Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Warwickshire & Northamptonshire Air Ambulance

Fire & Rescue Building, Coventry Airport,
Baginton, Coventry, CV8 3AZ

Tel: 02476304832

Date of Inspection: 11 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Warwickshire & Northamptonshire Air Ambulance
Registered Manager	Mr. Alex Toft
Overview of the service	Warwickshire and Northamptonshire Air Ambulance is a charitable organisation. It provides an emergency medical service, including emergency medical treatment and transport. The service is based at Coventry Airport, Baginton and provides Helicopter Emergency Medical Care (HEMS) for the Warwickshire, Northamptonshire and Milton Keynes area.
Type of service	Ambulance service
Regulated activities	Diagnostic and screening procedures Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by the provider, carried out a visit on 11 January 2013 and talked with staff.

What people told us and what we found

We were not able to speak with patients using the service because of the nature of the service, providing emergency treatment and transport for critically injured or ill patients. We saw that patients had been invited to comment on their experience of using the service through the completion of comment cards, which were available for us to review. We found that patients' experiences were positive, including statements such as, "Without Warwickshire and Northamptonshire Air Ambulance I would not be here today" and "I really am so very grateful."

We reviewed records relating to recruitment and selection, infection prevention and control and patient care and treatment. We found that there were systems in place for the regular audit of records maintained within the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected.

Reasons for our judgement

We spent time speaking with a paramedic about the arrangements in place to protect patients' dignity and respect their privacy whilst receiving care and treatment. We were told that there was a range of equipment stored in the helicopter, such as blankets and screens, to offer patients protection during treatment. The paramedic told us, "We use police officers as shields to protect the patient from public view at major incidents if necessary." We were also told, "Patients are treated with consideration and respect."

We were told that many patients made a visit to the service to express their gratitude to the staff who had contributed to their care and treatment. We looked at promotional material, including the Warwickshire and Northamptonshire Air Ambulance newsletter, which featured positive feedback from patients who had used the service.

The patient records we looked at demonstrated that consent to treatment was established where this was possible. We were told, "If a patient is unconscious, their consent is implied." This means that it is assumed that the patient would consent to the use of life saving intervention, in an emergency situation.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We were told that the service operated between 07.00 and 17.00 hours during the winter months, increasing to cover the period between 07.00 and 21.00 hours during the longer summer months. Shifts were split between the Warwickshire and Northamptonshire air base and the air base at East Midlands Airport so that one helicopter covered a ten hour shift from 07.00 hours and the other covered a ten hour shift from 11.00 hours.

Care and treatment was planned and delivered in a way that ensured the patient's safety and welfare. We spoke with a paramedic who told us that they carried out an assessment of each patient, and provided emergency treatment based on that individual assessment. We were told that assessment and treatment was provided by paramedics and doctors and that handover was provided both verbally and in the form of a patient record to the receiving trauma unit.

We looked at records relating to patient treatment which had been audited by a senior paramedic to check that they had been completed to reflect the assessment and treatment provided. We saw that computerised patient report forms were maintained for each mission launched. Information contained within the records included details of the personnel present at each incident, the treatment provided to the patient and the equipment used during treatment.

We saw the equipment carried in the helicopter to aid diagnosis and for emergency treatment. We were told that surgical and medical packs were checked at each shift to ensure that supplies were within their product date and securely sealed. The provider carried out regular audits to ensure that these checks were recorded.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked at records which showed that regular infection prevention and control audits took place within the service. We saw that the helicopter had been checked for cleanliness on a regular basis and that issues which needed to be addressed had been actioned without delay.

We saw that the interior of the helicopter was constructed so that equipment could be easily removed for the purpose of deep cleansing and that there were facilities on site to clean the exterior of the helicopter. We looked at reports from East and West Midlands Ambulance Service which showed that the service continued to maintain effective systems of infection prevention and control.

At the air base we saw that there were shower facilities for helicopter personnel and a washing machine for the cleansing of uniforms. We were told that a cleaner was employed each day to maintain the cleanliness of the air base and manage the supply of cleaning materials.

We were told that the service had a nominated infection control lead. This meant that there was an accountable person to take responsibility for infection prevention and control.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the service's system of recruiting staff to make sure there were safeguards in place for patients' protection. We were told that the recruitment process was managed by the service's human resources department at the head office base. We saw evidence that appropriate checks had been made before staff began work within the service such as the provision of a criminal records bureau (CRB) check and full work history.

We were told that an induction to work was provided by the human resources department and that all staff completed training required to maintain their professional qualifications and registration. We spoke with a paramedic who commented that additional training such as fire training and safeguarding was provided on a regular and planned basis. The records we looked at confirmed this.

We were told that new pilots, doctors and paramedics would spend part of their induction period 'shadowing' more established colleagues. Individual performance would be evaluated at the end of each member of staff's induction to make sure they were suitably skilled and experienced to work within the service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that the service had a website which invited patients to make contact with the provider, using a feedback form, should they wish to do so. We were told that the service received few complaints and staff present during our visit commented that they could not recall a complaint being made during their employment.

We were shown a range of feedback forms completed by patients and people with an interest in supporting the service. The forms that we read made positive statements about the service and specifically the helicopter and administrative personnel.

We were told that there was a system of responding to complainants which would be conducted by the aviation provider or the registered manager, depending on the nature of the complaint.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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