

Event Medical Services

Quality Report

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Date of inspection visit: 13 to 14 August 2019

Date of publication: 16/12/2019

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Not sufficient evidence to rate



Are services responsive?

Not sufficient evidence to rate



Are services well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Event Medical Services is operated by Event Medical Services Limited. The service provides event medical cover both locally and nationally, for example, for sporting and music events. This can include transporting patients from events to hospitals.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice announced inspection of urgent and emergency care, on 13 and 14 August 2019.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Event Medical Services provides services to patients taking part in or attending a sport or cultural event. These types of arrangements are exempt by law from CQC regulation. Therefore, at Event Medical Services the services provided to patients taking part in or attending a sport or cultural event were not inspected. Event Medical Services can also transport patients from events to hospitals. Arrangements to provide these services were inspected.

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.

This service was last inspected on 10 April 2019 using our responsive focussed inspection methodology which related to information of concern.

This was our first rating of this service. We rated it as **Requires improvement** overall.

We rated safe, effective and well-led as 'requires improvement' and responsive as 'good'. We did not rate the caring or responsive domains at this inspection. This was because we did not observe any patient, relative or carer interaction during inspection and there was limited data about service performance.

We found the following areas where the service provider needed to improve:

- We were concerned with the prescription, storage and monitoring of medicines. The provider did not have systems in place to ensure safe prescribing, monitoring and audit of medicines in line with their medicines policy.
- We were not assured the service had robust arrangements in place to ensure all staff were fit and proper for their role, with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
 - Managers did not always check new staff were fit and proper for their role before starting employment. Record-keeping systems were not operated effectively.
 - Managers did not check all staff met mandatory training requirements to ensure a safe service was delivered. The service did not provide specific mandatory training for staff employed to work at events. There was no central system for oversight of events staff qualifications and registrations.
 - Managers did not follow up to check suitability and training of staff who were sub-contracted from other services. Assurance was sought, but not followed up.
 - There was no formal process to review performance of existing events staff.
 - There was no effective system of clinical audit to check staff and managers' practice followed company policies and learning and improvement was identified. For example, in relation to patient records, outcomes, medicines management, safeguarding and vehicle cleanliness.

Summary of findings

- Facilities for equipment storage were not well organised. Health and safety signage in the garage area was missing in some areas. Monitoring of vehicle cleaning and access to hand gel could be improved.
- New systems and processes introduced to address concerns identified at the previous responsive inspection were not yet fully operational and some actions were not yet complete, following the previous CQC comprehensive inspection.

We also identified the following areas of good practice:

- An electronic system had been introduced to record staff HR information and a review of gaps in information had begun.
- A more structured approach had been taken to management meetings which were now formally recorded.
- An online feedback form was available on the company website for patients to use.
- The ambulance vehicles we inspected were clean and well maintained.

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 issued the provider with four requirement notices relating to emergency and urgent care, Regulation 19 Fit and Proper Persons, Regulation 18 Staffing, Regulation 17 Governance, Regulation 12 Safe Care and treatment, for the purposes of a regulated activity of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Details are at the end of the report.

Ann Ford

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

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Rating

Requires improvement



Summary of each main service

The service provides emergency and urgent care at events, including for sporting and music events. Event Medical Services can also transport patients from events to hospitals.

From July 2018 to August 2019, 12 patients were transported from events to hospital.

We rated Event Medical Services as 'requires improvement'. The service must address concerns about medicines management and safe recruitment and improve systems of governance and audit.

Summary of findings

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Requires improvement 

Event Medical Services

Services we looked at

Emergency and urgent care

Summary of this inspection

Background to Event Medical Services

Event Medical Services is operated by Event Medical Services Limited. It is an independent ambulance service in Skipton, North Yorkshire. The service opened in 2002.

The service provides event medical cover both locally and nationally, for example, for sporting and music events. This can include transporting patients from events to hospitals.

The service is registered to provide the following regulated activities:

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

Event Medical Services first registered with CQC in 2002 and has had a registered manager in place since 2002.

Event Medical Services is registered with CQC under the Health and Social Care Act 2008 in respect of some, but

not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Event Medical Services provides services to patients taking part in or attending a sport or cultural event. These types of arrangements are exempt by law from CQC regulation. Therefore, at Event Medical Services the services provided to patients taking part in or attending a sport or cultural event were not inspected. Event Medical Services also transport patients from events to hospitals. Arrangements to provide these services were inspected. The service does not routinely provide transport of patients from events to hospitals unless specifically requested to do so, in which case further resources and vehicles would be arranged prior to the event. The service utilised local ambulance trusts for assistance.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, and a specialist advisor with expertise in ambulance services. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Event Medical Services

During the inspection, we visited the service's headquarters which included an office, garage, storage areas. We reviewed staff files, training records, rotas, and company policies and information provided by the service. We reviewed progress against their last inspection action plan. We reviewed 12 sets of patient records, where patients had been transported. We spoke with five members of staff including the registered manager. We inspected two ambulance vehicles used for events. We also reviewed policies and information provided by the service.

We were unable to speak to relevant patients and relatives as no patients were transported from events to hospital on the day of inspection.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

The service had been previously inspected in 2018 and in 2019. This service was last inspected on 10 April 2019 using our responsive focussed inspection methodology

Summary of this inspection

which related to information of concern. We found that the service was not meeting all the standards of quality and safety it was inspected against. The service had not been previously rated.

Following that inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices relating to emergency and urgent care; Regulation 19 Fit and Proper Persons and Regulation 17, Governance.

Activity (July 2018 to August 2019):

In the reporting period there were 12 emergency and urgent care patient journeys undertaken; i.e. where patients were transported from events to hospital.

Track record on safety:

- No recorded never events
- No clinical incidents reported
- No serious injuries

The service had received no complaints from July 2018 to August 2019.

There were 74 members of staff who were contracted to work with Event Medical Services. The majority were contracted sessional staff who had substantive posts with NHS ambulance providers. This included paramedics and a doctor who were able to bring and use their own supply of medicines during employment. No controlled drugs were carried or used at the service.

The registered manager was a director of the company. The directors also operated a separate patient transport company and some events staff worked for both companies.





Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------|----------------------|----------------------|-----------|------------|----------------------|----------------------|
| Emergency and urgent care | Requires improvement | Requires improvement | Not rated | Not rated | Requires improvement | Requires improvement |
| Overall | Requires improvement | Requires improvement | Not rated | Not rated | Requires improvement | Requires improvement |

Emergency and urgent care

| | |
|------------|---|
| Safe | Requires improvement  |
| Effective | Requires improvement  |
| Caring | Not sufficient evidence to rate  |
| Responsive | Not sufficient evidence to rate  |
| Well-led | Requires improvement  |

Information about the service

The service provides emergency and urgent care at events, including for sporting and music events. Event Medical Services can also transport patients from events to hospitals.

From July 2018 to August 2019, 12 patients were transported from events to hospital.

Summary of findings

We found the following areas where the service provider needed to improve:

- We were concerned with the prescription, storage and monitoring of medicines. The provider did not have systems in place to ensure safe prescribing, monitoring and audit of medicines in line with their medicines policy.
- We were not assured the service had robust arrangements in place to ensure all staff were fit and proper for their role, with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
 - Managers did not always check new staff were fit and proper for their role before starting employment. Record-keeping systems were not operated effectively.
 - Managers did not check all staff met mandatory training requirements to ensure a safe service was delivered. The service did not provide specific mandatory training for staff employed to work at events. There was no central system for oversight of events staff qualifications and registrations.

- Managers did not follow up to check suitability and training of staff who were sub-contracted from other services. Assurance was sought, but not followed up.
- There was no formal process to review performance of existing events staff.
- There was no effective system of clinical audit to check staff and managers' practice followed company policies and learning and improvement was identified. For example, in relation to patient records, outcomes, medicines management and vehicle cleanliness.
- Facilities for equipment storage were not well organised and health and safety signage in the garage area was missing in some areas and access to hand gel could be improved.
- New systems and processes introduced to address concerns identified at the previous responsive inspection were not yet fully operational and some actions were not yet complete, following the previous CQC comprehensive inspection.

We also identified the following areas of good practice:

- An electronic system had been introduced to record staff HR information and a review of gaps in information had begun.
- A more structured approach had been taken to management meetings which were now formally recorded.
- An online feedback form was available on the company website for patients to use.
- The vehicles we inspected were visibly clean and well-maintained.

Are emergency and urgent care services safe?

Emergency and urgent care

Requires improvement

This was the first rating of safe. We rated it as **requires improvement**.

Mandatory training

The service did not provide specific mandatory training for staff employed to work at events and systems were not yet in place to allow managers to check all staff met mandatory training requirements to deliver a safe service.

- Information provided by the service showed the majority of staff were already employed by NHS bodies, other public services and independent ambulance providers, where they completed mandatory training. The service did not provide mandatory training themselves. Staff undertook their mandatory training through their substantive post employer and were required to have completed the following mandatory training as a minimum; safeguarding of vulnerable adults and children, both at level 2; moving and handling training; infection control training; information governance training. Information provided by the service indicated event staff were also required to complete annual equipment training. Fire safety training was listed as 'preferable' training and was not included as mandatory training.
- We did not gain assurance that those staff who did not hold a substantive post elsewhere had completed the appropriate training.
- We reviewed the company training tracker and saw that for managers who worked at events, mandatory training records were up to date. We saw that some staff were included on the training tracker. We checked a sample of training records for three of these staff and found they were 100% compliant. However, we noted that the majority of staff were not included on the existing tracker and training information had not been recorded. Therefore we were not assured the provider had full oversight of the mandatory training compliance of its staff.
- We discussed this with the registered manager as action to improve mandatory training compliance was highlighted in the previous comprehensive inspection in August 2018 and staff records were highlighted in the

responsive inspection in April 2019. Managers explained that two new electronic systems were being implemented to monitor and track pre-employment checks and other staff information. However, information about mandatory training completion (e.g. in NHS or other employment) was not yet recorded here.

- The service also sub-contracted other independent ambulance services. The service had a process to seek assurance and request information regarding staff training, skills and competencies from the relevant providers and contractors. We were told that if the requested information was not provided or if it was incomplete, this was not necessarily followed up on; again, managers worked on a trust basis. This was the same position as at the last inspection.
- This meant managers could not monitor mandatory training completion for all staff and ensure all staff had the appropriate skills to care for patients.

Safeguarding

Managers briefed staff on how to report abuse or concerns to protect patients from abuse. However, no concerns had been reported, elements of the safeguarding policy were out of date and managers did not check staff safeguarding training compliance.

- At the previous (responsive) inspection, we were not assured the safeguarding arrangements in place were effective or referrals were appropriately made to the Local Authority and notifications made to CQC. Staff were not clear who was the safeguarding lead. There were no examples of safeguarding referrals made by the service within the previous 12 months (April 2018 – April 2019). The safeguarding lead had not received level three safeguarding training in line with the intercollegiate guidelines (2019).
- At this inspection, we found manager responsibilities and knowledge were clearer although no new safeguarding incidents had been reported to the local authority for the process to be tested. One delayed safeguarding report had been made to CQC.
- The service had an identified safeguarding lead trained to level 3, who was also the registered manager. This lead was named on event briefing documents which were used for event staff on-site induction. Managers were able to give an example of a potential safeguarding incident, for example a lost child at an

Emergency and urgent care

event, where they had referred to the police on site, to resolve the situation. The service had been guided by the police that a safeguarding referral had not been necessary in this example.

- Managers confirmed that there had been no safeguarding referrals or incidents recorded to report since the last inspection in April 2019 or within the last 12 months. However, CQC had received information relating to a concerning incident during this time, which was only later reported by managers to CQC as a safeguarding incident. Therefore we were not assured that incidents were always appropriately reported as required.
- The manager confirmed the safeguarding policy was due for review in September 2019. We noted the safeguarding policy referred to a number of roles and committees which were not relevant to the service. The policy did not reflect safeguarding issues such as female genital mutilation (FGM), modern slavery or the risk of being drawn into terrorist activity.
- Information provided by the service indicated event staff were required to complete training in safeguarding of vulnerable adults and safeguarding children, both at level 2, every three years. Managers told us they would check if staff had received safeguarding training and knew how to recognise and report abuse. We checked the training records for three staff and found they were 100% compliant. However, the service did not record evidence of mandatory training completion for all staff and so we were not able to evidence an overall compliance rate.
- Staff now had access to the NHS England safeguarding mobile phone app and managers told us that staff would report safeguarding concerns directly to them or to the appropriate local authority.

Cleanliness, infection control and hygiene

The service controlled infection risk and had an infection prevention and control policy in place. Staff kept themselves and equipment clean and used control measures to prevent the spread of infection. Staff managed clinical waste appropriately. However, we had concerns about arrangements for monitoring cleaning of vehicles.

- The ambulance vehicle we inspected was clean and well maintained.

- Staff were responsible for cleaning and maintaining vehicles in between patients. Personal protective equipment (PPE), hand sanitising gel and cleaning materials were readily available on each of the vehicles we checked.
- The garage did not have a designated vehicle cleaning area, but appropriate cleaning materials were available. Hazardous cleaning substances were stored in a locked cupboard.
- There were hot water taps and hand washing facilities in both toilets, although there were no sink or hand washing facilities in the garage area itself.
- Linen from both sites was managed by an external company. Disposable, colour-coded mops and buckets were being utilised. We saw that waste was separated appropriately.
- We found that sharps disposal bins were available, labelled and used in line with recommendations.
- Patients with a potential infection risk would be identified prior to transfer. If a vehicle became contaminated, cleaning facilities at local hospitals and ambulance stations would be utilised.
- We saw evidence of vehicle maintenance and deep cleaning logs. The service recorded vehicle deep clean dates and monitored when vehicles were due to be cleaned. Deep cleans were due every six weeks and up to date at the time of the inspection.
- However, there was no evidence of weekly and daily cleans being logged. It was not possible to tell whether a vehicle had been cleaned, unless it had been deep cleaned. The manager showed us a series of cleaning checklists at the end of inspection with daily and weekly cleaning instructions and 'ambulance cleaning standards' to be completed after every patient e.g. line, chair, stretcher. The lists did not identify what cleaning materials were to be used and were not available on vehicles for staff to follow.
- Information provided by the service indicated event staff were required to complete infection prevention and control training annually. We checked the training records for three and found they were 100% compliant. However, the service did not record evidence of mandatory training completion for all staff and so we were unable to corroborate an overall compliance rate.

Environment and equipment

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The service appropriately maintained vehicles and equipment to keep people safe. However, facilities for equipment storage were not well organised and health and safety signage in the garage area could be improved.

- The service operated two vehicles which were used at events; one emergency ambulance vehicle to allow for transfer of patients to hospital and one used to treat walking wounded. The service also had a 4x4 (out of use at the time of inspection) and a quad bike response vehicle (for on-site use only).
- Managers used a maintenance spreadsheet and an electronic diary system to track vehicle information; date purchased, date of vehicle tax expiry, date of ministry of transport (MoT) expiry, date of deep clean, date equipment was replenished, date of reporting of defect, date of repair and date of safety check. MoT and vehicle excise information for vehicles in use was in date at the time of inspection. Vehicles which were out of use and off the road were identified with 'do not use' signs in the window.
- Seatbelts, stretcher restraints and child car seats were available on vehicles for use as required. The service informed us they rarely transported children. No other restraint equipment was used at the service.
- We saw that equipment was available on vehicles, for example automated external defibrillator (AED) and suction equipment, was checked and ready to use. Training in the use of defibrillator equipment formed part of mandatory training requirements. We checked the training records for three staff and found they were 100% compliant. However, the service did not record evidence of mandatory training completion for all staff and so we were not able to evidence an overall compliance rate.
- At our previous (responsive) inspection, the vehicle garage was extremely untidy, with unused equipment stored haphazardly, including on a mezzanine level. We were concerned that this posed potential fire and health and safety risks.
- At this inspection, managers confirmed a fire risk assessment had been completed in relation to potential fire hazard in January 2019 and actions implemented. A health and safety inspection had been completed in June 2019 and an action plan was underway. This identified work to repair flooring, improve storage of chemicals and looking into options to demark sections

of the garage which operational staff would and would not access. During inspection, we saw equipment was stored in various places around the office, stock room and garage area; some areas were cluttered and presented a trip hazard.

- Equipment which was in use and out of use was not clearly identified. However, we saw that a significant amount of old equipment had been collated in the garage area and identified as waste and was awaiting removal.
- We saw evidence of stock rotation of consumable items which were in date and organised. We saw that further metal storage cabinets had been delivered, intended for consumables for staff to access. Managers explained this was to improve organisation of the stock area which staff would access and told us this work was due to be completed by September 2019.
- We saw some vehicle fluids were stored in the garage area, although there were no safety signage indicating this hazard.
- We saw that medical gases were stored securely in both vehicles and in storage areas and had been reviewed and approved by the service's medical gas provider. However there was no signage to indicate the system for segregating empty and full gas cylinders which were stored in the same storage cage.
- We noted that two of the vehicles used for events did not display a compressed gas warning sign to indicate they were carrying flammable liquids and this was raised with the manager during the inspection.

Assessing and responding to patient risk

Staff completed and updated risk assessments and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

- Every event and transportation booking had a risk assessment completed. The service assessed risk for events using the industry recognised best practice standard. Staffing requirements would be assessed by the event organiser, but service managers told us that they would always carry out a separate assessment, using the 'purple guide', to ensure staffing levels were safe.

Emergency and urgent care

- Escalation plans were in place for each event the service covered. For example, where the contract required two emergency transport vehicles, and both were required to transport patients the event would be halted, and NHS ambulance services would be called.
- The event briefing documentation included information on the type of audience and liaison and triage processes should they become necessary in managing event-specific risks. Throughout the event dynamic risk assessment took place and any additional concerns were escalated to the lead clinician.
- The lead clinician assessed patients at the event. Where transport services were provided, the clinical lead would be a registered paramedic as a minimum or for larger events, a doctor. Managers told us that in the previous 12 months, all cases of transport from events have been the larger events where a doctor is present. The lead clinician would make the decision as to whether transport was necessary.
- The service did not have pathways for the transportation of patients with common conditions for example chest pain. However, the management team demonstrated, knowledge of trust specialities and where to take critically ill patients. Additionally, there were clear lines of communication with NHS ambulance providers to identify which hospitals could take patients.
- The service sub-contracted independent ambulance services from other areas. They relied on local staff knowledge of geography and NHS hospitals and did not undertake their own due diligence.
- Staff recorded patient observations using patient report forms. Information included full written description, clinical impression, primary survey and clinical notes.
- The service did not currently use a National Early Warning Score or Modified Early Warning Score (NEWS/MEWS). NEWS is a guide used by medical services to quickly identify deteriorating patients based on the vital signs or a modified early warning score. The primary purpose is to prevent delays in intervention or transfer of critically ill patients.
- The registered manager showed us a new and more detailed patient record form (PRF) which the service had developed; this included a NEWS section, although it was not yet in use and there was no scheduled date for implementation, at the time of inspection.

Staffing

Arrangements for recruitment and record-keeping were not sufficiently embedded to ensure the service had the right staff to keep people safe from avoidable harm and to provide the right care and treatment.

- The service employed a range of staff on a contract basis, depending on the requirements of the event organiser, including first aiders, ambulance technicians, paramedics, nurses and doctors.
- Staff were recruited for events according to demand. The service used a number of regular staff while other staff applied to work for specific events such as festivals, particularly during the summer months. Advertisements for staff were placed online and on social media. Expressions of interest were requested, and staff would then be required to provide evidence of professional registration and a DBS certificate.
- The service provided medical cover for events outside of their local area, they also sub-contracted staff from other independent ambulance services in those areas. Managers showed us an email template used to request due diligence checks but told us that the information requested was not always provided and would not be followed up on.
- At this inspection, we saw that a new electronic staff files system was being implemented to monitor and track pre-employment checks, including employment history, requests for references and new health questionnaires. We reviewed a report from the electronic system which listed 74 staff. The electronic system was not fully populated and only showed recorded entries for three staff with two references and two with full employment history. There was no evidence of occupational health questionnaires having been requested and DBS check evidence was not yet entered on the system.
- We reviewed a sample of paper files for three members of staff who had recently been recruited. We saw evidence of enhanced DBS checks, professional registration or first aid qualifications and completed application forms with employment history for all three staff. We saw evidence of two references on file for two of these employees, as per company recruitment policy. We noted that references had been requested for the third, however this staff member had started work before they had been received. This meant the recruitment policy was not being followed in all cases.

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- We checked the training tracker for a further three staff and found all had an enhanced DBS and first aid qualifications. However, as the service did not include all staff on a tracker, we were unable to confirm checks had been completed for all existing staff.
- We saw a move towards improvement with the introduction of an electronic staff records system since our last inspection. However, the new system was not yet effective, meaning managers did not yet have full assurance that all event staff including sub-contracted staff, were suitable for employment.
- Managers confirmed that work was underway to seek outstanding references for staff and embed the new system to ensure future compliance. An action plan had been developed following the previous inspection which was due for completion by June. However, managers explained this work was still in progress due to the busy summer period. An event supervisor had been allocated time for this work which was now due to be completed by September 2019. Checking sub-contracted staff was not included in the action plan.
- Staffing requirements would be initially assessed by the event organiser, but service managers carried out their own separate assessment, using the industry standard; 'Guide to health, safety and welfare at music and other events' (also known as the purple guide), to ensure staffing levels were safe. For example to ensure sufficient staff on site to allow members of the team to have a break. There was no process in place to ensure staff with substantive employment outside the service had enough rest between shifts.
- Managers described turnover as extremely low, many staff working the events season do so on an ad hoc basis alongside their full time NHS positions. Sickness rates were similarly described as low due to the nature of the work, although this was not formally monitored.

Records

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

- Staff used paper patient report forms (PRFs) to record information about patient needs, care and treatment. Completed PRFs were stored securely at the service base.
- We reviewed a sample of 12 completed patient report forms (PRFs). We saw the PRFs were detailed and all

sections appropriately completed. PRFs included a description of the incident, patient information including GP details and medical history; observations and treatment, medicines used, including medical gases. Staff recorded multiple sets of observations. PRFs enabled staff to record vehicle times and where the patient had been transported to.

- The service did not have a formal policy for records management or a process for managers to routinely review and audit PRFs to monitor completion or quality of care and identify processes to improve it.
- Information provided by the service indicated event staff were required to complete annual information governance training. We checked the training records for three staff and found they were 100% compliant. However, the service did not record evidence of mandatory training completion for all staff and so we were not able to evidence an overall compliance rate.

Medicines

The provider did not have effective systems in place to ensure safe prescribing, monitoring and audit of medicines in line with their medicines policy. Managers did not operate stock control and audit systems effectively. The provider did not have effective arrangements to ensure legal authority for staff to administer medicines where regulatory activities take place.

- Medicines were purchased from an authorised supplier and were stored securely, with access restricted to relevant personnel. The service had developed a tracking tool for medicines which ensured all medicines were logged, and dates of expiry were recorded to ensure they were fit for purpose. Managers told us information about medicines used was recorded on patient report forms and later transferred to the tracker. However, we found the medicines stock cupboard was disorganised and stock check and tracking records were not up to date. This meant there was a risk that medicines stock was not properly controlled. This meant there was a risk that medicines may be out of stock, out of date or missing and therefore not available to treat patients when required.
- At the last inspection, we found the service's medicines policy was in date and gave details of audit requirements; however, compliance audits were not

Emergency and urgent care

available. At this inspection, we asked to see a medicines audit and managers told us this was in process and would be completed soon, once the busy period was coming to a close.

- Following inspection, we requested the most recent medicines audit and managers provided us with details of a medicines stock check completed 23 Aug 19. This did not constitute an audit of practice against the requirements of the medicines policy. It did not give assurance, for example, of which medicines had been used and when, or whether they had been administered appropriately or whether policy on who administered medicines had been followed. This would usually form part of a medicines compliance audit mentioned in the medicines policy. We were not assured that a safe system for the administration and stock control of medicines was in operation.
- The service employed paramedics who supplied their own medicines during employment. A doctor also worked on a sessional basis. It was not clear how the service obtained assurance these medicines had been appropriately procured, stored and were fit for use. No controlled drugs were carried or used at the service.
- Six medicines we saw on site and noted in the medicines stock check were prescription-only medicines. However, the service was unable to demonstrate how staff would make the decision to treat patients within the current medicine legislation. For example, paramedics working under a patient group direction (PGD).
- We discussed this with the registered manager as the development of PGDs or similar was highlighted in the previous comprehensive inspection in August 2018. Managers told us that PGDs were not finalised and had been delayed and an ongoing action for the service since the previous comprehensive inspection. The service had received advice including a letter from the doctor service they used, however we found this did not provide the necessary legal authority for staff to use the six medicines.
- We reviewed a sample of patient report forms (PRFs) where patients had been transported off site and where medicines had been administered (i.e. where regulatory activities took place).. We did not see evidence of medicines requiring PGDs having been administered in these circumstances however, there was a risk this could occur, which would mean staff would not have the legal

authority to do so. The provider did not have a system in place to audit and check the use of medicines and assure themselves that medicines were always administered under the appropriate legal authority.

Incidents

- The service had a policy and process in place where staff were briefed on how to respond to incidents at events. However, we were not assured that incidents were always recorded or that themes and learning were reviewed.
- The service had an incident reporting policy which was updated in April 2019. The policy differentiated between adverse events, serious incidents and near misses. The policy encouraged early reporting and detailed how incidents should be reported, investigated and the learning shared with staff.
- The service had a policy on being open and duty of candour, which was updated in April 2019. Duty of candour is a regulatory duty which 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. The duty of candour policy was available to managers and supervisors via the electronic staff portal, although no specific training was provided. Staff we spoke with showed a good understanding of duty of candour and how to apply it.
- Event briefing documents noted there was a duty manager on site at every event to whom staff could escalate any concerns and seek immediate advice about an incident. The service had an online incident reporting form, which managers could access, although it was unclear whether staff could access this.
- Incidents were recorded on an online incident form, however staff told us that incidents were not always reported. Staff told us they would raise any issues with managers or telephone the office with queries Staff told us there was no shared learning from incidents. Therefore we were not assured all incidents were reported and reviewed.
- The registered manager told us they were responsible for reviewing and assessing the information on the incident form and deciding if any further action was required or if there were any themes or trends. However,

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there was no formal system for managers to log or review incidents reported by staff or to share any actions or learning. This meant the service did not monitor the effectiveness of the incident reporting policy.

- The service had reported no never events or serious incidents or injuries between July 2018 and August 2019. Information provided by the service indicated there had been no incidents to report during the same period. However, managers had provided information to CQC during that time, in relation to a situation which was a reportable incident, in line with company policy. This was later reported to CQC as a safeguarding incident. Therefore we were not assured that incidents were always recorded appropriately or understood.
- The registered manager told us they were responsible for reviewing and assessing incident forms and deciding if any further action was required or if there were any themes or trends. However, there was no formal system for managers to log or review incidents reported by staff at events or to share any actions or learning. This meant the service did not monitor the effectiveness of the incident reporting policy.

Are emergency and urgent care services effective?

(for example, treatment is effective)

Requires improvement 

This was the first rating of effective. We rated it as **requires improvement**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. However, there were no formal systems in place to make sure staff followed guidance.

- Company policies and guidelines including a staff handbook were available to managers on an electronic staff portal. It was unclear whether staff who only worked at events could access the portal.

- Service information was shared with staff through a secure electronic messaging service. However, it was unclear how the service checked that staff had read and understood policies and procedures and adhered to them.
- Policies and procedures were developed with reference to guidance from national bodies. For example, the medicines policy referred to guidance from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and reflected current practice.
- Policies we reviewed had identified review dates and managers advised work was in progress to update some HR policies. Managers had secured external support for this.
- The service did not undertake formal performance monitoring, audits of care, quality of service, patient records, delivery or regulated activities. Audit of patient report forms was identified as an action in the previous 2018 inspection, to ensure information is accurate, learning identified and improvements made. The registered manager told us they reviewed all patient records and would address any issues identified, however, this was not recorded which meant there was no evidence the reviews were completed.

Pain relief

- The service used a section of the patient report form to assess and record how a patient's pain was managed. We saw that this was completed appropriately for all the PRFs that we reviewed.
- For further information see medicines section.

Response times

The service was contracted to provide medical support and transport patients from event sites and was not required to audit response times.

- The service recorded the number of transfers but did not record response times or patient outcomes. The registered manager told us they reviewed all patient records and would address any issues identified, but this was not recorded or formally monitored.

Patient outcomes

The service was contracted to provide medical support and transport patients from event sites and was not required to audit patient outcomes.

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- The service did not routinely monitor the effectiveness of care and treatment to ensure the service delivered good outcomes for patients.
- Managers told us the service was developing an electronic tool to monitor service performance at a local level.

Competent staff

The service had a system in place to make sure staff were competent for their roles, however this was not yet fully operational or embedded. This meant managers did not have assurance that all staff were competent to carry out their roles.

- At our last inspection, we found the service did not have arrangements in place to ensure staff had the right skills and qualifications for their role. Managers told us that they would not make enquiries with the staff member's employer; they would employ staff on a trust basis if they already worked for an ambulance provider. The service did not keep robust staff records and there was no process in place for managers to review performance of staff. Policies were not up to date with regards to disclosure and barring checks.
- At this inspection, we saw that a new electronic system of staff files was being implemented to monitor and track staff information, including evidence of professional registration and training.
- We reviewed three staff files who had recently joined the company. We saw professional registration or first aid qualification was recorded on the new electronic system for all three staff.
- We reviewed the company training tracker and saw that for the three managers and three staff who worked at events, first aid and basic life support training were up to date. There was no specific paediatric resuscitation training recorded for one manager or two staff. However, as the service did not include all staff on the tracker, we were unable to confirm training completion for all staff.
- The new electronic system was not yet fully operational and the majority of events were not included on the existing training tracker. This meant managers did not yet have central oversight of all staff qualifications and registrations, to ensure all event staff including sub-contracted staff, had suitable skills and competencies. We will continue to monitor the progress of the tracker through our regular monitoring with the provider.

- Staff were provided with a copy of the comprehensive event briefing document which formed the basis of the on-site induction. Managers would pair newer staff to work with more experienced colleagues for support.
- Information from the provider indicated that all staff undergo an annual operational performance assessment although we did not see evidence of this for staff. We checked the records for three staff and found they were 100% compliant. Managers told us they would give feedback informally during events as needed, however there was no formal system in place, for staff or supervisors who only worked at events.

Multi-disciplinary working

The service worked with other agencies to benefit patients; Event medical services worked with event organisers to ensure the service provision met the needs of the event.

- The service worked with other independent ambulance services, NHS ambulance services and other local agencies as needed, when supporting events outside their local area.
- The service had a process to seek assurance and request information from sub-contracted services, although this was not always followed up (see competent staff, above).

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- Staff and managers we spoke with, understood the importance of obtaining consent appropriately and assessing mental capacity for patients at events.
- We checked the training records for three staff and found one staff member had completed specific training in consent. Training in consent was not indicated as mandatory and the service did not record evidence of training completion for all staff therefore, we were not assured all staff had completed this.
- The service used a separate patient assessment record to assess for mental capacity. These were used in addition to the generic patient report forms if the staff felt the patient was unable to make choices for themselves.

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- Managers showed us a new version of the capacity form, which was in development, this included a section on best interests and decision-making.
- There was no formal process to establish consent for care, treatment and transfer for children when patients or guardians not present. However, the registered manager described to us there was a standard verbal procedure in place; for example, referring to the event welfare and security team to locate the child's guardians.

Are emergency and urgent care services caring?

Not sufficient evidence to rate 

We could not rate caring as we did not observe any patient, relative or carer interaction; no patients were transported from an event on the day of inspection.

Compassionate care

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

- We did not observe any patient, relative or carer interactions.
- We reviewed five emails from patients who had received treatment at events and who all reported a positive experience. For example, patient feedback comments included; "staff were amazing", "very caring" "went above and beyond".
- Managers told us they also received positive feedback about the way staff worked with patients from organisations they contracted with, although this was not available for us to view.
- Event briefing documents instructed staff to 'be polite, courteous and go the extra mile' and introduce people to the appropriate person on site who could help, in dealing with any queries.
- Managers recognised that patients' relatives or carers would want to travel with the patient at times. Wherever possible, the team would endeavour to accommodate this request.
- Staff could provide patients with blankets or covers if required to keep them warm and protect their dignity.

Emotional support

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

- Please see compassionate care, above. We did not observe any patient, relative or carer interactions.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- Please see compassionate care, above. We did not observe any patient, relative or carer interactions.

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

Not sufficient evidence to rate 

We could not rate responsive as there was limited data about service performance.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

- The service was contracted to cover events and transport people off site; part of the delivery was to work with the organisers on where to place staff depending on the size of the site and the type of the event.
- The service provided medical cover for events in other areas and sub-contracted independent ambulance services in those areas to tap in to local staff knowledge of geography and NHS hospitals.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.

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- Information provided ahead of inspection indicated the service used the Red Cross 'Emergency multi-lingual phrasebook' to communicate with patients and relatives who did not speak English. Staff confirmed an emergency phrase book was available to use at events.
- We saw that one event briefing documents directed staff to request a chaperone when treating a patient of the opposite sex, wherever possible.
- Information provided by the service indicated that bariatric equipment would be used as required and staff were required to complete annual training in moving and handling. We checked the training records for three staff and found they were 100% compliant. However, the service did not record evidence of mandatory training completion for all staff and so we were not able to evidence an overall compliance rate.
- Managers told us some staff had completed additional training in their substantive NHS roles. For example; caring for people living with dementia, people with learning disability or complex needs or training in mental health awareness. Of the three staff training records we checked, one staff member had completed learning disability, dementia and mental health awareness training. All three had completed equality and diversity training.

Access and flow

- The service did not collect or review data about service performance, for example key performance indicators or data on response times and did not monitor sub-contracted organisations' performance. Managers told us the service received positive feedback from event organisers but this was not documented for review. This meant we could not rate assess whether people could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- The service used the recognised industry standard guidance to ensure resources were allocated appropriately. For example, where two emergency transport vehicles were required for an event, contingencies were put in place to ensure people could be transported off-site in an emergency, if both vehicles were transporting patients.

Learning from complaints and concerns

There were several ways for people to give feedback and raise concerns about care received although no feedback had been logged. The service had processes in place to treat concerns and complaints seriously.

- At our previous inspection we found it was difficult for service users to provide feedback. At this inspection we found this had improved as service users could provide feedback to the service using a feedback form on the provider's website, by email, phone or post.
- However, we did not see information available on vehicles informing patient and relatives how to make a complaint or give feedback about the service. It was not clear how feedback from the online form would be monitored.
- The service had a complaints policy which had been developed in February 2019. The policy set out the rationale for handling and responding to complaints, including anonymous complaints. It included forms for staff to log and report complaints and informal concerns.
- Managers told us the policy was available to all staff via the electronic portal, however it was unclear whether staff who only worked at events could access this and how any lessons learned would be shared.
- The policy noted that complainants be advised of assistance from the Independent Complaints Advocacy Service, although this would not be applied to complaints where the service was providing events and not NHS services.
- The service had not received any complaints between July 2018 and August 2019.

Are emergency and urgent care services well-led?

Requires improvement 

This was the first rating of well-led. We rated it as **requires improvement**.

Leadership of service

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

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- The senior leadership team consisted of a group of directors, one of which was the CQC registered manager, the operations managers, office manager and training manager. The managers we spoke with were aware of their roles and responsibilities.
- The senior leadership team supported service delivery by working at large events as required. We reviewed evidence which identified the senior leadership team had the appropriate skills and knowledge to undertake that role.
- Managers told us that implementing governance and improvement work could be a challenge in the busy summer months, given the limited time spent on site at the ambulance station, while also responsible for events at other locations.
- We observed members of staff interacting well with the leadership team during the inspection.
- We were told there was an open-door policy, and staff told us the registered manager was visible and available when needed. Staff reported leadership was supportive and approachable.

Vision and strategy for this service

The service had a vision for what it wanted to achieve and leaders and staff understood and knew how to apply them and monitor progress.

- The service had a formal documented vision and strategy which focused on customer satisfaction.
- The service had a mission statement which was patient-centred and relied on strong leadership and improvement focus to achieve; Our mission, foremost is to help people when they need us most. We aim to do this by responding to the individual needs of those we work with. We, in turn support our people through strong leadership and provide a safe and caring service through best practice, continuous improvement, strategy and being responsive to change.
- Staff we spoke with were aware of the vision for the service.

Culture within the service

Staff felt respected, supported and valued. Managers promoted a positive culture across the service that supported and valued staff.

- Managers told us they promoted an open culture and they encouraged staff to talk to them if they had concerns. They felt relationships between themselves and staff were very good.
- We were told there was an open-door policy, and the registered manager was visible and available when needed.
- Staff told us that when they encountered difficult or upsetting situations at work they could speak in confidence with the managers and had support from colleagues.

Governance

- We were not assured governance processes were fully effective to improve service quality and safeguard high standards of care. Some processes were still to be fully embedded and there was no effective system of audit. Work was ongoing to improve staff files and to complete the action plan following the previous inspection.
- Policies and procedures were available at the service's headquarters and managers could also view them via an electronic portal which could be accessed from smartphones.
- The registered manager told us information and learning was cascaded to staff. Service information was shared with staff through a secure social media group.
- Management team meetings took place every month to discuss governance, monitoring and risk within the service.
- Managers had begun to take action to address issues identified at the previous inspection. For example, the service had introduced new IT systems to monitor staff files and record minutes of manager meetings.
- At our previous inspection, we found the service had failed to comply with its own policies and some policies and records were insufficient. For example, in relation to staff recruitment and safeguarding.
- During this inspection, we found evidence of some action to address governance issues relating to recruitment. We found that a selection of HR policies, including the employee handbook, were in the process of being reviewed and updated. Managers had identified external support to undertake this. We found staff records had been reviewed although not all pre-employment checks had been completed for new staff. We found a new system had been implemented to monitor staff files and request missing information, although this had not yet been populated and did not

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show information about mandatory training compliance. We found no evidence of a system for managers to formally monitor staff performance or ensure continued suitability of staff.

- We were not assured the service had sufficiently robust systems in place for working with sub-contractors. At our previous inspection, we found the service requested information from sub-contractors about staff competency and suitability, however this was not followed up on. The service did not monitor performance of subcontracted services or collect data to enable this.
- At our 2018 inspection, we found that neither the quality of patient report forms or compliance with the medicines management policy were audited. This was highlighted as an area for improvement. During this inspection, we found limited evidence of effective audit systems. Managers told us medicines had been checked, but no records were available. Patient record forms were not formally reviewed to identify learning or improvements.
- We noted further work was needed; new systems and processes introduced to address concerns identified at the previous responsive inspection were not yet fully operational. Some aspects of governance and record-keeping were still to be fully embedded. Some actions were not yet complete, following the previous CQC comprehensive inspection.

Management of risk, issues and performance

- Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. However, systems to manage performance effectively e.g. audit work, were not yet fully embedded.
- At our previous comprehensive inspection, we were not assured that the service had a process for identifying and managing risks to the service. At the responsive inspection, it was not clear how managers added and used the risk register or addressed potential health and safety concerns in the garage.
- During this inspection we saw that the service had a process for documenting and managing risks and mitigating actions taken. Managers told us they discussed risks and opportunities to mitigate them, as part of daily conversations within the small senior management team and reviewed at manager meetings.

- There were monthly management team meetings to discuss progress on governance, monitoring and risk within the service. Key points and actions were logged and minuted. We saw a number of issues were included in the agenda for management team meetings as required, for example; health and safety, fleet, HR/ staffing, contracts and tenders, governance and training.
- During this inspection, we saw that progress had been made against the action plan to respond to potential health and safety risks concerns in the garage identified at the last inspection. Further work was due to be completed in September 2019.
- We saw the service had developed a business continuity plan, which identified action to mitigate risks to the business arising from shortages of staff, vehicles, fuel shortage, or problems with IT, or adverse weather.
- Due to the nature of contracted events work, managers would liaise with event organisers to understand changing or local risks e.g. risk of event cancellation or if the local hospital was on divert.
- The service did not carry out any formal performance monitoring or audits of care, quality of service, patient records, other aspects of service delivery or regulated activities, including those activities delivered by sub-contracted providers. Audit of the medicines policy and of patient report forms were identified as actions from the 2018 inspection, to ensure information was accurate, learning identified and improvements made. Managers told us checks were made but were unable to provide evidence to demonstrate this.

Information Management

- The service did not collect any performance monitoring or audit data.
- The service used an online resource system and paper patient report forms.

Public and staff engagement

- At our inspection in 2018, the registered manager told us the service had plans to develop patient feedback using the website. At this inspection, we saw there was an easy to use, accessible online patient feedback form on the company website.
- We reviewed five patient feedback responses which were positive about the care they had received.
- There were no examples where patient or event client feedback informed service improvement.

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Innovation, improvement and sustainability

- An electronic system had been introduced to record staff HR information and a review of gaps in information had begun.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must take action to ensure systems are in place to ensure safe prescribing, monitoring and audit of medicines in line with their medicines policy. This includes operating effective systems of stock control, audit and legal authority for staff to administer medicines where regulatory activities take place. The provider should consider whether there is a need for the service to carry or store medicines. (Regulation 12 Safe Care and Treatment).
- The provider must ensure staff (including sub-contracted staff) are fit and proper for their role before starting employment and that appropriate records are kept (Regulation 19 Fit and Proper Persons).
- The provider must take action to ensure staff (including sub-contracted staff) complete mandatory training and training in consent, as required and that appropriate records are maintained (Regulation 18 Staffing).
- The provider must review patient report forms to ensure information is accurate, learning identified and improvements made (Regulation 12 Safe Care and Treatment).
- The provider must ensure systems are in place for infection prevention and control to ensure cleaning of vehicles is specified, completed and monitored and sufficient accessible hand cleaning equipment is available in the vehicle garage (Regulation 12 (h) Safe Care and Treatment).
- The provider must ensure appropriate health and safety signage is applied as required, to mitigate risks to staff and people using the service (Regulation 17, Governance).
- The provider must establish a system of regular audits to test compliance with key policies, including

recruitment, use of medicines, patient records, infection prevention and control, safeguarding, incident reporting, in order to safeguard high standards of care (Regulation 17, Governance).

- The provider must ensure appropriate systems and processes are used to report, record and monitor safeguarding concerns. This includes escalating safeguarding concerns to the local authority as appropriate and ensuring the safeguarding policy is effective and properly followed. (Regulation 17, Governance).

Action the provider **SHOULD** take to improve

- The provider should review policies (including safeguarding and recruitment policies) to ensure they reflect current guidance and processes.
- The provider should consider how to monitor ongoing performance and suitability of staff and supervisors.
- The provider should consider availability of hand cleaning points in the garage area.
- The provider should continue to embed and use new governance systems and processes.
- The provider should investigate opportunities to review and apply feedback from patients and from event organisers, for service improvement and performance monitoring.
- The provider should review how it monitors performance of sub-contracted services.
- The provider should ensure appropriate systems and processes are used to report, record and monitor incidents.
- The provider should familiarise themselves with CQC guidance for providers on meeting the Health and Social Care Regulations, including guidance on safeguarding and incident reporting.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have systems in place to ensure safe prescribing, monitoring and audit of medicines in line with their medicines policy. The systems were not effective to ensure proper stock control, audit and legal authority for staff to administer medicines, where regulatory activities take place.

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

There was no effective system of audit to check staff and managers' practice, test compliance with company policies and identify learning and improvement including in relation to; recruitment, use of medicines, patient records, infection prevention and control, safeguarding, incident reporting.

The provider did not have a formal policy for records management or a process for managers to routinely review and audit patient report forms to monitor completion or quality of care and identify processes to improve it.

There was no evidence of weekly and daily cleans being logged and monitored.

Health and safety signage in the garage area was missing in some areas in relation to storage of hazardous fluids and gases.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

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

The provider did not always check new staff were fit and proper for their role before starting employment. Record-keeping systems were not operated effectively.

The provider did not follow up to check suitability and training of staff who were sub-contracted from other services.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that all staff (including sub-contracted staff) completed mandatory training as required and appropriate records were not maintained. Managers did not check all staff met mandatory training requirements to ensure a safe service was delivered. There was no central system for oversight of events staff qualifications and registrations. There was no formal process to review performance of existing events staff.