

Medipro Clinical Services Limited

Medipro Faraday House

Inspection report

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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?		Good	

Summary of findings

Overall summary

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. They managed medicines well. 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 gave patients pain relief when they needed it. 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, supported them to make decisions about their care, 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 people, took account of patients' individual needs, and made it easy for people to give feedback. 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	

Summary of findings

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Summary of this inspection

Background to Medipro Faraday House

Medipro Clinical Services Ltd is an independent ambulance service based in Stockton on Tees, which provides urgent and emergency care support (not including events) to NHS ambulance trusts.

The main focus of the business is training and education. We do not regulate the provision of pre-hospital education delivered by this service.

The provider is on a framework agreement with three NHS ambulance trusts. They use three ambulances for regulated activity, have 20 staff and do not undertake patient transport work. The provider has developed a core of staff mentors to work with students and students are placed on fixed contracts until they qualify.

The service was previously Emergency Medical Services Ltd in Darlington – this was inspected but not rated in 2017. This inspection found no breaches of regulation.

Medipro Clinical Services Ltd was registered by the CQC on 20 March 2019. The registered manager has been registered with the CQC since 2016.

The service is registered to provide the following regulated activities:

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

How we carried out this inspection

During the inspection visit, the inspection team:

- Visited the location and an office used by administrative staff.
- Spoke with the registered manager and the director of the business.
- Spoke with 11 other members of staff including administration staff, a paramedic, tutors, managers and cleaning staff.
- We reviewed ten sets of patient records.
- We looked at a range of policies, procedures and other documents relating to the running of the service.
- The inspection team consisted of three CQC inspectors, a specialist advisor and was overseen by Head of Hospital Inspection Sarah Dronsfield

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>.

Outstanding practice

- The service was a training centre and provided a comprehensive training package for their own staff.

Summary of this inspection

- The development of staff skills and the provision of opportunities for staff to acquire new skills was integral to the service.
- The service took account of patients' individual needs and preferences. For instance, they could give out teddy bears to children or anyone who was anxious.
- Staff felt supported and valued. There was an allocated fund for social events and to help staff in times of hardship.
- The provider offered free first aid training to people in their local community.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Emergency and urgent care

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

Are Emergency and urgent care safe?

Good 

Mandatory training

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

Staff mandatory training was conducted on an annual basis. Staff received and kept up-to-date with their mandatory training. The provider used a mandatory training tracker to identify when refresher training was required to be completed. The tracker showed that all staff had completed their mandatory training.

Mandatory training was delivered through a mixture of face to face and online learning.

Managers had a learning and development report that was updated daily. If staff had not completed mandatory training modules they were not dispatched to work operationally. The training provided to staff was appropriate to enable staff to undertake their role.

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.

Staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff completed safeguarding training to the level required by their role.

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

Emergency and urgent care

Staff could explain what constituted abuse and gave examples of when they would need to report this. They understood their responsibilities in line with the safeguarding policies and procedures, including working in partnership with other agencies such as the police. They knew who to contact for advice or support, could explain the referral process, and knew how to access information and guidance from the provider.

The provider undertook work on behalf of NHS ambulance trusts. Staff reported safeguarding incidents internally, to the CQC and to the trust.

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 areas inspected were clean and had suitable furnishings which were clean and well-maintained. Staff used equipment and control measures to protect patients, themselves, and others from infection.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE).

The infection prevent control (IPC) and hygiene policy which was in date and provided staff with clear directions to follow in relation to IPC.

The service undertook regular infection prevent control and hygiene audits which included vehicle and environment checks and staff hand hygiene audits.

The service had three vehicles. The vehicle we inspected was visibly clean.

Daily vehicle and equipment cleanliness checks were completed by the crew on shift for each vehicle that was operational that day. Vehicles had supplies of personal protective equipment (PPE) and replacement linen available.

Deep cleans were carried out on a routine basis. There was an audit for all vehicles with the planned and actual completion date of the deep cleans. None had been missed. Each vehicle audit was accompanied by a report which covered the areas audited.

The provider had a service level agreement in place with an external provider for the disposal of clinical waste.

The provider had processes in place to ensure safe handling and safe storage of cleaning products. Posters were displayed that explained to staff which cleaning product to use in which specified area. Cleaning mops and buckets were colour coded as were buckets.

In the equipment storerooms, different consumable items were stored on shelving and were free of dirt and dust.

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.

Emergency and urgent care

Staff carried out daily safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for patients.

Managers could explain the process surrounding vehicle servicing and repair. Vehicle files had evidence of current ministry of transport (MOT) test certificates and service and repair records for each of the vehicles.

The vehicles carried paediatric equipment for the treatment and transport of children.

An external servicing company arranged the annual servicing of equipment. Equipment carried on the vehicles had service stickers showing the date serviced and a unique reference number. The provider maintained an asset register which contained all equipment held recorded by a unique reference number and date of service.

Cleaning equipment, PPE, medical gases, and replacement equipment for the fleet vehicles were safely stored. Information on the Control of Substances Hazardous to Health Regulations (COSHH) was available at the base.

In the main building, floors were colour coded to ensure that staff knew what was a clinical area and what was a training area. This impacted on how each area needed to be cleaned and checked.

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.

All staff were trained to assess and monitor a patient. They used an approved scoring tool to assess for deterioration, and to escalate any concerns when necessary. DNACPR (do not attempt cardiopulmonary resuscitation) orders were only followed following physical evidence of appropriate and valid orders. All staff completed training on this and it was refreshed annually during statutory and mandatory training.

Patient records showed staff completed and updated appropriate risk assessments.

Managers and staff told us that they were more likely to be sent to a category three or four call. These are calls that are deemed less urgent by the prioritising NHS ambulance service. However, they would attend category one calls which required an immediate response to a life-threatening condition, such as cardiac or respiratory arrest if they had the right combination of technically skilled staff for the job or if they were closer to the the call location than the NHS urgent emergency care ambulance.

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.

Approximately 20 staff were employed to provide the emergency service. Practice educators sometimes attended jobs and on occasion a learner might also. Learners were contracted to an 18 months fixed term contract with the service.

Emergency and urgent care

Staff worked an annualised contract which meant that they worked flexibly, and they were rostered on call as part of the shift system. They were able to pick extra shifts at times of high demand or to cover sickness. Working hours were calculated and monitored electronically and maintained in line with the working times directive.

The service did not subcontract staff to or from other providers or use any bank staff. Managers stated that they wanted all staff to be trained 'the Medipro way'.

We reviewed three separate weeks of the staff rota and noted that all shifts had an experienced and qualified member of staff rostered on. They were supported by a junior member of staff or occasionally a student.

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.

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely.

We reviewed ten patient records, all were completed correctly and were legible. There was an audit programme to review the completed patient records. Staff were given individual feedback on audit results that the provider felt maintained good record keeping practice.

Each paper record had a tick box to ensure that staff knew if a patient had a do not attempt cardiopulmonary resuscitation (DNACPR) in place.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines safely. Medicines were locked away in a cupboard which had a restricted key code access.

The provider's medicines management policy covered supply, administration, storage, disposal and adverse incident reporting. The policy gave staff clear information to follow.

Medical gases were stored in a lockable unit on substantial racking.

All medicines checked were in date and quantities of medicines were correct as recorded.

Incidents

The service managed patient safety incidents well. Staff recognised and reported 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.

Emergency and urgent care

There were no serious incidents reported in the 12 months prior to inspection.

Incidents were reported using an on-call telephone system as a single point of contact or via a support email address. There was always someone assigned to monitor this and forward concerns to the appropriate manager.

Incidents were logged on an incident reporting tracker and discussed every month at the governance meeting.

Issues were picked up through audits regarding trends; any issues with staff compliance then discussed with the individual and used for wider learning as needed.

Following an incident involving a patient not being secured with a seatbelt correctly, the service had made improvements. Vehicles now had alarms that detected if a patient did not have a seatbelt on.

Staff demonstrated an awareness of the Duty of Candour and how this was managed within the complaints and incidents process.

Are Emergency and urgent care effective?

Good 

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.

Guidance from organisations such as the National Institute of health and Care Excellence (NICE) and the Resuscitation Council UK was used to support best practice and embedded into policies.

Relevant standards, guidance and legislation were discussed at monthly meetings and action taken as necessary. Managers kept up to date with current guidance, including that received from national bodies and organisations. Changes in guidance and processes were communicated to staff via email and an online cloud-based company handbook, which all staff could access.

Standardisation meetings happened bi-monthly. Changes in current practice were discussed at that meeting and then subsequently embedded into training.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Pain relief medicine that was administered was recorded on the patient records seen.

Emergency and urgent care

Managers told us that patient record audits had previously highlighted occasions when pain relief had not been administered as expected. Work had been undertaken to establish the reasons for this and improvements made as a result. Monthly auditing evidenced that these improvements were sustained.

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 providers who requested the service managed response times. The model used was that commissioners contracted the vehicle, with equipment, consumables and staff, they then utilised that resource through their own computer aided dispatch system and they managed all the response timings.

The provider had meetings with the NHS ambulance providers which used their service to discuss performance. Managers informed us there has never been an issue raised about achieving response times.

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.

All staff received full clinical training prior to working on operational shifts. This was either through apprenticeships or in-house training. Clinical operational mentors were always available to support new starters. New staff had a 12 week block of education which included four weeks of driver training.

The service provided annual clinical updates to staff and staff then undertook both written assessments and observed clinical examinations. Ninety three percent of staff had completed their annual clinical update.

There was an appetite to have an established career pathway for staff. There were staff within the company who had progressed within the organisation. Staff told us that managers were keen to give them opportunities for career development. Some staff had been supported to undertake educational or professional qualifications that the provider had funded.

Staff had yearly appraisals which were described as two packages. One focused on how well staff had undertaken their roles and the second on aspirational requirements. At the time of inspection, 83 % of staff had had their yearly appraisal and 17% were pending their reviews.

Supervision was offered to staff after an incident had occurred or when a safeguarding issue needed discussion and a debrief.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Emergency and urgent care

Staff worked as a team to risk assess their patients and make appropriate changes to intended service delivery following these assessments. Staff across the service communicated through a variety of means to share experiences and provide support.

There were staff meetings, mobile apps used to share news, social media groups and newsletters to enable all staff to keep in touch with each other and communicate freely.

Managers worked collaboratively with NHS ambulance trusts and other emergency services when delivering training.

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.

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

Are Emergency and urgent care caring?

Compassionate care

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

We were not able to observe any direct patient care.

However, the knowledge, skills and behaviours training in the staff training programmes included teaching about patient centred care, dignity and human rights as key elements.

Emergency and urgent care

The service surveyed patients each month. In February 2022, 60 forms were sent to patients and 42 returned (70%). One hundred per cent said that they were treated with respect and dignity. Seventy nine per cent of these patients rated the service 'very good', 14% said it was 'good' and 7% deemed it ok. Comments included 'the ambulance crew were really helpful, kind and considerate. We have been treated wonderfully by the ambulance crew'

Emotional support

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

Patient centred care formed part of the basic training for staff and this was refreshed every year. Equality and diversity training delivered as part of mandatory training requirements taught staff how to protect patients from harassment and discrimination.

Patients were made aware of how they could provide feedback on care and were actively involved in decisions whenever possible. Letters were sent to patients to ask for feedback every month and this information was collated by the service's auditor.

Feedback about one crew included 'they were all lovely and from a professional point of view did an exemplary job. They certainly went the extra mile looking after my mate'.

Understanding and involvement of patients and those close to them

Staff supported and involved 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 to patients in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. One family wrote to the service saying 'great bedside manner, interested in the case and developed good rapport making sure we understood the processes they were going through'.

Are Emergency and urgent care responsive?

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.

Emergency and urgent care

The NHS ambulance trusts from which the service sub-contracted stipulated the number of shifts to be covered as part of each contract. Generally, the service dispatched two vehicles per day with a crew that did a 12 hour shift. These vehicles supported work across the north of England not simply in their locality.

Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service had information leaflets available in languages spoken by the patients and local community.

There was a telephone interpreting service that could be used if English was not a patient's first language. Managers made sure staff, and patients, and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care and treatment.

All vehicles had ramps and hand rails to help those with disabilities or difficulties mobilising.

There were teddy bears to give to children or anyone with anxiety (these were kept by the patients and not re-used) and 'twiddle-muffs' available to ease anxiety, for example in patients with dementia.

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.

The service provided dedicated vehicles to NHS ambulance services and hospitals, who determined the timeliness of responses. Response times and key performance indicators were monitored on a monthly basis.

Managers told us they had no control over access and flow arrangements. The service honoured the framework agreements they signed up to in order to support frontline work.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. 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 service clearly displayed information in their ambulances about how to raise a concern.

The provider had received two complaints in the 12 months prior to the inspection. Complaint numbers were generally low. We reviewed these complaints and saw that they were dealt with in a timely manner and offered apologies to the complainants.

Emergency and urgent care

The provider had a complaints management policy. The policy set out the process for the management of complaints and there was a complaints and compliments leaflet for patients to complete.

Are Emergency and urgent care well-led?

Good 

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.

The service was led by a senior leadership team consisting of the managing director, a head of commercial services, a head of education, a head of finance and a head of apprentices (who was also the registered manager).

The service had increased capacity within its senior management team, to ensure resilience and availability of support during the Covid-19 pandemic. Managers had shadowed each other's job roles so were able to provide cover when needed.

The senior leadership team had extensive experience in health care provision and working in the independent ambulance sector.

The leadership team had all been subject to a fit and proper person checks which evidenced they were qualified, competent, sufficiently experienced, sufficiently healthy, and had no personal history of serious misconduct or mismanagement in carrying out a regulated care activity which would make them ineligible for the role.

Leaders understood the challenges to quality and sustainability. Leaders could articulate what the providers priorities were.

Staff told us managers were open, friendly and supportive. Staff said that managers were prepared to invest in training for them and if they had domestic or problems at work then they were always accommodating and considerate.

Leaders held monthly staff meetings and at these, managers shared the vision and future for the organisation.

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.

Emergency and urgent care

The provider's mission was to deliver a high-quality, patient-focused experience and to provide education with a purpose. The service focused essentially on the provision and supply of training for the ambulance sector.

They had six core values which were displayed on a wall in the staff kitchen and on their website. The values were academic excellence, clinical excellence, honesty, respectfulness, our employees and our name.

Managers were not keen to grow the emergency and urgent care aspect of their business. They wished it to remain manageable and complimentary to their academic aspirations. Their training courses were the more substantial part of their business model.

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.

Staff said that the provider had an open culture where they felt they could raise any issues to managers without fear.

Staff told us they could speak to managers in confidence. Staff saw managers on a regular basis which made them feel connected to the service.

The service had a weekly bulletin named 'Testimonial Tuesday'. This bulletin shared feedback received from patients and from staff about their colleagues. One compliment, for instance, thanked a tutor who 'has an excellent way of teaching and will adapt his lessons to cater for all the different types of learners with patience and passion'.

The directors had a social fund and an allocated pot of money for staff activity. There had been visits to a trampoline park, the cinema, coffee and cake days and charity events.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Roles, responsibilities, and systems of accountability were in place to support good governance and management.

The governance meetings had a standing agenda covering clinical policy, risk log and assessment updates, serious untoward incidents, central alert system, safeguarding, risks and issues, audits, logistics, driving standards, education and clinical updates.

The service was held accountable for its performance by the external NHS ambulance services which commissioned them.

The provider had an audit schedule and a dedicated audit lead. Monthly audits included:

- Medicines

Emergency and urgent care

- Patient care records including clinical indicators
- Staff KPIs
- Hand hygiene
- Staff code of conduct
- Vehicle cleanliness
- Staff overall compliance dashboard
- Vehicle overall compliance dashboard

There were meetings between the provider and the providers who requested the service to discuss performance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

A senior management team meeting took place monthly, during which all risks were reviewed, including re-visiting any mitigated risk to ensure accuracy.

There was a weekly department meeting reporting to the director and the registered manager. Operational weekly meetings included human resources, operational leads, finance managers and the audit lead.

The provider had a risk register. All risks had an owner, description, red, amber or green status, mitigating actions and review dates.

Managers were asked what they thought the top three organisational risks were. All said the same three which were on the risk register.

Risk was an agenda item at the management meetings.

The processes to manage current and future performance was through the providers requesting the service.

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.

The provider relied upon the organisations that requested the service to ensure the accuracy of KPI data which were their performance measures.

The information used to monitor, manage and report on quality performance was accurate. This happened through regular meetings, performance feedback and audits of patient care records.

Emergency and urgent care

There were effective arrangements to ensure data or notifications were submitted to external bodies.

The service was in the process of acquiring new computer software in order to have better digital systems. They also had training programmes in development that used digital technology to simulate virtual emergency care scenarios.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The provider organised staff and team meetings which had an agenda and had minutes recorded.

The last staff survey had been carried out in 2021 and had 26 responses. Ninety six per cent of those surveyed said that they had satisfaction from their job and over 88% of respondents either agreed or strongly agreed that they would recommend Medipro as a great place to work.

The services worked well in the local area and was able to share information with other services and/or providers as needed. Staff maintained good working relationships with all external partners and/or stakeholders, including local commissioners, national bodies, and NHS services. Managers met with representatives from commissioning NHS ambulance providers.

Community events were organised such as free first aid training sessions in the evenings. The provider felt it important to give something to the community and knew how important first aid at home was to save lives before emergency help could intervene.

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 linked with the local fire department to train staff. For example, they had simulation exercises using burnt out cars to mimic how to rescue and treat patients in traumatic situations.

There was a hardship fund. Staff who needed financial assistance could apply for help to avoid them incurring unnecessary debt elsewhere with other lenders.