

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

Elite Event Medical Services Ltd

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Tel: 08454594861

Date of Inspection: 28 February 2014

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2014

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
Safety, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Elite Event Medical Services Ltd
Registered Manager	Mr. Stuart Whalley
Overview of the service	Elite Events Medical Services provides medical and first aid support to public events and has nine ambulances 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 announced 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 28 February 2014, talked with staff and received feedback from people using comment cards.

What people told us and what we found

When we visited the provider's site we spoke with the manager who told us how the service operated. We were not able to speak with patients due to the nature of the service.

We saw that patients and event organisers had commented on their experience of the service through various measures, for example, comment cards and emails. One event organiser commented "The team are wonderful to work with and provide a fantastic first aid service."

Ambulances and equipment were cleaned and stored appropriately. The type of equipment available was appropriate and sufficient for the service purpose. We saw that there was a system in place to maintain equipment so that it was safe to use. Staff told us that they were trained to use all the equipment safely.

We spoke to three staff who told us that they felt well supported by the team and received regular training appropriate for their role. One staff member told us that, "Everybody says it's the best company they've worked for."

We reviewed patient care records and saw that they were completed appropriately. We saw certificates and documentation that demonstrated the ambulances and medical equipment were checked, tested and maintained to a high standard. We saw records were stored securely to maintain confidentiality, prevent unauthorised access and allowed them to be located quickly.

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

We saw that provider had a range of vehicles to provide an ambulance service across a variety of terrains. The manager told us how they planned the organisation of events, which included the medical centre facilities, risk assessments, staffing needs and major incident planning. This meant that care and treatment was planned and delivered in a way that ensured the public's safety and welfare.

We saw that there was a consent policy in place for staff to refer to. The manager told us that patients signed to verify consent and that if patients were unable to consent, for example, in the case of children, the signature of a guardian was requested. Staff we spoke with told us that they carried out an assessment of each patient and provided emergency treatment based on that individual assessment. This meant that care was patient centred and considered their individual needs.

We looked at patient's care records and saw that they had been fully completed. We saw that there were two types of patient care records, one for low risk conditions and another for higher risk conditions that required more observational details. The manager told us that patients who had higher risk conditions were given a copy of the patient care record. This record had information about common conditions on the back that provided patients with additional information. This meant that appropriate patient care and treatment records were completed and that patients had information to make informed choices about treatment.

The manager told us that patients were under no obligation to follow the advice of staff and could decline treatment. They told us that patients who declined treatment were given verbal and written information about the associated risks. Patients were asked to sign a 'patient treatment refusal disclaimer' form to confirm they understood the associated risks. This meant that patients had sufficient information to make informed choices about treatment and that staff respected their decisions.

We saw that the provider had patient information leaflets that offered advice about

treatment for injuries and diseases. This meant that patients could refer to written information to support an informed decision about their condition and treatment.

The manager told us that the service had cubicles, curtains and screens to maintain people's privacy and dignity. We saw that at the staff meeting in February 2014, staff were given privacy and dignity training. This meant that staff had suitable training and equipment to meet the privacy and dignity needs of patients.

We saw that the provider had distributed patient comment cards to obtain feedback about staff attitude, professionalism, politeness, waiting time and cleanliness. We looked at 15 comment cards that showed patients had rated the service as 'excellent' for every outcome. Patient comments included, "Fantastic service", "Friendly and helpful staff" and "We were very well looked after."

We saw that the provider distributed event organiser comment cards for service feedback. All the feedback rated the service as 'good' or 'excellent', in addition to these there were emails from organisations that had used the service. Comments included, "Service has been exemplary, the entire team are so professional and helpful to work with", "At all times you were professional, accommodating to change and very well equipped to deal with any medical emergency" and "No hesitation in recommending your company."

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 looked at four ambulances and saw they contained equipment to aid diagnosis and emergency treatment. The manager told us that equipment such as defibrillators, were tested before events to ensure they were working correctly. They told us that response bags were checked before events to ensure that they contained appropriate supplies and that they were within their product date and securely sealed. The manager told us that each time an ambulance was used, the crew completed a checklist to ensure they had adequate equipment and that the ambulance was clean. There was a system in place to report and record damaged or dirty equipment. This ensured that damaged or dirty equipment was not used until it was repaired, replaced or cleaned for patient safety. This meant that staff had the appropriate equipment to meet patients' needs. Treatment was planned and delivered in a way that was intended to ensure patient safety and welfare.

We saw that there were sufficient quantities of equipment in ambulances including, defibrillators, ventilators, beds and clinical waste facilities. The manager told us for large events they ordered surplus equipment that could be delivered the next day. This meant that there were sufficient supplies of equipment to meet the needs of patients in a safe and suitable way.

Staff we spoke with told us that they were familiar with using all the equipment. They told us that they had multiple opportunities to practice using equipment in the safe and correct way under the supervision of senior staff. The manager told us that equipment would not be used at events until all staff on duty knew how it operated. This meant equipment would be used correctly during patient care and treatment.

We saw documentation to support annual servicing of medical equipment by external contractors. The manager told us that annual in-house portable appliance testing (PAT) occurred by a certified assessor. We saw that there was a procedure in place to ensure patients were not at risk from out of date stock. For example, the procedure explained how to monitor that single use items were within their 'use-by' date and how they should be disposed of when they reached their expiry date. This meant that the provider appropriately managed equipment to meet the needs of patients in a safe way.

Staff we spoke with told us that ambulances were cleaned externally before and after each event it was used. They told us the ambulance was cleaned internally after each use and a deep clean was carried out every six weeks. Staff told us that provider was, "Very

particular about cleanliness, so we always make sure it's cleaned properly" and that, "Equipment is immaculate." We saw that the ambulances and equipment within them were clean and fit for purpose.

The manager told us that clinical waste was disposed of by external contractors. Staff told us personal protective equipment (PPE), such as goggles and gloves were readily available. We saw that there were supplies of PPE in the ambulances. Staff said they were responsible for cleaning their own uniforms and that they were given training about how to do this appropriately. The manager told us that a laundry service was contracted to clean soiled linen. This meant that there were effective systems in place to reduce the risk and spread of infection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our visit we saw that there was a staff supervision policy in place for staff to refer to, which included information on clinical professional development and course applications. We spoke with three staff members, who told us that supervision was ongoing, particularly through training, debriefing sessions and staff meetings. The manager told us that staff were allocated a mentor for guidance and support. One staff member told us, "I know there's always people around to help." This meant that a support structure was in place for supervision that promoted professional development.

We saw the induction programme for new staff provided teaching on equipment, ambulances, mandatory training, policies and procedures. Staff we spoke with told us, "When you start the provider goes through everything like equipment" and that they received a, "Proper induction." This meant that people who used the service were cared for by staff that had the necessary training to care for them safely.

The manager told us that staff had supervision to practice and familiarise themselves with using the equipment. They told us that equipment would not be used at events until all staff on duty knew how it operated. Staff we spoke with told us they were well trained in using equipment, one staff member commented, "Management always allows time for us to get familiar with equipment." This meant that staff had training to use equipment correctly during patient care and treatment.

Staff told us they were confident in their role and reported no concerns regarding training. Staff told us that if they requested extra training, or a training need was identified following a debriefing session, this was always sourced. This meant that staff received appropriate training to meet the needs of patients using the service.

The manager told us that there were systems in place to protect the health and welfare of staff, such as wearing PPE. We saw that there was written information for staff to refer to regarding appropriate PPE. We observed that there were supplies of PPE at the provider site and in the ambulances. We saw records that showed the provider had purchased ear defenders for staff to wear at an event following a staff request. This meant that the provider put systems in place to protect the health and welfare of staff.

The manager told us that staff meetings were held every three months. We saw a staff meeting had taken place in February 2014. Topics discussed included updates on policies and procedures, training on the standard operating procedure of response bags and staffing at events. In the three staff files we looked at, we saw documents and certificates that supported this training. Staff we spoke with found these meetings useful. One staff member told us that at meetings staff, "Really learn something." This meant that the provider delivered and recorded training and professional development for staff, which was relevant and appropriate to carry out their role effectively. The manager told us a debriefing session was held following each event, which provided staff with support and allowed discussion regarding any issues arising from it. Staff told us they had opportunities to raise concerns and their training needs with the manager.

Staff we spoke with told us that they felt very well supported and that the manager was always accessible. Comments received included, "Working for the provider is a breath of fresh air", "Approachable management" and "I love working for the company."

The provider may wish to note that there was no appraisal policy in place. The manager told us staff had regular one to one supervisions and that they were considering offering staff appraisals in the future.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our visit we saw that the provider used both electronic and paper based record systems. We saw that paper records were all stored securely in lockable facilities and could be located promptly when needed. The electronic system used a password and backup facility to prevent any loss of data or unauthorised access of the network. The manager told us that the records were kept in accordance with the Data Protection Act 1998. This meant that confidentiality was maintained and records were kept securely.

We looked at three patient care and treatment records and saw that they were fully completed, legible and clearly signed by the clinicians involved in the care. The manager told us that records were stored at the provider site and that patients who had higher risk conditions were given a copy of the patient care record. This meant that accurate and appropriate patient care and treatment records were maintained.

We saw that patient care records were audited after each event and monthly to check they had been completed appropriately. Staff were made aware of the results and any issues were discussed. This meant that the provider had checks in place to ensure that patient care records were completed in a way that ensured patient safety and welfare.

The manager told us that the electronic system which recorded all injuries, treatments and medications administered as well dates and timings of care. This enabled the provider to monitor the type of injuries they were treating and the fluctuating demand of the service during each event. This meant that the provider had records to inform the future planning of service delivery.

We saw records relating to staff such as recruitment and training information were stored at the provider site. We saw three staff files which were signed and completed. This meant that accurate and appropriate staff records were maintained.

We saw certificates and documentation that demonstrated that the medical equipment and ambulances had been routinely serviced. There was a system in place to identify equipment due for servicing. We saw that the provider had a variety of completed checklists in place to ensure the safety and cleanliness of equipment and ambulances. We saw that these had been completed and were up to date. This meant that the provider

kept appropriate records to support the management of equipment and ambulances.

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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