

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

Essex and Herts Air Ambulance Trust

Hanger 7, Hurricane Way, North Weald Airfield,
CM16 6AA

Date of Inspection: 20 February 2014

Date of Publication: March
2014

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
Cooperating with other providers	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Essex And Herts Air Ambulance Trust
Registered Manager	Mr. Stuart Elms
Overview of the service	The Essex and Herts Air Ambulance Trust provides a pre-hospital helicopter emergency medical service for the people of East Anglia.
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

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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 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 20 February 2014, checked how people were cared for at each stage of their treatment and care and talked with staff.

What people told us and what we found

Staff described how people and their families where applicable, were supported during their emergency treatment episode. This showed us that people's privacy, dignity and independence were respected.

This inspection showed us that people received emergency care and treatment that reflected the most recently issued national best practice guidelines. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The evidence seen demonstrated that the service worked closely with the statutory agencies involved in the provision of emergency services in the East of England. This meant that people's health, safety and welfare was protected because the provider worked in co-operation with others.

Staff told us that they felt well supported by the provider and were encouraged to develop new skills and qualifications. This showed us that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The evidence seen showed us that people were protected from the risks of unsafe or inappropriate care and treatment because accurate records were maintained by the provider.

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.

People's privacy, dignity and independence were respected.

Reasons for our judgement

The records seen showed us that systems and processes were in place to ensure that people were respected and involved as far as possible in the treatment that they received from this service. For example, we saw completed 'patient report forms'. These showed that discussions had taken place with each person or their family where-ever possible regarding the emergency treatment being given. A comprehensive patient information leaflet was available and given to people as required.

We saw that other information was available on the provider's web site. Regular satisfaction surveys were carried out and these demonstrated to us a high level of satisfaction with the care and treatment received.

We saw examples of the provider's 'standard operating procedures'. These showed us that maintaining the privacy and dignity of people whilst they were receiving emergency treatment was a priority for staff at all times. Staff described how people and their families where applicable, were supported during their emergency treatment episode.

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

This service provided an emergency first response air ambulance service to the people of the East of England. During our inspection we saw evidence of how this service was provided from the North Weald air-base.

The provider worked closely with the local NHS ambulance service. We saw examples of joint working. For example in the receipt of emergency calls by the regional call centres and joint treatment protocols. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff spoken with told us about the procedures followed when an emergency call was received. This included route planning and risk assessments of the incident and location to be responded to. The Hospital Helicopter Emergency Medical Service (HEMS) team was then dispatched to the scene. The team usually consisted of a pilot, a paramedic and a doctor. The team worked closely with the other emergency services. For example, the police and the fire service as well as other NHS ambulance service colleagues. Once the person was stabilised, the team would then take a decision as to where was best suited to treat the person further. For example, this may be a major trauma centre, local district general hospital or a specialist hospital catering for conditions such as neurological surgery. The provider also had access to an on call emergency treatment or anaesthetic consultant who would give pre hospital advice if required. This meant that people's care and treatment was being provided in the best way to promote their safety and welfare.

Evidence was seen of the provider's 'standard operating procedures' and these reflected the national guidance issued by the United Kingdom Resuscitation Council, European Resuscitation Council and the Joint Royal College Ambulance Liaison Committee (JRCALC). This demonstrated to us that people received emergency care and treatment that reflected the most recently issued national best practice guidelines.

The provider had recently extended the scope of their service in conjunction with the local NHS ambulance service. This included the use of a rapid response HEMS car . This replicated the air ambulance quality of care for the person who presented with emergency care and treatment needs between 18:00 and 02:00 hours on Friday and Saturday. This

meant that people benefitted from the enhanced treatment provided by an advanced paramedic and an advanced pre-hospital emergency medical practitioner.

We saw examples of other recent improvements to the services being provided to people. These included upgraded medical equipment and new treatment protocols in line with the updated guidance as issued by the National Institute of Clinical Excellence (NICE).

We saw examples of the 'patient report forms' (PRF) that were used to record the treatment provided during the care episode. These had been fully completed and reflected the interventions that had been carried out. We noted that where necessary a team debrief had been carried out following a care episode and this included peer support and a time for reflection. We noted that all the PRFs were reviewed by the senior clinical team and that any queries or concerns raised by the team had been appropriately addressed. This showed us that the treatments being provided was planned and delivered in a way that met people's needs.

We noted that the aviation company who leased the helicopters and pilots to the provider had been inspected by the Civil Aviation Authority (CAA) Flight Operations Inspectorate in June 2012 and had been assessed by them as being compliant with their regulations. This showed us that people's treatment needs were being delivered in a safe way.

We reviewed some examples of the completed patient satisfaction survey forms and these showed us that the feedback received about the skills, professionalism and kindness of the HEMS teams was very positive. We noted that examples of specific care episodes had been shared with the permission of those involved, in the provider's magazine and on their website. This showed us that there was a high level of satisfaction with the care and treatment received by people who used the service.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Records seen demonstrated that the service worked closely with the statutory agencies involved in the provision of emergency services in the East of England. For example, we saw that a recent emergency exercise had taken place in January 2014. This had involved close working with the relevant statutory agencies including the military. We saw that the lessons learnt had been clearly identified and subsequently used to inform future practice.

A memorandum of understanding was in place with the local NHS ambulance service. This made provision for monthly operational and quarterly strategic meetings and included an information sharing protocol. This showed us that emergency care for people was being provided in a collaborative manner.

A service level agreement was in place with a group of NHS emergency and anaesthetic medicine consultants. This gave the provider overall clinical support and an advice service before people were taken to hospital. The staff spoken with told us that this additional clinical support was invaluable in ensuring that people received the best possible emergency treatment.

The provider's 'patient report forms' seen showed us that people were appropriately handed over to other services when their condition stabilised. Staff spoken with outlined their roles and responsibilities around working collaboratively in the best interests of the person who needed emergency treatment.

We saw examples of joint working with the hazardous area response team (HART) and the local authority in relation to emergency planning and civil preparedness. The provider had been involved in the 'planning and preparedness' for major national events.

Evidence was seen of collaborative work with a local university on the training of critical care practitioners. Examples were seen of where the service had assisted other air ambulance services during major emergencies or where a number of calls that needed a response had been received within a short period of time.

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

We saw that the provider had robust systems in place for the recruitment, training and support of their staff. The pilots were employed by the aviation company who also supplied the provider's helicopters under a Service Level Agreement (SLA). The provider had been inspected by the Civil Aviation Authority (CAA) and that there had been no concerns raised about staff training or competency.

We saw that the medical staff who worked in this service were qualified senior hospital based doctors and specialists in emergency medicine or anaesthetics. All the doctors were on secondment from a London based NHS Foundation Trust. These secondments were for either six or twelve months. Further medical support was supported by a medical director and a pool of locum appropriately qualified and skilled medical practitioners. Clinical guidance was provided by a team of specialist emergency and anaesthetic medicine NHS consultants.

The records seen showed us that the appropriate checks had been carried out on all medical staff. This included evidence of individual appraisals and Continuous Professional Development (CPD). Evidence was seen that the provider actively monitored each doctor's registration with the General Medical Council (GMC).

The paramedics who worked in this service were on secondment from the local NHS ambulance trust. This secondment was generally for two years although there was noted to be flexibility on both sides. Successful candidates completed a month's induction and this included a Hospital Emergency Medical Services (HEMS) course and a specialised air crew course. We saw that these courses were working towards University accreditation and that the aviation component complied with the joint aviation requirements and the Civil Aviation Authority's guidelines. Evidence was seen that induction work books were being completed appropriately and the records seen showed us that regular formal and informal supervisions took place during this time. We saw that there was an effective 'buddy' and mentor system to support all staff in the organisation.

During their secondment each paramedic complied with the appraisal and supervision process of the local NHS ambulance trust. We noted that the additional enhanced skills

developed as a result of their HEMS experience would be utilised upon their return to the relevant trust. We saw that active monitoring of each person registration with the Health Care Professionals Council (HCPC), their occupational health status and Disclosure and Barring Scheme (DBS) checks took place during their time working for the provider. This showed us that the provider had developed a system that ensured staff were suitably qualified and able to carry out their role.

Paramedics were doing the Master's degree in Critical Care provided by the University of Hertfordshire. We saw examples of ongoing professional development reviews (PDR) and of ongoing supervision. These included observations of clinical practice and competency based assessments. Records were seen that showed that all staff attended joint training exercises with the other emergency services and with private industry where these were deemed necessary. Feedback was seen from these joint exercises and was noted to be positive from all concerned. This meant that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Staff had completed their on line mandatory training and this covered areas such as equality and diversity, bullying and harassment and safeguarding. Additional courses were also provided. For example, we saw that staff had received a 'crew resource management course. This covered areas such as the human factor in incidents and how to address these. We saw evidence that some staff had received recognition from external organisations for their professional contribution towards the charity.

Staff told us that they felt well supported by the provider and were encouraged to develop new skills and qualifications whilst working in this service,. They confirmed that opportunities were available to reflect upon individual professional practice.

We saw that there was a thorough system for supporting volunteers who were working for the charity. For example each volunteer received a thorough induction and ongoing support in their role. Social and other events were held throughout the year to encourage and promote the charity's work.

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

We reviewed in detail some of the records kept by the service and discussed these with the relevant clinicians on duty. The records seen were accurate and reflected the specific intervention and treatments carried out. We noted that these were maintained in line with the provider's information and records management policies and procedures.

Staff confirmed that arrangements were in place to ensure that individual treatment records and other documents were stored and transported securely. No confidential or personal information was seen to be left unattended around the service during our inspection.

Other records kept by the service were seen to be accurate and fit for purpose. For example, we reviewed the provider's policies, protocols and training records. Senior staff described the system in place for the secure archiving and confidential destruction of the records kept by the service.

We noted that the provider was registered with the Information Commissioners Office (ICO) and that a Caldecott Guardian had been appointed. Clear information sharing agreements were in place with for example, the local NHS ambulance trust and all applicable Police forces.

Computer based records were 'password' protected and protocols were in place to ensure that staff were aware of their role in the handling and management of confidential personal information (CPI).

The evidence seen showed us that people were protected from the risks of unsafe or inappropriate care and treatment because accurate records were maintained by the provider.

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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