

Medevent Limited

# Medevent Limited

## Inspection report

Medevent Ltd  
Outdoor Industrial Estate, New Hey Road, Oakes  
Huddersfield  
HD3 4BU  
Tel: 01484819004

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

# Summary of findings

## Overall summary

The service had not been previously inspected. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well, the service demonstrated high levels of cleanliness and good adherence to the principles of infection prevention and control. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. The service met agreed response times, performance data demonstrated high levels of consistent compliance. Managers monitored the effectiveness of the service and made sure staff were competent and mandatory training compliance was completed. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. The service proactively encouraged both negative and positive feedback as they valued all feedback as an opportunity to improve. People could access the service when they needed it.

However:

- The service could not evidence that it had a robust system of governance nor that it managed risk effectively.
- The service provided patient information in English only with no access to other languages or formats.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services

### Rating

Good



### Summary of each main service

The service had not been previously inspected. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and assessed patients' food and drink requirements. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

# Summary of findings

- The service could not evidence how it managed risk nor how it operated effective governance systems.
- Patient information was only available in English, there were no other languages or formats available.

We rated this service as good because it was safe, effective, caring and responsive, although leadership requires improvement.

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# Summary of this inspection

## Background to Medevent Limited

Medevent Ltd is registered with the CQC to provide the following regulated activity;

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

The provider has had a registered manager in post since registration.

The service was dual registered as an ambulance provider and for providing domiciliary care. This inspection was of the ambulance provision only.

Medevent provided a full range of patient transport services transported all patients including those with additional needs, which included bariatric and paediatric patients. They did not provide secure transport for patients with mental ill-health. The service also provided services in the event medical sector and training which are currently not regulated by CQC.

The provider's activity levels for January 2022 to December 2022 were:

- 12905 patient transport journeys subcontracted from local NHS ambulance trust,
- 4100 patient transport journeys subcontracted from local NHS hospital trust

The providers main operating base was from their operations base in Huddersfield.

The main service provided by this provider was patient transport services.

## How we carried out this inspection

The inspection was carried out by a CQC inspector and a specialist adviser. The inspection was overseen by Sarah Dronsfield Deputy Director of Operations.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **SHOULD** take to improve:

- The service should ensure that it can evidence all governance processes currently undertaken.

## Summary of this inspection

- The service should consider how risk is managed and shared equally across senior leaders.
- The service should ensure that it clearly escalates and addresses any actions identified from audit.
- The service should ensure that it has patient information in other formats and languages other than English.
- The service should consider reintroducing and embedding regular staff meetings.
- The service should consider methods of sharing feedback with all staff.
- The service should ensure that a policy for ensuring the safe storage and transfer of patient's own medicines during transfer is introduced and embedded.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good



## Patient transport services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

### Is the service safe?

Good 

The service had not been previously inspected. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

All staff had completed all mandatory training within the previous 12 months. Staff compliance for all currently active staff was ongoing and on target to meet compliance targets. All staff showing as non compliant were due to not being with the service for over 12 months and we noted that completion of all outstanding training was planned to be completed within 12 months.

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients living with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw the electronic system which alerted managers to any training that was approaching expiration.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

All staff received training specific for their role on how to recognise and report abuse. We saw that all staff had completed the required level of safeguarding training for their role as recommended in the intercollegiate guidance.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

# Patient transport services

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had made no safeguarding referrals in the previous 12 months but had made referrals through the local NHS ambulance trust systems as per their contractual agreements. All safeguarding feedback received from the ambulance trust was positive.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment, vehicles and the premises visibly clean.**

**All vehicles were clean and well-maintained. We inspected 50% of vehicles available at the time of inspection and found no issues.**

**Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning records and found no omissions.**

**Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing PPE appropriately and adhering to the principles of bare below elbow (BBE).**

Annual hand hygiene audits were undertaken, we reviewed the completed audit for 2022 and saw 100% compliance across all staff groups.

The service undertook a regular random sampling of vehicles to ensure that all standards of cleanliness were being maintained and that records that detailed the completion of the work were accurate, we reviewed audit data following inspection and saw high levels of compliance and evidence of escalation to address any specific omissions.

**Staff cleaned equipment and vehicles after patient contact but did not label equipment to show when it was last cleaned. We saw no 'I am Clean' stickers on any equipment.**

## Environment and equipment

**The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

**The design of the environment followed national guidance. All vehicles were cleaned after each shift, maintained under warranty and deep cleaned by an external company every six weeks. We reviewed all documentation that recorded cleaning and saw no omissions for any vehicle.**

All vehicles inspected appeared visibly clean and we saw evidence daily vehicle and equipment cleanliness checks had been completed by the crew on shift for each vehicle inspected. All the vehicles we inspected had supplies of personal protective equipment (PPE) and replacement linen available.

**Staff used equipment and control measures to protect patients, themselves, and others from infection. Staff were seen to manage clinical waste effectively.**

We did observe multiple trip hazards throughout the ambulance station due to items being left on the floor. We raised this with senior managers at the time of inspection and we were told that it would be addressed immediately.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

# Patient transport services

Staff responded promptly to any sudden deterioration in a patient's health. The staff were provided with action cards which were kept on each vehicle which detailed clearly how to manage any deterioration.

Staff utilised and reviewed risk assessments for each patient which were provided by either the local ambulance trust or the local NHS hospital trust prior to the patient journey. Staff were empowered to complete their own dynamic risk assessment at any stage of the patient journey and were able to escalate where appropriate.

Staff knew about and dealt with any specific risk issues which would be identified before the journey being undertaken. We were given examples of staff requesting additional support from other crews and managers in order to respond appropriately to emerging patient risk.

The service had access to mental health liaison and specialist mental health support.

Staff shared key information to keep patients safe when handing over their care to others.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave all staff a full induction but did not always ensure that staff were not working excessive hours.**

Managers regularly reviewed and adjusted staffing levels and skill mix. The managers could adjust staffing levels daily according to the needs of providers requesting the service and to ensure appropriate skill mix for each vehicle.

The service was at full complement of staff required to deliver on the main contracts currently in operation, there was also sufficient staff to cover short notice absence such as sickness. In the previous 12 months the service only failed to provide staff for a planned patient journey on two occasions.

The senior management team retained oversight of all staffing rotas to ensure all crews had the appropriate skill mix for the acuity of patient being transported.

We reviewed the new staff induction programme and found it to be comprehensive for the needs of staff and it enabled senior managers to ensure that all staff were suitably trained before undertaking patient contact.

We reviewed 10 staff files including the registered manager and the nominated individual and found that all 10 were compliant with all recruitment requirements.

Following inspection, we reviewed the monthly rota audits from October 2022 to December 2022 and saw regular occasions in which staff were working without the appropriate breaks between shifts. This had been highlighted in all three consecutive monthly audits with no evidence that the issue had been escalated and addressed.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

All records provided from the commissioning NHS ambulance and hospital trust were provided electronically through a secure system and managers could access them following the completion of each journey if required.

# Patient transport services

Records were stored securely.

## Medicines

The provider did not administer medicines as part of the patient transport services.

We requested the service policy for ensuring the safe storage and transfer of patient's own medicines during transfer but were told that the service did not have one, but it was seen to be included in planned improvement work. We did note one incident in which staff were not aware that a patient was carrying their own medication and took their medication at the wrong time.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

Staff reported serious incidents clearly and in line with the service's policy.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Staff involved in the incident received feedback from the investigation of internal incidents.

There was evidence that changes had been made as a result of feedback. We saw staff feedback following an incident that highlighted that staff felt they required additional training in the use of oxygen in an emergency situation. We saw subsequent training for all staff that had been created and completed following this incident

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident.

We saw no evidence nor were we told that staff met to discuss any feedback in the wider staff team.

## Is the service effective?

The service had not been previously inspected. We rated it as good.

# Patient transport services

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

The provider utilised performance data provided from the commissioning NHS ambulance trust regarding all journeys undertaken on their behalf.

We saw evidence current staff had access to all company policies and protocols online. Staff could use IT systems to access forms, such as policies, equipment checking logs, incident reporting and safeguarding forms.

## Nutrition and hydration

**Staff assessed patients' food and drink requirements to meet their needs during a journey. The service made adjustments for patients' religious, cultural and other needs..**

We saw that water was always available on all vehicles. We were told by staff that they currently did not transfer patients excessively long distances so food was not required but could be arranged if required.

All staff understood that patients could have different religious, cultural or other needs. We saw that all staff undertook additional training regarding nutrition and hydration.

## Response times

**The service monitored, and met, agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.**

The commissioning NHS ambulance trust provided regular feedback regarding response times; we saw that the service had an average compliance rate of 99% for all patient transport journeys completed by the provider in the period April 2022 to January 2023.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. We saw that all new staff were given additional supervision in the form of four and 12 weekly review meetings. Following inspection, we saw compliance figures in excess of 99% for both reviews.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We saw that staff had access to additional training modules that weren't mandatory but were given time and opportunity to complete.

## Patient transport services

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve. We saw evidence of how the service supported staff through the use of mentors and supervised practice when appropriate.

Managers supported staff to develop through yearly, constructive appraisals of their work. Current appraisal rate for all staff was in excess of 80% and we saw that the shortfall was due to staff who had not been with the service long enough to require an appraisal, but managers were aware of when these would be due.

Managers did not arrange staff team meetings, information provided following inspection showed that only one staff meeting had been held in November 2021.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records in all records that we reviewed.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

### Is the service caring?

Due to COVID-19 restrictions in place at the time of this inspection we were unable to observe any patient care, however, we rated it as good based on the considerable amount of positive feedback received.

### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

# Patient transport services

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We reviewed patient feedback which consistently reported that staff were kind and compassionate.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff could give examples of different patient needs based on culture or religion.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. All staff received training on how to deal with patients who became distressed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

## Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We saw that all crew had access to communication aids to be used as necessary on patient journeys. We also saw work the service had undertaken to improve existing communication aids.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The provider encouraged feedback and provided multiple ways for patients to feedback.

Patients gave positive feedback about the service. We reviewed patient feedback received in the preceding 12 months before inspection and found it overwhelmingly positive.

# Patient transport services

## Is the service responsive?

Good 

The service had not been previously inspected. We rated it as good.

### Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered.

The provider undertook the majority of all patient transport journeys for the local NHS ambulance trust and local NHS hospital trust. The provider reported that they had dedicated points of contact within both trusts and that the working relationship was positive.

### Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

Staff gave examples of how they supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports when transporting them.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff could give examples of different tools and techniques to communicate with patients with differing needs.

Staff had access to communication aids to help patients become partners in their care and treatment. We saw that staff had access to communication aids such as flash cards.

The service did not provide information leaflets available in languages spoken by the patients and local community.

We were not told, nor did we see that the service ensured that staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

### Access and flow

**People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Performance data shared between the provider and the commissioning trust demonstrated compliance in excess of 98 % for the period April 2022 to January 2023.



## Patient transport services

The provider ensured that a set number of vehicles were available at the times stipulated in the commissioning contract and that there were contingencies in place if issues arose at short notice such as staff sickness or vehicle breakdown. The service had only failed on two occasions to provide ambulances in the previous 12 months.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received if they did not require alternative languages or formats. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.**

Patients, relatives and carers knew how to complain or raise concerns. The provider encouraged patients to provide both positive and negative feedback and treated both as equally valuable to service improvement.

The service clearly displayed information about how to raise a concern in patient areas. The provider displayed information where appropriate and encouraged staff to ask patients for feedback.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The provider had received five formal complaints in the preceding 12 months before inspection, we saw that four had been closed with the complaint not upheld and one complaint was still awaiting resolution. We noted no themes or trends from the complaints reviewed.

Staff knew how to acknowledge complaints and told us that patients would receive feedback from managers after the investigation into their complaint.

We were told that managers would share feedback from complaints with staff and would use any learning to improve the service.

We did see that complaint information was only displayed in English and there was no immediately available information in other languages or formats.

### Is the service well-led?

Requires Improvement 

The service had not been previously inspected. We rated it as requires improvement

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

All senior managers had the skills and knowledge to run the service. They were able to articulate the priorities and the issues the service faced.

# Patient transport services

Staff across all grades and roles reported that the senior management team was visible and supportive, and they had no concerns raising queries or concerns to them.

Staff gave us examples of how the leadership team had identified talent and developed staff to reach their professional goals.

Staff reported that all members of the leadership team were inclusive and encouraging.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had recently moved premises to allow for service expansion and to consolidate the quality of service given. The ethos of the company was one of ensuring quality of patient care.

We were told that there were no current plans to expand their business model beyond their current contracts with the local NHS ambulance and hospital trusts as they were focused on maintaining the high quality service they were achieving.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

All staff told us that they felt respected and valued. Managers acknowledged achievement, good care and hard work. We saw that there was a staff acknowledgement programme that identified staff and celebrated their successes.

Staff told us that delivering excellent patient care was everyone's main priority.

We were told that the culture was one of no blame and all staff being treated equally regardless of role or grade.

All staff were aware of their responsibilities under duty of candour. Staff could give us examples of how duty of candour would be applied.

We saw that the service had provided additional training to all staff in duty of candour and whistleblowing.

## Governance

**Leaders did not always operate effective governance processes, throughout the service and with partner organisations. There were limited opportunities for staff at all levels to be clear about their roles and accountabilities nor did they have regular opportunities to meet, discuss and learn from the performance of the service.**

# Patient transport services

We saw evidence that vehicles were safe, staff were trained to required level and that compliance with external key performance indicators were met but whilst there were mechanisms in place we found limited evidence of an effective overarching framework to ensure that this was monitored, and issues highlighted and addressed.

We saw no evidence of regular management meetings with a set agenda, minutes and actions recorded. We were told that conversations occurred across the senior management team, but these were not formalised nor documented.

We saw no evidence that directors and senior managers met together regularly to discuss the service, its development, compliance, performance and staffing. We saw no evidence of regular management meetings with a set agenda, minutes and actions recorded.

## Management of risk, issues and performance

**Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues nor identify actions to reduce their impact.**

We saw that the provider had a risk register but did not identify all expected risks and whilst dates of entry and mitigations were in place, we saw no dates for review nor staff allocated to manage each risk. We were not assured that senior staff escalated risks where necessary as there was no regular, formal risk management meeting and the risk register was held by one member of staff and we saw no evidence that this was shared.

We saw examples of the provider monitoring performance and audits being completed which demonstrated compliance in key areas. However, we also saw examples of issues being highlighted following audit, for example staff not having adequate breaks between shifts. This had been highlighted in three successive monthly audits and we saw no evidence of any actions taken to understand how this was happening nor steps to address the issue.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

We saw examples of how data was collected and analysed. All data was available to the staff who required it.

All patient data was held centrally by the commissioning NHS trusts. We saw that this was regularly shared with the service and that the service could retrieve additional data from the commissioning trusts if required.

We saw that the service had an online staff portal which allowed for 24 hour access to all relevant forms that may be required.

All electronic devices were secured with password protection.

## Engagement

**Leaders and staff actively and openly engaged with patients. They collaborated with partner organisations to help improve services for patients. We saw limited communication with staff.**

# Patient transport services

The service engaged with the local community to provide first aid training. We also saw that they worked with other charities or organisations such as a local charities and local sports teams. We also saw that prior to the service moving locations they provided a community defibrillator and provided training to the community in its use.

We reviewed patient feedback and it was mostly positive. We did not see any negative feedback, but we were told that it would be treated as equally valuable and used to inform practice.

We saw limited communication from managers to the wider staff team, we saw no regular staff meetings and no formalised way of keeping staff informed. We were told about plans to start a staff newsletter but this was still at the planning stage.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

The service was in the process of moving to a completely electronic system for all crews on the vehicles which was expected to improve submission of all relevant information and allow for ease of access for online support such as guidance for managing deteriorating patients, defect reporting and safeguarding referrals.

The service had identified that expanding the service would have a positive effect service delivery. Prior to inspection the service had moved premises to allow the expansion of service development and growth.

We saw that the service had started in January 2023 a 'Quality Assurance Self-Assessment' in order to plan for future improvement.