

***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

Earls Colne Business Park, Earls Colne,  
Colchester, CO6 2NS

Tel: 01787221828

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2014

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

<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Essex And Herts Air Ambulance Trust
Registered Manager	Mr. Stuart Elms
Overview of the service	Essex and Herts Air Ambulance Trust is a charity that provides a doctor/paramedic team to patients suffering traumatic injury in the pre-hospital environment. At the time of our inspection it operated one helicopter and a one response vehicle from its Earls Colne base and employed four doctors and six paramedics.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 22 January 2014, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Given the nature of this service we were not able to talk with people who had received treatment from staff at Essex and Herts Air Ambulance Trust (EHAAT). However we read a number of complimentary letters received in the last year by EHAAT and noted the following comments from people; "The two paramedics gave me the most amazing attention and care I could ask for, and the top pilot who managed to land in the small close outside". Another person had written, "We would like to thank all the crew who were on the EHAAT air ambulance. X (patient) is still recovering from his injuries which were fractures to his pelvis, scapula and ribs but without the intervention of the highly skilled emergency personnel, the outcome would have been very different."

We spoke with one senior hospital sister who knew the service well. She told us, "The staff's skills are excellent and the quality of their patient handover is always clear and detailed: they speak to the whole room. I spent a day out with them last year and brought back lots of good practice ideas to the ward as a result".

Staff we spoke with told us they enjoyed their work and received good training and support for their role.

We found that EHAAT was compliant in all the outcomes we assessed. Evidence showed that people were treated by well trained and supported staff; that infection control and medications procedures were robust; and that equipment was well maintained.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Cleanliness and infection control

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

There were effective systems in place to protect people and staff from the risk and spread of infection.

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### Reasons for our judgement

Essex and Herts Air Ambulance Trust (EHAAT) had appropriate policies and procedures in place in relation to infection control and prevention which included guidance for staff on key areas such as hand hygiene, aseptic techniques and laundry management. These policies were accessible to all staff via the EHAAT's intranet and hard copies were available at the operations base. There was a specific member of staff who was as an 'Infection Control Champion', whose job it was to promote good practice. In addition to the regular training that staff received with their main NHS employer, EHAT also provided on-line infection control and prevention training.

We toured the large hanger where the helicopter, response vehicle and some equipment were stored. This was clean, dust free and uncluttered. A cleaner was employed three days a week to clean the premises and we noted the use of colour coded cleaning equipment and single use mop heads to reduce the risk of cross infection. We noted a dedicated infection control noticeboard in place with information for staff on a range of issues including the use of sleeve protectors and the safe management of sharps.

Standards of cleanliness in the hanger's medical equipment store were good. The floor, including edges and corners were free from dust and all equipment was kept off the floor and stored in wipable enclosed plastic containers. Shelving could be removed easily for cleaning. We noted that sharps boxes were not overfilled and had been labelled correctly.

Surfaces and sinks in the sluice room were clean and there was a foot operated pedal bin to help reduce cross infection. We noted a prompter poster that reminded staff of the correct way to wash their hands, and another poster which detailed what cleanliness tasks had to be completed by staff.

At the start of their shift, staff completed a comprehensive daily cleanliness check of both the helicopter and response vehicle, which covered levels of cleanliness both internally and externally. These were inspected weekly for compliance by one of EHAAT's clinical

managers. Crews were also responsible for deep cleaning both the helicopter and response vehicle once a week.

We checked the cleanliness of the helicopter during our visit and found that the floor, surfaces, storage areas and equipment were visibly clean. There was a good range of infection control equipment carried on board which included hand wipes, continence pads, hand gel, boot covers, sleeve protectors, gloves, aprons and clinical waste bags. Staff told us that clinical waste was disposed of either at a receiving hospital or back at the operations base where it was removed every week.

We viewed the results of a recent cleanliness spot check of the helicopter and base undertaken by the East of England Ambulance Service a few days before our visit. This had found the EHAAT compliant in all areas. The audit had picked up some very minor issues (such as a hand wash dispenser that had not been wall mounted), which had already been addressed by the time of our visit.

**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

There were appropriate and safe procedures in place to manage medicines.

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## Reasons for our judgement

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Policy and procedures were in place to guide staff on all aspects of medicines management from how they were to be purchased to how they were to be stored and destroyed. These policies were up to date and had been regularly reviewed. Staff members we spoke with were clear about Essex and Herts Air Ambulance Trust (EHAAT) policies and procedures in relation to the handling of drugs and occasions when witnesses were required to oversee their administration and destruction.

We checked medication management at the operations base and were shown an efficient, secure and organised system in use. All medicines were held in a locked room in secured cupboards that met legislative requirements: access to the room was restricted to clinical staff only. Controlled drug cabinet keys were held within a locked (keypad) key safe also with restricted access.

All medicines for use by clinical staff were drawn up each day and signed out of the medicines cupboard: this process was witnessed and signed off by both the doctor and paramedic to ensure its safety. We noted a poster by the medication preparation table with detailed information about each drug and the quantity to be prepared each day so that the drugs were drawn up consistently. We were also shown paediatric prompt cards that clearly detailed the type of medicine and amount to be given depending on the age of child, to ensure this was given correctly by doctors.

We noted that the fridge temperatures were recorded daily to ensure that medicines were stored at the correct level. We viewed records which showed that daily audits of controlled drugs (CD) had been undertaken by both the paramedic and doctor, and a weekly audit had been undertaken of all non CDs to check that the stock tallied with the amount recorded. We checked a small sample of medicines held in the medication cupboards and also in kit bags on board the helicopter and found these to be in date for safe use.

The registered manager of EHAAT was a member of The East of England Ambulance Services NHS Trust's strategic medicines management group, which ensured that good practice or identified problems were shared between the organisations.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

The service was operated from safe, secure and well maintained premises.

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## **Reasons for our judgement**

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We toured the hanger where the helicopter, response car and equipment were stored. Security was good with CCTV coverage both internally and externally on the helipad. The hanger was alarmed and there was 24 hour a day on-site security. There were good facilities for staff including an operations room, crew room, medicines store and sluice. There was a separate area for training equipment to be stored, away from equipment that was used for patients. There was also a small training area where staff could practise their clinical skills. All clinical areas in the hanger had been specifically designed to meet the requirements of Department of Health guidelines and were of a good standard.

There were appropriate arrangements in place for clinical waste to be removed from the site and we saw that waste bins were clean and labelled appropriately. Firefighting equipment was visible and had been serviced within the last year and oxygen cylinders were stored safely in metal containers to ensure their safety. There were appropriate first aid and eye wash stations available for staff in case of any medical emergency on site.

There was a fire proof lockable cabinet on site in which patient care records were stored.

We were pleased to note that the very minor issues that we spotted during our inspection (e.g. the lack of curved edged flooring cover in clinical areas and a hidden fire extinguisher) had already been identified by EHAAT who were in the process of rectifying them.

We viewed the risk assessment for the hanger area which was comprehensive and identified possible risks in relation all aspects of the premises to ensure a safe working environment for staff.

We read a recent inspection report from the civil aviation authority which showed that EHAAT was compliant with all aviation requirements.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

There were procedures in place to ensure all equipment was well maintained, regularly serviced and fit for use.

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**Reasons for our judgement**

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Essex and Herts Air Ambulance Trust (EHAAT) had suitable policies and procedures in place in relation to the management and procurement of medical devices.

There were standardised vehicle and helicopter equipment loading lists and, at the start of each shift, staff undertook comprehensive equipment checks to ensure they had everything they might need. There was also a checklist to be completed when staff had to move equipment from the helicopter to the response car to ensure everything was transferred correctly. There were also standardised response bag packing lists and staff told us they had to check the contents of a different response bag each day to ensure it had been packed correctly and was fit for use.

EHAAT had a computerised database of all equipment it held. We sampled the database and found it contained accurate and up to date information about some of the equipment we viewed during our inspection, including the purchase or loan date of the item, when it was last serviced and when its next service was due. We viewed a report for defibrillators which showed they had been serviced in the last year. We also viewed electrical equipment which displayed stickers showing it had been tested within the last year. The response car was maintained and serviced by The East of England Ambulance Services Trust (EEAST) and we saw that there was appropriate motor insurance in place for it.

Staff we spoke with told us they had the equipment they needed and that spares were easily available if anything broke. One told us, "They're very proactive in making sure we've got everything we need" and commented that there were at least three spare suction units and ventilators held at the base. Staff told us that they received regular training in equipment usage as part of the regular clinical governance days and that equipment and its performance sometimes featured at the weekly 'death and disability' meetings that were held.

We noted good levels of medical consumables available and EHAT's clinical manager told us that a full reconciliation of all medical consumables was undertaken every three months. We checked a small sample of medical consumables and found that they were in date and fit for use. Packaging for sterile objects was intact.

There were systems in place to ensure that medicines and healthcare products regulatory agency (MHRA) alerts were communicated to staff via email and the 'team read' file to ensure they were kept up to date with any related safety warnings and advice. Staff told us this system worked. We viewed evidence which showed that an adverse incident involving a piece of equipment had been appropriately reported to the MHRA by EHAAT's clinical manager.

## 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.

There were effective recruitment and selection procedures in place to ensure that only the right staff were recruited.

### Reasons for our judgement

Clinicians working at Essex and Herts Air Ambulance Trust (EHAAT) were not employed directly but had been seconded through their NHS trust. All the paramedics had been employed by the East of England Ambulance Service (EEAST) and we viewed the written agreement between EEAST and EHAAT which clearly laid out the terms and conditions of their secondment. Doctors had been seconded from by St Bartholomew's and The Royal London Hospitals for a period of six to twelve months. All clinical staff working for EHAAT therefore would have already undergone the recruitment procedures and checks with their respective NHS trusts to ensure they were suitable to work in their role.

There were minimum entry requirements for all clinical staff to be seconded to EHAAT. Doctors had to be senior registrars with at least 5 years post-qualifying experience, which included at least six months experience in anaesthesia or emergency medicine. Paramedics had to have a minimum of four years post qualifying experience.

As part of their recruitment process all clinicians had to attend an assessment day where their physical fitness and clinical skills were fully assessed. In addition to this all potential employees undertook an observer flight to check if flying caused them any nausea. They were then interviewed by a panel consisting of members from both their employing NHS trust and EHAAT.

We checked the personnel files of four recently seconded clinicians. These contained proof of their identity, professional registration, their disclosure and barring check, and a copy of their driving license and immunisation status.

Following their recruitment all doctors and paramedics underwent a one month induction period which included a week long Helicopter Emergency Medical Services (HEMS) course. Both completed the medical module of this course and paramedics also undertook an aviation module to give them skills in navigation, route planning and landing site selection. In addition to this, clinicians spent three weeks undertaking observer flights, reading clinical papers and journals in emergency care and practising their skills. Their ability to do the job was fully assessed by senior clinicians at the end of their induction training to ensure they were competent for their role. One paramedic told us her

recruitment and induction training had been "Really tough, but really enjoyable".

We viewed the completed training log of one recently recruited paramedic and saw that her knowledge and skills had been assessed in a number of areas including the haemorrhage control, anaesthetic drugs, thoracostomy and packaging patients.

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

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## Our judgement

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The provider was meeting this standard.

People were treated by staff who had received a high level of training for their role and who were well supported in their job.

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## Reasons for our judgement

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Staff we spoke with told us they felt supported by their colleagues and received good training. A paramedic told us, "I get weekly teaching sessions and access to world renowned experts in pre-hospital care, there's no way I'd get that in the ambulance service". A doctor told us, "There's a far more open culture here than in any hospital and we get to see good clinical governance in action".

Each week a 'death and disability' meeting was held where any complex incidents that had occurred the previous week were discussed. One of Essex and Herts Air Ambulance Trust's (EHAAT) doctors led these meetings, where aspects of the incident and treatment given to patients were reviewed at length and any learning from it shared. Regular moulage sessions (simulated medical emergencies) were also conducted to enable clinicians to practice their skills. The day before our inspection a major incident, involving more than 30 casualties, had been rehearsed

Every third week a consultant led clinical governance day (CGD) took place where a whole day was spent reviewing cases and listening to lectures on topics related to pre-hospital emergency care. External speakers were often invited to give lectures at these days. Hospital clinicians and emergency services such as fire and police were also invited to attend so that knowledge could be shared.

A senior consultant was available to staff for advice and support during EHAAT's operational hours and the clinical manager told us he always rang staff following a major incident to check on their welfare.

Five of the six seconded paramedics were being supported to study for an MSc in Critical Care. One paramedic told us she was about to undertake advanced driver training so she could safely use the new, faster response cars that had just been purchased by EHAAT.

Doctors and paramedics continued to receive yearly appraisal and professional development reviews from the NHS Trust that had seconded them.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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