

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

Connop & Connop Medical Services

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Connop & Connop Medical Services Limited
Registered Manager	Mr. Ian Connop
Overview of the service	Connop and Connop Medical Services provides medical and first aid support to public events. The service has two ambulances and other medical vehicles which are used for patient treatment.
Type of service	Ambulance service
Regulated activities	Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

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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, carried out a visit on 6 February 2014, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We visited the ambulance base and offices of Connop & Connop Medical Services limited. We met with the registered provider and the registered manager of the service.

We were not able to speak with people who used the service directly to gain their views about the service they had received. We contacted three events hosts so that we could get their views about the services provided.

We looked at three vehicles and found that they were clean, well maintained and ready to use. We checked some records and found that regular cleaning, quality and safety checks were in place which ensured the safety of the people who used the service.

Recruitment procedures ensured that only staff that were suitable had been employed.

Quality monitoring systems in place ensured that the service was well managed.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Connop and Connop medical services provided event medical services including, ambulance, paramedic and related services to any organised event. The registered manager told us that they covered all types of events including motor sport, equestrian, corporate entertainment, community events, mountain biking, trade shows and exhibitions.

The registered manager told us that all services that they provided were pre booked by the event host. We were told that for each event a risk assessment would be completed to assess the level of resources. We looked at the risk assessment for three events that were in the planning stage and we discussed these with the registered manager. They told us that staffing, resources and emergency procedures would be considered for each event. This meant that systems were in place to ensure that a safe service was provided.

The registered manager told us that the care and treatment of people attending the different events was their priority. They told us that if needed they had liaised with the nearest ambulance and hospital trust to agree the safest and seamless transfer to an NHS hospital.

We looked at eight completed Patient Report Form's (PRF) from a range of events that had taken place in 2013. The registered manager told us that all patient interactions and treatment was recorded. The PRF included information about the person's medical history and the reasons for needing treatment. We saw details of observations and treatment given including medication. Records included the name of the staff member who had given the treatment and the date and time it was given. If a person was in need of more intensive treatment a Patient Trauma Report form had been completed. These reports were carbonated and the registered manager told us that a copy had been shared with NHS staff. This meant that people received continuity of care and treatment if they needed to be transferred to an NHS hospital.

The registered manager told us that through their work they engaged with people from

different cultural backgrounds. They told us that they aim to understand the background and beliefs of people that used the service and staff would always consult with people about their treatment. This meant that people's individual needs and requirements about their treatment would be considered.

We saw records that staff had signed to say they had read and would adhere to 'Clinical Practice Guidelines 2013'. These are guidelines produced by The Joint Royal College Ambulances Liaison Committee (JRCALC) and are intended to be used by clinicians working in the pre hospital setting. We saw that these were accessible to staff to refer to. There were also pocket size versions of the guidance available. The registered manager told us that staff would be provided with these to refer to at events. This meant that staff had up to date information and guidance to inform their practice.

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

Our judgement

The provider was meeting this standard.

Systems were in place so that people were protected from the risk of infection.

Reasons for our judgement

We looked at the policies and procedures in place for infection control. They made clear to staff what their responsibilities were in relation to maintaining good standards of hygiene. We saw that the manager had completed training in the cleaning products and we saw certificates that confirmed staff had received training. We saw information displayed at the ambulance base and in vehicles promoting good standards of hygiene. This meant that staff had the information needed to promote good standards of hygiene and minimise any risks to people that used the service.

At the ambulance base we saw that there were facilities so that vehicles could be cleaned internally and externally. Different cleaning equipment and cleaning agents were available for staff to use and there was a designated cleaning area. We looked at two ambulances and saw that they were visibly clean. There were procedures in place to inform staff of their responsibility to complete cleans between patients and how to complete the deep cleaning of vehicles. The registered manager told us that the deep clean procedures included removing all equipment and bedding from the vehicle and thorough cleaning of all areas. It also included the restock of medical equipment. The registered manager told us that deep cleans took place before each event. We saw records of cleaning schedules to confirm this. There was a contract in place for the disposal of clinical waste and arrangements were in place for the cleaning of linen. This meant that arrangements were in place to ensure vehicles were cleaned and the risk of cross infection was minimised.

We saw that the ambulances contained clinical waste disposal as well as a range of personal protective equipment (PPE) including protective gloves, wipes and cleaning agents for dealing with any spillage of body fluids. We saw that minor treatment supplies such as bandages were sealed in 'single use only' packages and systems were in place for the checking of these prior to an event. This meant that equipment was provided to minimise the risk of infection.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We had a tour of the building. We saw the premises were clean and tidy. Store rooms were stocked and in good order. We saw that there were safety notices sited around the ambulance base that informed staff of current health and safety risks and good practice.

The fleet of vehicles consisted of three ambulances, a van and a four wheel drive vehicle. We looked inside two vehicles. The ambulances were in a good state of repair and contained all the necessary equipment including blankets, protective wear, and emergency and first aid kits. We saw that equipment, for examples wheelchairs were securely strapped into the vehicles for safety. This meant that systems were in place to ensure that equipment had been maintained and was safe to use.

We looked at the service records for each vehicle. These confirmed that all vehicles had been regularly serviced and had current Ministry of Transport (MOT) test certificates. This meant that systems were in place to ensure that vehicles were safe and road worthy.

We saw that an inventory of equipment was in place. This included spine boards, stretchers, suction units and defibrillator. The serial number and date that the equipment had been serviced was recorded. This meant that systems were in place to ensure the maintenance and safety of equipment.

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.

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

Reasons for our judgement

We discussed with the registered manager the systems in place for recruiting staff. The registered manager told us that they had a small team of staff that worked on a bank basis. This included nurses, paramedics and technicians. The staff members had primary employment and worked for the company when needed. Staff were used for the 'event season' which was mainly through the spring and summer months. There had been no changes to the bank staff employed, since our last inspection.

We looked at the staff records for two staff members. We saw that references had been requested, proof of identity and also criminal Record Bureau Checks (CRB) (now known as Disclosure and Barring Service DBS). These checks would show if someone had been prosecuted for a criminal offence or had been placed on the barring list for previous issues of concern or abuse. This meant that systems were in place to ensure only staff that were suitable had been employed.

The registered manager told us that the members of staff who worked for them had completed training. We saw evidence of training certificates on staff files. We also saw that confirmation of staff professional registration had been sought. For example, we saw that a staff member who worked as a paramedic had confirmation of their registration with the Health and Care Professions Council (hcpc) was on their file. This is a register of health and care professionals who meet standards of training, professional skills, behaviour and health. The registered manager told us that staff completed training and had received updated training as needed. A training weekend had been scheduled for March 2014. We saw certificates on staff files confirming that they had completed basic life support, fire training, manual handling and fire safety. This meant that staff had the skills and knowledge needed to carry out their role safely.

The registered manager told us that at the start of each event an induction took place. This included the emergency procedures, familiarisation with the location of the event including security, fire and first aid points. They would also meet with the event host and at the end of an event a debrief session took place. This meant that arrangements were in place to ensure staff were equipped with the information and knowledge they needed to promote the safety of the people at the event.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The company is a family business consisting of a husband and wife partnership. The registered manager was also the company director.

The registered manager told us that meetings had taken place with the host and staff members at the start and end of each event. This had provided the opportunity to share information and discuss any concerns about the event. This meant that systems were in place to improve the service by learning from experience and incidents.

We saw that the service had internal auditing systems in place to ensure that the cleaning, maintenance and vehicle safety checks had taken place as required so that people were transferred in clean and safe vehicles.

There were systems in place for reporting and recording accidents and incidents. The manager told us that none had occurred.

We saw that alerts sent from the Medicines and Healthcare Products Regulatory Agency (MHRA) were checked, and the registered manager told us that action had been taken when needed. This meant that arrangements were in place to ensure that medicines and medical devices used by the company met safety standards.

We saw information about how people could complain was available on each of the vehicles. The manager told us that no complaints had been received. We saw that some of the event hosts had sent letters of compliments to the manager praising the quality of the service. This meant that systems were in place for people to express their views about the service.

We saw records of audits of patient report forms that had been completed on all events throughout 2013. The registered manager told us about how they had designed and developed the recording format to capture all the information needed. This demonstrated that accurate and detailed records had been maintained of people's care and treatment and any areas that required improvement would be identified.

We saw that insurance certificates and public liability insurance certificates were in place and up to date. This ensured that the interest of the people who used the service was protected.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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