  
Kingston  
Uttoxeter  
Staffordshire  
ST14 8QW

Tel: 07973 729404

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

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

## Ratings

### Emergency and urgent care services

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Kings Medical Services is operated by David Chown. The service provides emergency and urgent care. The service also provides a number of other activities, such as medical cover at sporting and cultural events, and repatriation transport on behalf of insurance companies, which we do not currently regulate.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 28 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.

### **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.

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

### **Ellen Armistead**

Deputy Chief Inspector of Hospitals (independent ambulance providers), 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?

Kings Medical Services provides emergency and urgent care for people taking part in or spectating at sporting and cultural events, and transports patients to hospital from events when necessary.

# Kings Medical Services

## Detailed findings

### Services we looked at

Emergency and urgent care

# Detailed findings

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## Background to Kings Medical Services

Kings Medical Services is operated by David Chown, who is registered as the responsible individual. The service opened in 2016.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector with specialist knowledge about ambulance services, and one other CQC inspector.

## Facts and data about Kings Medical Services

The service is registered to provide the following regulated activities:

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

The service operates from an industrial unit in Uttoxeter, Staffordshire. It runs a fleet of two traditional, van-conversion ambulances and two four-wheel drive cars which have been modified to be able to carry stretchers.

During the inspection, we visited the premises in Uttoxeter. We spoke with three staff including; the manager, one first aider and one ambulance practitioner. During our inspection, we reviewed 50 sets of patient records, however only one of those related to a patient who had been transported to hospital from a sporting event.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety against which it was inspected.

Activity (August 2016 to July 2017)

- The provider carried out a very small amount of activity regulated by the Health and Social Care Act 2008. They did not keep a log of this activity separate from their other, unregulated work, so were unable to provide a definitive number of regulated patient transport or treatment incidents. The provider estimated the number of regulated transports or treatments during this period was fewer than 20.

Apart from the owner, the service does not have any full-time staff. It has eight staff on bank contracts, who are employed on an ad-hoc basis whenever workload

## Detailed findings

demands it. The bank staff are: one registered nurse, two registered paramedics, one emergency medical technician, one student paramedic and three advanced first aiders.

### **Track record on safety**

- No never events
- No clinical incidents
- No serious injuries
- No complaints

# Emergency and urgent care services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

It is an independent ambulance service in Uttoxeter, Staffordshire. The service primarily provides on-site event medical cover, and repatriation transport on behalf of insurance companies. Those activities are not regulated by us. The service also provides transport to hospital from sporting and cultural events, and emergency treatment during transport. The service is registered to provide treatment of disease, disorder or injury and transport services, triage and medical advice provided remotely.

The service operates two full-size traditional van conversion ambulances and two stretcher-capable four-wheel-drive vehicles from its base.

## Summary of findings

We found the following issues that the service provider needed to improve:

- The provider's medicines management policies and procedures did not comply with current legislation and national guidelines.
- The provider did not have effective policies in place regarding safeguarding adults at risk, and children. The provider did not hold records evidencing their staff had completed appropriate levels of safeguarding training. The provider had not completed any safeguarding training that met current guidelines.
- The provider's medical equipment had not been serviced or calibrated in line with manufacturers' guidelines.
- The provider did not have an effective complaints policy.
- The provider was not monitoring incidents, and we saw evidence that many incidents were not being reported by their staff.
- The provider did not hold complete records of their staff members' training or employment histories.
- The provider did not hold complete records of pre-employment checks for their staff members, including references and Disclosure and Barring Service checks.

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

- The provider's premises, vehicles and equipment were visibly clean, and staff had access to an adequate supply of appropriate cleaning materials.

# Emergency and urgent care services

- The provider kept comprehensive records of all the patients they treated or conveyed.
- The provider's staff had access to and worked to current national clinical guidelines.
- We saw several items of positive feedback about care and treatment delivered to patients by the provider.

## Are emergency and urgent care services safe?

### Incidents

- The provider had an incident reporting policy, which made reference to paper incident forms which were carried on each of its ambulances. The policy was not dated and had no schedule for review. The policy described the process for reporting and investigating incidents. We saw that each ambulance had a document pack including incident forms.
- The provider told us there had been no reported incidents, however the provider and two members of staff mentioned several examples of situations that had happened which should have been recorded as incidents. For example, they mentioned incidents during medical repatriation cases where the patient had been sicker than they had been led to believe when the transport was booked, and had to be transported to the nearest hospital rather than the planned destination. We were not assured the provider had a positive culture of incident reporting amongst the staff and opportunities to learn from incidents were missed.
- The provider told us they were developing an on-line incident reporting system for staff, via a secure area of its website. Pending the system's operational use, the staff area of the website included a statement that all incidents had to be reported to the provider within 24 hours of occurrence.
- The provider had not recorded any never events, and told us they had not experienced any since opening. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The provider gave us a copy of their 'duty of candour' statement, which explained the meaning of the term and set out the provider's policy of openness and honesty if anything went wrong in their dealings with a patient. The staff we spoke with were familiar with the need to be open and honest if mistakes were made that resulted in harm to a patient.



# Emergency and urgent care services

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

- The service did not use a clinical dashboard. The provider discussed key elements of safety at their recently-instigated staff meetings, however their level of patient contact meant it was not possible to gather meaningful monitoring data.

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

- All the vehicles we inspected were visibly clean.
- Staff had access to sanitising wipes and cleansing gel on the provider's ambulances, for hand decontamination purposes.
- The provider used single-use, disposable blankets and sheets on its ambulances.
- Ambulance cleaning equipment including mops and buckets were colour coded. Staff had access to suitable cleaning fluids. Due to the infrequent nature of the provider's business, no formal cleaning schedule was in place for their ambulances. The provider told us each vehicle was cleaned after use by the crew, before going off duty.
- The provider did not have specific facilities or a schedule for performing deep cleans on their ambulances.
- The provider told us the small amount of clinical waste they generated did not warrant a formal contract with a waste disposal company. Clinical waste was either disposed of at receiving hospitals or through an informal agreement with a GP surgery local to their premises.
- The provider's ambulances contained a range of personal protective equipment, including disposable gloves and aprons.
- The provider had a 'hand hygiene and care' policy, which detailed their arrangements and responsibilities for providing adequate hand cleansing facilities and equipment. The policy was not dated, but stated it was due to be reviewed in November 2018.
- The provider's uniform policy stated staff must wear a clean uniform for each shift, that uniform must be changed if it becomes soiled, and mandated the

method by which uniform must be laundered. The policy also included details about following good hand hygiene. The policy was not dated, and did not have a schedule for review.

- As no direct patient contact took place during our inspection, we were unable to observe the provider's staff carrying out hand hygiene or using personal protective equipment. The three members of staff we spoke with were all wearing clean uniform.

## **Environment and equipment**

- The provider operated from an industrial unit, in which its vehicles were garaged when not in use. We saw the interior of the unit was clean, well-maintained, organised and free from clutter. The provider's office was located in a separate, temporary building adjacent to the unit.
- The provider maintained a small stock of consumables, in a tidy and well-organised metal locker in the unit. Ambulance crews replenished any consumables they used during a deployment when they returned to the provider's premises. The nature of the provider's workload meant crews did not normally carry out multiple patient transports during a shift. Sufficient equipment was carried on board each ambulance to allow the staff to treat the volume of patients they expected to see. All of the consumable equipment we looked at on the provider's ambulances was in date and stored in intact packaging.
- Staff had access to equipment in various sizes to provide care and treatment for both adults and paediatric patients. The provider's ambulances were equipped with an appropriate range of first aid, emergency and manual handling equipment. We saw the equipment on each ambulance was clean and well-maintained, and properly secured so it would not present a danger to the ambulance crew or any patient if the vehicle was involved in a collision.
- The provider's ambulances were equipped with safety harnesses to allow staff to convey children safely, if required.

# Emergency and urgent care services

- The provider told us their staff checked each vehicle before taking it out on a job, and they carried out weekly routine stock checks. We saw completed checklists which evidenced both pre-use and routine checks had been completed.
- The provider's ambulance stretchers were equipped with six-point harnesses, designed to keep patients secured if the vehicle was involved in a collision.
- The provider's two ambulances were equipped with electrocardiograph (ECG) machines, to perform diagnostic tests and defibrillation treatment on patients' hearts. However, the ECG machines did not have regular testing or calibration carried out by a qualified engineer. During our inspection, the provider told us they were safety tested by a local electrician only. This meant the accuracy of the observations taken using the ECG machines could not be relied upon.
- After our inspection, the provider sent us service records for their ECG machines, stretchers and piped oxygen equipment, which included dates earlier than the inspection. However, we were not reassured the servicing had been completed by a qualified engineer.
- The provider's ambulance keys were stored securely in a safe in their locked office when not in use.
- We reviewed Driver and Vehicle Standards Agency and HM Revenue and Customs records for the vehicles the provider told us were in service. We saw they all had valid MOT test certificates and their vehicle excise duty was up to date.
- The provider carried out servicing and repairs to its vehicles in-house. We saw records evidencing repairs, maintenance and routine servicing on all of the vehicles the provider told us were in service.
- The provider told us they had an on-line breakdown cover policy and sent us a copy of this following our inspection which was valid until 5 April 2018.
- The provider maintained two packs of medicines, one for use by registered healthcare professionals, and another for use by staff who were not registered healthcare professionals. We checked the medicines in both pouches and found they were all in date.
- However, in the healthcare professionals' pouch we found ampoules of cyclizine solution for injection and diazemuls emulsion for injection.
- Cyclizine solution is a prescription-only anti-sickness medicine. The provider told us this medicine was only administered by a doctor who worked for them on some events. However, the provider's policies listed cyclizine as a medicine which could be administered by other staff. The provider was not managing this medicine properly.
- Diazemuls is a muscle relaxant medicine used for treating people who are suffering prolonged convulsions. It is a prescription-only medicine and a controlled drug. Controlled drugs are medicines controlled by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001, and require special storage and recording. The provider did not hold the necessary licence to keep a stock of this medicine. The provider was not handling this medicine properly.
- However, following our inspection, the provider told us they had removed both these medicines from their pouches and no longer carried either on events.
- The medicines pouches were stored in a locked metal cabinet in the provider's office. None of the medicines required refrigeration, however the provider was not monitoring the minimum and maximum temperatures reached in the storage cupboard to ensure the medicines were not being exposed to temperatures outside the safe range specified by their manufacturers.
- The provider gave us copies of its "drugs policy" and "drugs and job roles" document, however we found these did not comply with current legislation and we were not assured they were fit for purpose. The "drugs policy" referred to out-of-date legislation for authority for the provider's staff to administer some prescription-only medicines.

## Medicines

- The service's medicines' orders were authorised by a GP whose practice was local to their premises.

# Emergency and urgent care services

- The provider's "drugs and job roles" document listed 13 medicines, and four classes of staff whom it authorised to administer some or all of the medicines. We saw several entries did not comply with medicines legislation:

ECPs, paramedics and nurses were shown as authorised to administer cyclizine by intramuscular or intravenous injection. Cyclizine can only be administered by doctors, or healthcare professionals acting under a prescription or patient group direction.

All staff groups were shown as authorised to administer glucagon orally. Glucagon is a medicine that is used to treat people whose blood sugars are dangerously low, and can be administered by anyone to save life in an emergency. However, it can only be given by injection, not orally.

Emergency medical technicians were shown as authorised to administer oral morphine. Morphine can only be administered without prescription by registered healthcare professionals.

Emergency medical technicians were shown as authorised to administer intravenous normal saline. Normal saline can only be administered by injection without prescription by registered healthcare professionals.

- The provider was not managing the way its staff administered medicines safely. The provider's "drugs and job roles" document made reference to the Joint Royal Colleges Ambulance Liaison Committee guidelines in relation to first aid provision and basic life support. It made no reference to any guidelines, cautions or contraindications for any of the medicines it listed for the provider's staff to use.
- The provider's ambulances carried cylinders of medical gases, which were stored securely on the vehicles in accordance with the British Compressed Gases Association Code of Practice 44: The storage of gas cylinders. There was no medical gases storage area at the service's base location as they did not hold any stock of cylinders other than those carried on the ambulances. The provider used limited amounts of entonox and oxygen, and the manager told us cylinders were exchanged at hospitals when required.

- We checked medical gas cylinders on two ambulances and saw they were in date. All the cylinders we looked at were over half full, which meant they contained enough medical gas to allow staff to provide treatment throughout the time they could reasonably expect to be with a patient.

## Records

- Completed patient report forms were removed from ambulances and stored securely in the provider's office at the end of each shift. We looked at 50 completed patient report forms, however most related to patients who were treated at events and discharged on scene; only one was for a patient who had been conveyed to hospital. We saw that form included patient details, clinical observations, a detailed history of the patient's medical history, details of the incident leading to treatment and details of the treatment completed. The form was signed by the staff members providing treatment.
- Patient records were paper-based, and made up of an A3 set of carbonated pages. This allowed staff to give a copy of the completed record to the patient on discharge, or to the receiving healthcare professional if the patient was handed over to an NHS ambulance crew or transported to hospital.
- The provider reviewed the patient report forms completed by their staff but did not carry out any formal audits.
- Patient transport from events was only carried out in the event of an emergency. The service did not book patient transport in advance, which meant crews did not have access to patient information or special notes prior to transfer.

## Safeguarding

- All clinical staff involved with the treatment and transportation of patients were also employed by NHS or other healthcare organisations. The provider told us they relied on staff fulfilling their statutory and mandatory training responsibilities with their main employer. However, the provider did not confirm and record this information so was not able to provide us with evidence their staff had completed training or that it had been completed within acceptable timescales.

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- Staff we spoke with had an awareness of safeguarding and knew the type of concerns to escalate.
- The provider had a safeguarding policy. However, we saw it was not fit for purpose. Several sections of the policy were incorrect or inappropriate for inclusion. For example: the policy did not have separate sections for children and adults, for whom categories of risk are different; and it referred to incorrect safeguarding legislation and guidance. The policy was not dated, and had no schedule for review.
- The provider's safeguarding policy did not make any reference to the levels of training staff were expected to undertake. For training, it directed staff to the NSPCC website and to another website which only provided training for people working in Gloucestershire. We were not assured the provider was sufficiently aware of their own responsibility to provide or ensure provision of appropriate safeguarding training.
- The safeguarding policy named the provider as the 'designated senior manager/lead officer' for safeguarding, however the provider had not completed any formal safeguarding training.
- However, following our inspection the provider told us they had booked themselves and all of their bank staff on face-to-face safeguarding training, delivered by a local training company.
- The provider did not have access to advice from a professional trained to level 4 safeguarding children, as recommended by the intercollegiate document, 'Safeguarding children and young people: roles and competences for health care staff'.

## Mandatory training

- All clinical staff involved with the treatment and transportation of patients were also employed by NHS or other healthcare organisations. The provider told us they relied on staff fulfilling their statutory and mandatory training responsibilities with their main employer. However, apart from one, the provider's staff files did not contain complete evidence of confirmation that training had been completed.
- The provider told us they only permitted staff who had completed emergency driver training with an NHS

ambulance service to drive using blue lights and audible warnings. The provider told us they were aware of the training having been completed by those staff, because of the nature of their substantive employment.

## Assessing and responding to patient risk

- 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 or, if appropriate and necessary, transport the patient to hospital in the provider's ambulance.
- Staff we spoke with told us 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.

## Staffing

- We asked to see the provider's staff records, and were given files for four members of bank staff. We asked the provider if any other staff worked for them, and they told us other staff had worked for them on an occasional basis; however they did not hold any records for these staff. The provider told us those staff had brought their documents with them and they had been checked at the start of the shift, but records had not been kept. We were not assured the provider was carrying out adequate checks on all of their staff to ensure they were fit and proper, and had the necessary competence, qualifications and experience to carry out the role for which they were employed.
- We looked at the four staff files that were available. None had records of Disclosure and Barring Service (DBS) checks; one had a record of a DBS certificate number but no date or details of at what level the check had been completed or of which registers had been searched. None had written references, copies of driving licences or evidence of the right to work in the UK.
- The provider gave us a copy of their recruitment policy, which was undated and had no schedule for review. The policy included the following statements: "references will be taken up prior to starting in post"; "qualification certificates must be provided and filed securely"; "DBS checks must be seen"; and "all documentation relating

# Emergency and urgent care services

to the recruitment process will be retained securely for successful candidates for the duration of their work with Kings Medical Services". The provider was not complying with their own policy.

- The provider's recruitment policy did not require applicants to provide all of the documents listed in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The main focus for the service was to provide medical cover for events and for repatriation journeys carried out on behalf of travel insurance companies. All staff worked on zero hours or bank contracts. Staff were booked and supplied on a demand basis, according to the level of cover contracted by the provider's customers.

## Response to major incidents

- The provider did not form part of any NHS trust's major incident plan.
- The provider had arrangements for short-term hire of a fully equipped emergency ambulance in the event one of theirs was unavailable due to mechanical problems.

## Are emergency and urgent care services effective?

### Evidence-based care and treatment

- All staff working for the provider had purchased copies of the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) clinical practice guidelines, and used them to plan and perform patient care and treatment.
- The provider had standard operating procedures for administration of medical gases. We were given copies of these documents and saw they followed national guidelines. The JRCALC guidelines followed by staff followed guidance published by the British Thoracic Society on oxygen use in emergency settings.

### Assessment and planning of care

- The provider planned appropriate levels of care in discussion with their event customers, where applicable taking into account the requirements of their customers' sporting governing bodies.

### Response times and patient outcomes

- The service did not monitor response times as it provided event medical cover and was already on site when patients presented.
- Due to the unpredictable nature of the provider's work and patient contacts, it was not possible for them to gather any meaningful data for national audits, therefore they did not take part in them.

### Competent staff

- Due to the ad-hoc nature of the provider's workforce, they did not carry out appraisals for their staff. Areas of good practice or concern were addressed individually, when they became apparent.
- At the time of our inspection the provider did not have any formal induction procedure for its staff. Following our inspection, the provider added a signature sheet to the password-protected 'staff' area of its website. Staff were asked to print the sheet off and sign against each of the provider's policies to confirm they had read them, then return the completed form to the provider. However, there was no time limit for completing the sheet, which only asked for it to be done 'as soon as possible'. We were not reassured the provider was monitoring its staff members' compliance with this process.
- A paramedic who worked for the provider delivered training for other staff on the use and administration of medical gases. This was backed up by standard operating procedures, available on the 'staff' area of the provider's website, for the two medical gases carried by the provider. Only staff who were qualified through their substantive employment, or who had been trained in house, were permitted to administer medical gases. However, the provider did not hold records of which of their staff had completed this training.
- The provider told us they, and one member of staff who had an NHS qualification in teaching and assessing, carried out training for staff on all of the equipment carried on their ambulances, on an ad-hoc basis. However, the provider did not keep records of this training. This meant they were not able to ensure staff were trained to use the equipment on the ambulances.



# Emergency and urgent care services

## Multi-disciplinary working

- As no patient contact took place during our inspection, we were not able to observe the provider's employees handing over to hospital staff. However, the provider told us they had a good working relationship with their local NHS hospital.
- The staff we spoke with were able to describe the types of patient they would hand over to NHS ambulance crews, and the manner in which they would do so.

## Access to information

- As the provider did not plan patient treatment or transport in advance, and only carried out either in an emergency situation, staff did not have access to any care plans, advance decisions or 'do not attempt cardiopulmonary resuscitation' orders unless they were volunteered by the patient, or a relative or carer.
- Staff were able to access the provider's policies in printed form, or electronically via the password-protected 'staff' area of their website.

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

- Staff we spoke with were aware of the need to obtain consent from patients before carrying out any clinical observations or treatment. They told us they explained what they were going to do and asked patients for consent before carrying out any procedure.
- The provider relied on their staff having training on mental capacity assessment via their substantive employers. However, the staff we spoke with demonstrated a poor understanding of mental capacity assessments and the process to follow if a patient was deemed to lack capacity.
- The provider did not convey patients detained under the Mental Health Act 1983.

## Are emergency and urgent care services caring?

## Compassionate care

- Due to the infrequent nature of the provider's regulated work we were not able to observe any direct patient care during our inspection.

- The provider's website included several comments from patients and their representatives, thanking them for the way the patients had been looked after. They described the provider's staff as "lovely", "brilliant", "caring" and "professional".

## Understanding and involvement of patients and those close to them, and emotional support

- We did not observe any patient care during our inspection, however comments on the provider's website from patients' and their relatives demonstrated the provider's staff involved them in care and treatment.

## Emotional support

- Comments on the provider's website mentioned the way the provider's staff had supported patients during treatment. For example, one comment said the provider's staff had made a patient feel as if they were the crew's "absolute top priority of the day" and mentioned how calm they had been when the patient was upset.

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

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

- Before carrying out event medical cover, the provider had contact with customers to ensure that the service's proposals met the needs of those running, governing and attending the event.
- The service did not provide services to the NHS, nor did they carry out any CQC-regulated work under subcontracts.

## Meeting people's individual needs

- Staff could access translation services via the internet on a mobile phone for patients whose first language was not English. We spoke with two members of staff who confirmed they would use internet translation services if required.

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- Staff we spoke with demonstrated an understanding of the needs of people living with dementia and learning disabilities. They explained some of the ways in which they would alter the way they spoke with and acted towards patients living with those conditions.

## Learning from complaints and concerns

- The provider told us they had not received any complaints since they started trading.
- The provider gave us a copy of their complaints policy; however we saw it was generic and only stated their intentions, without giving any process or method. For example, the policy described one of its purposes was “To make sure everyone at Kings Medical Services knows what to do if a complaint is received”, however it did not provide any further information for staff on what action to take in that situation.
- The provider’s complaints policy made no mention of timescales or processes for responding to people who made a complaint.

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

### Leadership / culture of service related to this core service

- The provider was a sole trader, and had overall responsibility for all areas of their business and compliance.
- The provider worked on most of the service’s bookings in person, so met regularly with all of their bank staff.

### Vision and strategy for this this core service

- The provider’s website described them as “able to offer a very personalised service to our customers, with customer care and safety being of utmost importance”. The staff we spoke with demonstrated a high level of customer and patient focus, which reflected the statement on the website.

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

- We were not assured that the provider had effective governance procedures in place. Many of the policies we

were given were not specific to the provider’s business and we were not reassured that they would be used effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider’s recruitment records were incomplete and could not evidence their staff had the qualifications, competence, skills and experience which were necessary for the work to be performed by them. However, the provider was receptive to the observations we made about their governance procedures and made many changes to improve the situation while we were on site, and in the period following our inspection, leading up to the publication of this report.

- During our inspection we were given a copy of the provider’s health and safety at work policy. We saw it was generic and did not relate directly to this provider. It made reference to a board of directors, a director of operations, an operations manager, a financial controller and operational team leaders; however the provider was a sole trader. This policy did not appear on the password-protected ‘staff’ area on the provider’s website.
- We were shown a copy of the provider’s duty of candour statement. While it described, in broad terms, what was meant by candour it did not explain what the provider’s legal duty was, nor did it explain the process to be followed by the provider following a duty of candour incident. It also gave staff the option to report incidents “informally”. This did not support good practice in reporting and recording incidents, nor would it support the duty of candour process which requires providers to keep written records of such incidents.

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

- The provider worked on most of the service’s events in person, so had regular face-to-face contact with all of the bank staff they employed.
- Due to the nature of the provider’s workforce, it was not easy to have formal team meetings. Apart from the owner, all of the staff who worked for the provider did so in addition to their full-time employment and many worked shifts. This meant co-ordinating meeting times to allow people to attend was difficult. However, the provider told us they had started to hold staff team meetings, and gave us a copy of the minutes of their first

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meeting, held in August 2017. During the meeting, records showed the team discussed training, forthcoming events, future business, uniform, new equipment, audits and regular weekly tasks.

- The provider used a password-protected area on its website for staff to access meeting minutes, policies and forms. This allowed staff whose work schedule prevented them from attending meetings to keep themselves up to date with developments.



# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure medicines are only carried and administered by staff with the legal right to do so.
- The provider must review their policies on medicines and medicine administration to ensure they refer to and comply with current legislation.
- The provider must review their medicine guidelines to ensure they include correct and complete information on indications, administration routes, contra-indications and cautions, or direct staff to appropriate guidelines for this information.
- The provider must ensure they have a means of ensuring the temperature in their medicines storage cabinet has not been outside the medicines' manufacturers' guidelines for safe storage.
- The provider must ensure their electrocardiograph machines, defibrillators and medical gas pipelines are serviced and calibrated in accordance with the manufacturers' recommendations and national guidelines.
- The provider must ensure their safeguarding policies are effective and refer to current guidelines and legislation and differentiate between adults at risk and children.
- The provider must complete training at an appropriate level in safeguarding adults at risk, and children and make arrangements to have access to a professional trained to level 4 safeguarding children.
- The provider must ensure all of the staff they employ on ambulance crews, whether substantive or bank

staff, have completed safeguarding adults at risk training and safeguarding children level 2 training. The provider must also ensure they have documentary evidence on file that this training has been completed.

- The provider must ensure they have an effective incident reporting policy and procedure, and that staff are encouraged to report appropriate incidents. The provider must also have a process for monitoring incidents to identify trends and improve the quality and safety of the service they provide.
- The provider must keep accurate and up-to-date records of all training they provide for their staff, and for any statutory and mandatory training provided by their substantive employers.
- The provider must have a robust recruitment procedure that ensures staff have the right skills and experience to perform the tasks they have been employed to carry out.

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

- The provider should carry out structured audits of their completed patient report forms to identify good practice and areas for improvement.
- The provider should ensure they have adequate breakdown cover for their operational ambulances.
- The provider should ensure they have an effective complaints policy and procedure, and that all their staff are aware of the policy and understand the procedure.

## 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
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The provider did not have proper policies and procedures to ensure medicines were administered in accordance with the Human Medicines Regulations 2012 and the Misuse of Drugs Regulations 2001.</b></p> <p>The provider held a small stock of a controlled drug without an appropriate Home Office licence.</p> <p>The provider did not have or refer to guidelines on the indications for, administration of, contra-indications for nor cautions for the medicines they authorised their staff to administer to patients.</p> <p>The provider's medical devices were not serviced and calibrated in accordance with national guidelines.</p> <p>Regulation 12(2)(e) and 12(2)(g)</p>
Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>The provider did not have effective policies for safeguarding children or adults at risk.</b></p> <p>The provider did not have evidence that all of their staff had completed appropriate levels of training on safeguarding children and adults at risk.</p> <p>The provider had not completed appropriate levels of training on safeguarding children and adults at risk.</p> <p>The provider did not have access to a professional trained to level 4 safeguarding children.</p> <p>Regulation 13(1) and 13(2)</p>

## Requirement notices

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not effectively record or monitor incidents which occurred during the delivery of their service.

The provider did not hold records of training they provided to their staff, on their equipment and administration of medical gases.

Regulation 17(2)(a) and 17(2)(d)(I)

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not hold complete records of the training completed by their employees in the course of their substantive employments.

The provider did not hold satisfactory documentary evidence of all of their employees' qualifications to perform the work for which they were employed.

The provider did not hold photographic proof of all of their employees' identities.

The provider did not hold copies or electronic records of all of their employees' Disclosure and Barring Service checks.

The provider did not hold full employment histories or satisfactory evidence of conduct in previous employments for all of their employees.

The provider's recruitment policy did not require employees to provide all of the documents listed in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 19(2) and 19(3)