

St James's Ambulance Service Ltd

St James Ambulance Service - St Albans

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 safe 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 safe care by understanding patient needs in advance of journeys. Managers monitored response times and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care. The vehicles used had appropriate equipment, were up to date with service, MOT, and breakdown cover.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People accessed the service when they needed it and did not have to wait too long to begin their journey.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Staff were recruited in appropriate numbers with suitable employment checks.

However;

- Policies were not individually dated to provide assurances they were reviewed at regular intervals and in line with national guidance.
- Staff had access to safeguarding leads at the contracting provider, which was documented, however this was not clearly stated in an up-to-date safeguarding policy.
- One vehicle had a rip in the chair which did not meet appropriate infection prevention control standards. The registered manager remedied this immediately and ordered a replacement vehicle.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

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 safe 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 safe care by understanding patient needs in advance of journeys. Managers monitored response times and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care. The vehicles used had appropriate equipment, were up to date with service, MOT, and breakdown cover.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People accessed the service when they needed it and did not have to wait too long to begin their journey.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Staff were recruited in appropriate numbers with suitable employment checks.

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- Policies were not individually dated to provide assurances they were reviewed at regular intervals and in line with national guidance.

Summary of findings

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Summary of findings

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Summary of this inspection

Background to St James Ambulance Service - St Albans

St James Ambulance Service is an independent ambulance provider. It runs from the City of St Albans, Hertfordshire from a private address and provides non-emergency, community-based patient transport services for adults. The service does not transport children.

The service was commissioned by three NHS (National Health Service) hospital trusts in central and west London.

The service is registered with CQC (Care Quality Commission) for the regulated activity transport services, triage and medical advice provided remotely.

The service has had a registered manager in post since registration in 1999. This was the second inspection since registration, with the previous inspection completed in December 2017. We regulated independent ambulance services in 2017 but we did not have a legal duty to rate them.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 27 September 2022. To get to the heart of patients' experiences of care, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led.

Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what staff told us and how the provider understood and complied with the Mental Capacity Act 2005.

How we carried out this inspection

During the inspection we spoke with four members of staff; one of which was the registered manager. We looked at two vehicles, staff records and a selection of documentation and data.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that policies are dated and review dates recorded to demonstrate they were updated and in line with national guidance (Regulation 17).
- The service should ensure staff have access to safeguarding leads at the contracting provider which is documented in an up to date safeguarding policy. (Regulation 13)
- The service should ensure vehicles meet appropriate infection prevention control standards. (Regulation 12)






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	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Patient transport services

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

Are Patient transport services safe?

Good 

We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Leaders kept a log of staff training and ensured completion in a timely way. Our review of records demonstrated that all staff were up to date with training.

The mandatory training was comprehensive and met the needs of patients and staff. Training included manual handling, health, and safety, first aid including how to use an automated external defibrillator. Staff had infection prevention control training with updates to ensure staff compliant with national guidance.

Staff completed training on recognising and responding to patients with additional needs, for example learning disabilities, autism, and dementia. Mandatory training included basic life support. All training was delivered using the Skills for Care and Health framework.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were alerted when training was due. Managers monitored training to ensure completion in a timely way.

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 knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had access to an up to date safeguarding policy for both adults and children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff understood local safeguarding procedures and knew who to contact if they had concerns. Staff gave examples of patients identified as vulnerable and when they were appropriately accompanied by either a carer or other professional. Staff could easily liaise directly with the referring providers safeguarding leads if they were alerted to a safeguarding concern.

Patient transport services

Staff received training specific for their role on how to recognise and report abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. All staff received mandatory safeguarding training at appropriate levels.

The safeguarding leads were trained to level 3. This provided them with additional knowledge and understanding to help safeguard patients from abuse. The safeguarding lead had direct contact with the contracting providers safeguarding team and leads. We saw direct contact details available to staff in the event there was a concern that required escalating. All staff could locate local agency contact details to refer to if necessary.

All staff were required to evidence they were suitable to work with vulnerable adults and children. Managers conducted enhanced Disclosure and Barring Service (DBS) checks on all newly appointed staff. An electronic alert system notified managers when staff required DBS updates in line with national guidance. All staff records included recorded DBS checks.

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.

The service performed well for cleanliness. Staff ensured vehicles used to transport patients were clean and well maintained. However, one ambulance we saw was very aged and showed signs of visible wear and tear. For example, there was visible rust and the drivers chair had a tear. The registered manager planned a replacement vehicle.

Staff completed daily cleaning schedules for cleaning vehicles and recorded this on an application on their hand held devices. Managers contracted an external company to carry out deep cleaning for each vehicle. Staff cleaned the vehicles between each patient journey and managers conducted regular checks. Managers recorded those checks and audited them for compliance and improvements. Each vehicle had accessible spill kits. Staff were based at hospital sites and were permitted to use the facilities for disposal of clinical waste.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed national guidance to ensure their infection prevention control procedures were compliant. Staff were updated to ensure adherence to up to date COVID-19 guidance. Staff were provided with appropriate personal protective equipment. Staff had access to handwashing gels and wipes in all vehicles. The registered manager carried out hand hygiene audits which were 100% compliant. Staff understood these procedures were in place to keep the risk of infections low.

Environment and equipment

Staff kept the environment and equipment safe for use. Staff managed clinical waste well.

Staff had accessible health and safety policies based on up to date health and safety legislation. Staff kept the vehicles at their private residences. Staff used an application on their hand held devices to complete daily checks. The registered manager could access the detail to carry out compliance checks and audits.

Staff carried out daily safety checks of specialist equipment. Staff completed electronic daily vehicle and equipment checklists before use. All daily vehicle checklists we looked at were complete and up to date. The registered manager ensured vehicles met the needs of the individuals transported. For example, when a stretcher was required; appropriate equipment and vehicles were available to accommodate those specific needs. Vehicles were equipped with standard equipment, such as fire extinguishers and we saw evidence they were serviced regularly. All vehicles carried defibrillators if someone's heart stopped, and staff were trained to use them.

Patient transport services

The vehicles were regularly maintained, serviced, and appropriately repaired. We saw a system in place to monitor when vehicles needed to be serviced and all vehicles had regular safety service. If there were any concerns about any equipment they were taken out of use and repaired.

Assessing and responding to patient risk

Staff were provided with risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. Staff had access to patient details and information to help assess and respond to risk. Each patient journey was assessed for suitability and only minimal risk patients were transported. Staff received risk information for each patient to minimise risks. All staff understood how to respond to patients at risk of deterioration. All physical deterioration was managed by calling emergency services.

We looked at the electronic patient record system which detailed personal profiles and up to date risk history. Staff received a handover from the referring agents which included presentation on the day and any other relevant information to support safe transportation of patients.

Staff knew about and dealt with any specific risk issues. Staff conducted dynamic risk assessments to help them manage and adapt and manage risks.

Staff shared key information to keep patients safe when handing over their care to others. Other professionals often escorted patients with additional needs.

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. All staff received a full induction.

The service employed four staff who worked based on their personal availability.

The service had staff to keep patients safe. The registered manager told us they had enough staff to ensure all shifts were filled. The service operated on a flexible basis responding to requests by contracting providers. This determined how many staff and the number of vehicle hours needed per day.

The service had no vacancies and the small team had low turnover. Sickness levels were low and staff were afforded personal flexibility to suit their needs and the needs of the people who used the service.

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.

Staff received job information electronically on to an application on their hand held devices. The information was concise and was reviewed by staff before conveying patients. Staff received information with patient details and specific needs of those patients, for example, if they required any additional equipment or specifically skilled staff. We saw that staff communicated throughout the course of the job, sharing appropriate information.

Patient transport services

Patient information was accessed electronically on handheld devices. Staff told us they did not transport patient notes; these would be held by either the patient or those who accompanied them on their journey.

Medicines

The service did not administer or store medicines. Patients who were discharged with personal medication held them on their person. Staff occasionally escorted patients with oxygen supplied by the Trust or the patient themselves. Medical gases were secured and there were medical gas warning signs displayed.

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. We looked at the incident reporting system which used a risk grading system. We saw two incidents in the previous 12 months. Staff completed incident reporting documentation which was shared with referring providers. The incident form included an area to indicate whether other professionals were informed or involved, for example the police.

Managers shared learning from incidents with staff and other professionals to help make improvements. We saw this evidenced in documentation and in our discussions with staff.

There was an incident reporting policy which was in date and referenced duty of candour. Staff understood the principles of duty of candour.

Managers reported that there were no serious incidents in the twelve months prior to inspection.

Are Patient transport services effective?

We rated it as 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.

Staff followed policies to plan and deliver high quality care according to best practice and national guidance. Policies we reviewed were not clearly dated with review dates to ensure they were up to date in line with national guidance. All policies had been reviewed up until 2020. Policies referenced national guidance where there had been updates, for example, updates relating to updated national guidance during COVID-19. The registered manager told us they would remedy the matter urgently and understood the importance of recording review dates for each policy.

Patient transport services

Nutrition and hydration

Staff assessed patients' food and drink requirements to meet their needs during a journey.

Staff made sure patients had access to drinks during journeys. Staff told us they planned journeys to ensure they had adequate access to drinks. Staff kept a supply of water on board vehicles for patients to access if needed.

Response times

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

Staff monitored response times. Staff told us that it was rare that they did not respond to requests to transport patients in a timely way. The provider's target was a 100% response time.

The service completed 559 patient journeys from September 2021 to September 2022. All patient journeys were pre-booked and planned well in advance. This meant journeys were met in a timely way with two recorded delays during this period.

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 and had the right skills and knowledge to meet the needs of patients. The registered manager supported staff development and followed the Skills for Care framework to support staff learning.

The registered manager supported staff to develop through yearly, constructive appraisals of their work. Performance and staff training needs were reviewed at annual appraisals. All staff received an induction programme. Our review of staff records demonstrated that all staff had an up to date appraisal.

The registered manager made sure staff received any specialist training for their role. Staff received specific learning disability awareness training and working with dementia training. Staff received ambulance driving training, use of defibrillator training. Staff were also trained to use specialist equipment, for example, bariatric equipment.

The registered manager identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff records we looked at had up to date training and assessments to ensure staff were competent. The registered manager observed practice to ensure compliance with policy and standards.

The service had a process in place to ensure that staff files contained evidence of interviews. This was highlighted as an area for improvement at our last inspection. There had been no new staff employed since the last inspection

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.

Staff worked together to meet the needs of the patients who used the service. Staff worked with managers and other professionals to help keep patients safe and provide a quality service. We saw recorded details of other professionals involved in patient care. For example, where a registered nurse was involved to help manage patient journeys in a safe way.

Patient transport services

The registered manager worked with local referring hospitals and reported having a positive relationship with them. We looked at feedback from professionals who referred to the service which was positive.

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.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff completed consent, Mental Capacity Act training. Staff understood the principles of Deprivation of Liberty Safeguards. Staff had access to an up-to-date consent policy which followed national guidance.

Staff gained consent from patients for their care and treatment in line with legislation and guidance Staff we spoke with understood how to support patients to make informed decisions and described the process of gaining consent. Staff obtained consent verbally or inferred for all transfers.

Staff understood whether a patient had the capacity to make decisions about their care. Staff demonstrated an understanding of capacity. Staff described checking a patient's ability to understand information given to them.

Are Patient transport services caring?

We rated it as good.

Compassionate care

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

At the time of this inspection the Care Quality Commission was unable to observe care provided in ambulance vehicles. However, we spoke with staff employed by the service and we reviewed feedback from service users.

Staff provided examples of maintaining patient dignity and independence while in their care. Staff told us they were courteous and polite and treated all patients with respect.

Staff were discreet and responsive when caring for patients. Staff told us they took time to interact with patients and those close to them in a respectful and considerate way. We saw that 62 patients provided feedback from January to September 2022 and that the feedback was positive. quality of the care received as excellent and staff were described as kind and helpful.

Staff followed an up-to-date policy to keep patient care and treatment confidential. Staff understood the importance of maintaining patient confidentiality and privacy.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff gave us examples of when they had considered personal and cultural differences. For example, when a female member of staff was identified as an appropriate choice to care for people based on their preference.

Patient transport services

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff talked to us about the skills and techniques they used to provide emotional support and communicate with empathy. Staff talked to us about being kind, caring and compassionate.

Staff worked with other professionals or family members to identify what worked for the patient in the past to keep them relaxed during their journey. Staff encouraged patients to bring people and belongings that were familiar to them to help reduce their stress levels and improve their experience.

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 involved patients and significant others in discussions about and throughout their journey. Patients could travel with companions when assessed as appropriate.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw positive written feedback from people who used the service and other professionals. Staff gathered feedback from people who used the service. We saw that from January 2022 to September 2022, 62 people had provided feedback, all of which was rated excellent and praised staff for their service.

Are Patient transport services responsive?

Good 

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.

The registered manager planned and organised services to help meet the needs of the local population. Staff were based at the referring providers locations which helped them plan service provision. Journeys were short notice transfers and coordinated using handheld devices. Staff had an application on their devices which helped demonstrate planning and communication to meet the needs of the service and patients.

The registered manager met regularly with the referring hospital leadership teams to discuss and plan service delivery. The non-emergency service supplied vehicles and trained drivers who worked collaboratively with local NHS hospitals. Staff supported rapid response teams and discharge teams within hospitals.

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.

Patient transport services

The registered manager made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff identified communication needs in advance. Staff discussed individual needs with families, carers, and other professionals. Staff told us they used online translation services when there were language barriers. This helped them in their communication.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff assessed patients who might require additional considerations based on their specific needs. Staff gave us examples of supporting patients living with learning disabilities and autism. Staff told us these patients would always be accompanied by a familiar carer.

Staff completed training to help them understand the needs of people living with dementia and those who lacked capacity. The service made reasonable adjustments to help patients access services and had a range of equipment for use by different patient groups.

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 was contracted to agreed provision of services. We saw the service level agreements between the registered manager and the contracting hospitals. The registered manager monitored the workflow. All work was pre-planned alongside professional staff at the hospitals. This ensured pre-scheduled journeys to meet the needs of the hospital and people who used the service. Each journey was booked using an online system. This ensured patients received an appropriate service in a timely way.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. Concerns and complaints would be investigated and lessons learned would be shared with staff and partner organisations.

Staff understood the policy on complaints and knew how to manage them. Staff had access to a complaints policy.

Patients, relatives, and carers knew how to complain or raise concerns. People who used the service were provided with information about complaints processes and could complain electronically. People could complain by completing written feedback forms.

The registered manager was responsible for investigating complaints and identified themes. There had been no complaints received by the provider in the twelve months before the inspection.

Are Patient transport services well-led?

We rated it as good.

Patient transport services

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 the registered manager. They were a small team of four staff; the registered manager, an administrator and two drivers. All staff had been employed long term. This meant staff always worked closely together and the registered manager was available, visible, and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The registered manager told us the vision was to provide a friendly and professional first class patient transport service. Staff we spoke with shared this vision. This meant staff could respond in a punctual and safe way to transport patients to appointments.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt respected, supported, and valued. Staff focused on patients receiving care. Staff spoke positively about their work. Staff reported good relationships with their colleagues and patients who used the service. Staff told us they were supported and trained. We saw evidence of a culture of engaging positively with patients. The feedback we reviewed from patients and professionals who worked with staff supported this.

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.

Staff knew and understood their roles and responsibilities and knew who to go to for advice and support. We saw completed records of job plans. Staff were supported in understanding their main duties.

The registered manager worked with referring providers to monitor safety, quality, and performance. The registered manager met monthly with referring providers to discuss performance and governance. We looked at meeting records where relevant issues were discussed.

Staff recruitment systems and processes ensured staff had suitable safety checks. Leaders used an online enhanced Disclosure and Barring Service checks which meant they could access up to date detail relating to staff suitability. Updates were electronically flagged to ensure timely renewal of those checks. All staff files had appropriately completed paperwork.

The registered manager maintained a policies and procedures folder. The policies and procedures folder had an unclear updates process in place. The registered manager agreed it was confusing and told us they would ensure each policy was dated with updates clearly recorded to reflect any updated guidance. The registered manager told us they would implement the changes to reflect this immediately.

Patient transport services

All vehicles were managed and serviced at regular periods to keep patients safe and we saw records to demonstrate this.

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.

There was an up to date business continuity plan with recorded business risks. There was a formal process to record and review up to date risks that might impact on safety and quality of service. The priority risks were technology and staffing. There was a risk register, with appropriate risk ratings which reported on top risks and how those would be managed, for example, patient complaint processes were seen as a risk to operationally and reputationally. Mitigations were recorded alongside progress. This meant staff considered ways in which to improve.

A business continuity plan provided instruction for staff to manage unexpected events, such as responding to major incidents such as COVID-19 or to support local NHS providers.

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 registered manager had systems in place to collect and analyse data. Staff used an electronic system to record information and data which could be viewed to understand performance. Staff used their hand-held devices to access performance and jobs information. The system gave staff access to live, accessible information to aid them in their daily work.

Staff understood information governance and the importance of securely storing patient information. Patient records, hard copy and electronic were stored securely and only accessible to those with permission to do so.

Leaders kept paper records stored in cupboards that were kept locked and only accessible to those with the authority to do so.

Engagement

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

Staff engaged with referring providers, local hospital staff and people who used the service to help make improvements to quality. We saw positive feedback from provider who commissioned the service which supported the work completed and service provided.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Patient transport services

The registered manager continued to support improvements of the service. Staff were given learning opportunities. Staff received formal training and we saw there was training booked in for staff to develop their skills. Staff were provided with up-to-date technology and given the training to use it. Staff were supported by one of the contracting hospitals to complete Sara Stedy training. This training helped staff encourage patients to be active during sitting to standing transfers. The training enabled staff to assist with sit-to-stand tasks for patients of different sizes.

Staff used feedback from people who used the service to understand how well they were doing. Feedback remained positive.

Staff used technology to monitor and improve the service. For example, the application on their hand-held devices monitored response times and were used to run reports to help improve response times. Staff used technology to share live information while mobile. This meant they could communicate essential information and changes.