

Hatzola Edgware

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Inspection report

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Date of inspection visit: 26 October 2022
Date of publication: 08/12/2022

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 have not previously rated this 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 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 gave patients pain relief when they needed it. 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, 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, 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.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. 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:

- The sharps bin located in the ambulance bay was not secure. It had a lock, but the lock had broken and the bin could be opened. However, this risk was mitigated immediately by the provider by storing it within a padlocked container, and they replaced the bin following the inspection.

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

Contents

Summary of this inspection

Background to Hatzola Edgware	5
Information about Hatzola Edgware	5

Our findings from this inspection

Overview of ratings	6
Our findings by main service	7

Summary of this inspection

Background to Hatzola Edgware

Hatzola Edgware is a non-profit, volunteer organisation providing emergency medical response and transportation to the communities of Edgware, Stanmore and Mill Hill. The service operates 24 hours a day, seven days a week.

The service responds to around 134 calls per month. Patients served by Hatzola Edgware range from the critically unwell to those with minor injuries. The service is staffed by volunteers from the local Jewish community.

There were 10 dispatchers and 26 responders. Dispatchers were mainly home based and answered the calls and radioed out to responders to assign and dispatch. The registered manager had been in post since December 2017.

We last inspected this location on 14-15 November 2017. There was one requirement notice:

- Regulation 17 HSCA (RA) Regulations 2014 Good governance: The provider did not obtain satisfactory evidence of conduct in previous employment and a full employment history. There were no references on any of the personnel records we looked at.

We found this had now been met and saw evidence of evidence of previous employment history and references in personnel records.

How we carried out this inspection

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

We found the following outstanding practice:

- There was an outstanding commitment to learning and improvement throughout the organisation.
- The service worked with its community on initiatives to enhance their fitness and encourage greater well-being.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **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 review that fact that it refers to responders as medics, as they are not qualified clinicians, and this could be misleading to the public.

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 

This location was previously inspected but not rated. We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. We examined the mandatory training records and saw that all were up to date including fire safety, infection control, information governance and manual handling.

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

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

Managers monitored mandatory training and alerted staff when they needed to update their training.

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. Dispatchers were trained in level 1 and 2 for child and adult safeguarding, and responders were level 3 trained. The named safeguarding lead was one of the responders, who was trained to level 4. The registered manager also had level 4 safeguarding training.

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We viewed the electronic patient record form (PRF) and saw the alert box for staff to use in the case of a concern, along with a free text to outline their concern. This alert was then automatically sent to the safeguarding lead and the registered manager, who would then assess the situation and contact the local authority if required.

Emergency and urgent care

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 were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We viewed the ambulance cleaning records for the last 6 months. Cleaning was done by an external organisation and we viewed the cleaning schedule which included the driver's cab and the patient area.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact.

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, however they did not always date sharps bins.

Staff carried out daily safety checks of specialist equipment. Equipment we examined in one of the ambulances was in good working order and had up to date servicing. This included essential emergency equipment, such as the defibrillator and suction. Medical gases were stored securely and were within date.

The service had suitable facilities to meet the needs of patients. There were two ambulances, one response car and the service told us they were in the process of acquiring a third ambulance.

The service had enough suitable equipment to help them to safely care for patients. This included a specialist stretcher which was automated to move in and out of the vehicle, ensuring patient safety and comfort.

Staff disposed of clinical waste safely. However, the sharps bin at the ambulance base was not stored securely as the lock was broken. This was not in line with the Health Technical Memorandum (HTM) 07-01: Safe management of healthcare waste. However, the registered manager told us they addressed this the day after the inspection by putting it in a padlocked container, and had ordered a new sharps bin with a lock.

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.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. They used National Early Warning Score (NEWS) assessments which were completed in patient record forms, and the Paediatric Early Warning Score (PEWS) assessment for children.

Staff shared key information to keep patients safe when handing over their care to others. They gave a handover form to the healthcare professionals receiving the patient when they were conveyed to hospital.

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.

Emergency and urgent care

The service had enough responders and dispatchers to keep patients safe. All responders and call despatchers were volunteers. There were 10 call handlers who were remote workers taking calls and despatching from their own home using equipment provided by the provider. There was always a dispatcher on shift at night, and if a second call came in this was automatically diverted to the on-duty coordinator.

The ambulance technicians had all completed a nationally recognised qualification, First Response Emergency Care (FREC), seven were trained to FREC level three and 18 to FREC level four. The clinical lead was an intensive care consultant with a special interest in prehospital care, and worked in the NHS including an air ambulance service, and the medical director was a GP. There were also two senior medical officers (SMOs) who provided support to responders.

There was a rota for night shifts for responders, and there was always a designated on call coordinator.

The registered manager told us they always had enough staff to deal with the volume of calls received. Should they ever have an issue, callers would be redirected to NHS services.

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. Patient record forms (PRFs) included consent, details of the patient's presenting condition, any medications and observations.

When patients transferred to a new team, there were no delays in staff accessing their records. Responders gave a printed copy of the patient record form to staff receiving the patient when conveying to hospital.

Records were stored securely. Details of all calls received by the service were logged on an electronic system. This included patient details, summary of their condition, time the call was made, the time the patient was collected, the location they were taken to and any care or support provided on the journey.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. Although the service had made improvements in storing medications, staff did not always store all medicines in line with their policy.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff completed medicines records accurately and kept them up to date. We viewed the electronic system created by the stores manager and saw that all medicines were logged and tracked and that expiry dates were monitored.

We checked a sample of drugs stored by the provider and found them all to be in date.

Staff learned from safety alerts and incidents to improve practice. We viewed the incident log which included an incident highlighted by a drugs audit and the learning and actions taken as a result.

The provider did not use or store any controlled drugs and none of the volunteers were trained or qualified to administer controlled drugs in their role with the service.

Emergency and urgent care

There was an automated temperature control system which sent an alert if the temperature of the fridge or the room temperature went out of range.

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.

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

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff followed a clear process for reporting and investigating incidents. There were incident review meetings to examine all actions following an incident. Recent incidents were discussed at monthly governance meetings. Staff received feedback from investigation of incidents.

We viewed the incident log which showed that a wide range of incidents were being reported and action taken as a result.

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 met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of learning from incidents. Managers investigated incidents thoroughly.

Managers debriefed and supported staff after any serious incident. The registered manager told us that in addition, case reviews were always conducted for any deaths.

Are Emergency and urgent care effective?

Good 

This location was previously inspected but not rated. We rated effective 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 protected the rights of patients subject to the Mental Health Act 1983. However, not all protocols included references to sources.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The responders' tablets had JRCALC guidelines on them. There were frequent changes and the clinical lead ensured responders were informed of those. The registered manager told us they also received notifications from the Department of Health.

Emergency and urgent care

The registered manager told us they received updates to national guidance and medicines alerts, and updated staff accordingly. They sent it out via email and had an audit trail so they had oversight of anyone who had not seen it.

We viewed the call taking protocol and noted that it did not include reference to sources. However, the protocol was developed by the clinical lead who was an intensive care consultant with a special interest in prehospital care, and worked in the NHS including an air ambulance service. Protocols were in line with guidance from the Advanced Medical Priority Dispatch System and were also in line with the University of Sheffield Ambulance Response Programme Report of July 2017. The had been approved by their medical director and clinical lead.

Leaders had recently attended a national conference on emergency services in Birmingham.

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 scoring tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after it was identified they needed it or they requested it.

Staff prescribed, administered and recorded pain relief accurately.

Response times

The service monitored response times so that they could facilitate good outcomes for patients.

The service had detailed oversight of response times and monitored their response times against KPIs.

We viewed the response statistics for July-September 2022. They detailed the number of calls responded to, the category of call, and average response times based on call severity level. The data showed that 73% of "code" calls (potentially life-threatening) were responded to within the 7 minute target, 89% of "priority calls" (those that were serious but not life-threatening) were responded to within the 18 minute target and of the remaining 100% were responded to within 60 minutes.

The registered manager told us their response times were in line with or better than national targets.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The provider audited outcomes according to the National Clinical Performance Indicators for asthma, single limb fracture, febrile convulsion, falls and mental health self-harm.

The registered manager told us they were unable to gain access to patient outcome data from the local NHS hospitals.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Emergency and urgent care

Managers used information from the audits to improve care and treatment.

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. Seven responders were trained in First Response Emergency Care (FREC) level 3, and 18 were trained to FREC level 4. FREC is a nationally recognised qualification specifically designed for those seeking a career in the emergency services, ambulance service, the event and security medical sector or those who work in high risk workplaces.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

The clinical lead supported the learning and development needs of staff. There was a strong emphasis on learning and the clinical lead held regular training sessions for responders. This included topics not fully covered by the FREC courses such as: ECG, falls and paediatrics.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

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

Managers identified poor staff performance promptly and supported staff to improve. Responders were required to attend a minimum of eight calls per month to ensure they kept their skills fresh.

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 held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked with other agencies when required to care for patients. The service conducted handovers with staff at the hospital they were conveying patients to.

The registered manager told us they had good links and were in frequent contact with the local ambulance trust and the local NHS hospital. They told us they were working towards establishing formal regular engagement with them.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

Emergency and urgent care

The service worked with the community to provide information and promote healthier ways of living. For example, they produced a health promotion initiative called 'keep moving'. The campaign involved encouraging older members of their community to stay healthy by exercising for at least 30 mins a day, five days a week.

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. They used agreed personalised measures that limit patients' liberty.

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 received and kept up to date with training in the Mental Capacity Act.

We viewed the service's consent policy which included reference to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Are Emergency and urgent care caring?

This location was previously inspected but not rated. We rated caring as good.

Compassionate care

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

Hatzola obtained most of its feedback through a smart phone application which allowed people to score the service and provide comments. The service obtained most of its feedback by writing to its users. We examined feedback records from patients from the May-August 2022. The service performed well, and comments were consistently positive. Examples included: "They worked well in tandem with the NHS ambulance crew who turned up a while later", "This is the third time on which we have called Hatzola. We cannot speak too highly of your service", "Caring, professional, thorough", "Always provide an excellent service - friendly, efficient, professional, courteous and treat patients with dignity and respect."

Emergency and urgent care

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. All responders were part of the local Jewish community and were aware of the cultural and religious needs of patients. They also responded to calls involving non-Jewish people in the community.

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. We observed a response to a call during our inspection where a patient had fallen outside and was unable to move. We saw the responders were professional and kind, and were able to reassure the patient who was in some distress.

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 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. Most responders spoke English and Hebrew, and some in Yiddish, which was particularly helpful for some people in the community.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make decisions about their care.

Are Emergency and urgent care responsive?

This location was previously inspected but not rated. We rated responsive 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 service was available 24 hours a day, seven days a week. There was a rota for the call handlers 24 hours a day, seven days a week. Two responders were rostered to cover the night shifts, and all responders were on call during the day shift.

Emergency and urgent care

The service reflected the needs of the local population and ensured choice and continuity of care. Staff were aware of the cultural needs on the Jewish community since they were part of it themselves.

The service was seen as a valued and essential part of the local community and staff told us they were proud to be part of Hatzola.

The service occasionally assisted local police when they were unable to get an NHS ambulance for a long time to transfer people to hospital.

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.

The service was staffed largely by volunteers and its primary purpose was to meet the needs of the local orthodox Jewish population. Most responders spoke Yiddish and/or Hebrew as well as English, which were the main languages of the local community. The service also had information leaflets available in languages spoken by the patients and local community.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Responders received training in dementia which helped them to meet the needs of patients. The service did not routinely transfer mental health patients. Staff told us that if support was requested for a patient living with a mental health condition, they would usually contact 999. This approach ensured the patient received timely, appropriate support by staff trained to meet their needs.

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 responded to all calls including minor injuries. Journey times were monitored and reviewed in quarterly governance meetings.

Staff supported patients when they were transferred between services.

The service had a conveyance policy which included a flow chart to direct staff to which hospital they should convey patients to. For example, taking stroke patients to a specialist centre that had a stroke unit and could meet the patient's needs.

The service was staffed by volunteer responders who usually have other full time occupations in the community. The provider had a policy that if responders have to wait with patients at a hospital for more than two hours for a handover they can request a relief crew to be sent out to take over. As the service did not receive any unloading priority from hospitals, these types of cases have become more frequent in the last few years. However, there has been no impact on the service and no incidents have occurred when an ambulance has not been available for a call. The impact has been on the additional time that responders have needed to give to the service.

The provider has recorded the additional requirement for responder time waiting to offload patients at hospital as a risk on its risk register and was mitigating the risk through increasing the number of responders working in the service.

Emergency and urgent care

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 had a text messaging system and an online survey for patients to give feedback on the service and feedback was monitored. We saw there was a sign in the ambulance with information on how to make a complaint.

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

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. The registered manager told us they had not received a formal complaint for just over 12 months.

Are Emergency and urgent care well-led?

This location was previously inspected but not rated. We rated well-led as good.

Leadership

There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. 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 registered manager was in charge of day to day running of the service and they were supported by a medical director, who was a local general practitioner (GP) and the clinical lead, who was an intensive care consultant with a special interest in prehospital care, and worked in the NHS including an air ambulance service. Both were deeply involved in the service, attended governance meetings and were readily available via telephone for support and advice to staff.

There were always two coordinators on shift who responders could escalate any concerns to or contact for advice. The role of the coordinator was to ensure the smooth running of call responses. There was also a coordinator on each night shift.

Emergency and urgent care

The leadership team was aware of issues in the wider health care system and were proactive in working to improve care for patients. For example, they were trying to engage with a local NHS hospital to address issues with patient flow at the emergency department. They also demonstrated an understanding of issues faced by the police and assisted them when requested whenever possible.

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. The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. There was a demonstrated commitment to system-wide collaboration and leadership.

The service had recently purchased a new premises and were fundraising to renovate it to accommodate all of the organisation's needs. They were also looking to develop more innovative ways to serve the community, and had already provided some first aid training in schools.

The registered manager told us they planned to develop their IT systems to centralise tasks and reporting. They were looking into a new app which would enable improvement management and oversight of incidents, risks and audits.

Culture

Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

There was a very strong positive culture within the service. Staff were extremely passionate about patient care and about providing a safe, effective and responsive service to the local community. Most staff were volunteers, working for the service in addition to their main jobs.

The service worked to provide a service to the local ultra-orthodox Jewish population, but the service was not exclusive to that community.

The service had a strong focus on learning and improvement. There was shared learning from incidents and they also conducted external reviews of serious incidents which showed a commitment to transparency, learning and improvement.

Staff of all levels were highly committed to providing excellent patient care and strove to develop their skills by attending regular training courses.

The service recognised staff commitment and organised events to thank staff and their families. For example, they held a family fun day in the summer of 2022, which was free for all families of their volunteers, and included a barbecue and children's activities. They also sent gifts to staff to thank them for their hard work.

There was a counselling service available for staff to use. The service had recently improved this service and found that staff were now accessing it.

Emergency and urgent care

Governance

Leaders operated effective governance processes, throughout the service. 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.

There was a quarterly governance meeting which had a set agenda. We reviewed minutes from the last 12 months of these quarterly meetings and saw that the agenda included risk register review, incidents, safeguarding, PRF audits, complaints and monthly call statistics.

There were regular meetings for the responders and despatchers. The meetings included discussions on lessons learned and updates to guidance and protocols.

Management of risk, issues and performance

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they function and ensured that staff at all levels have the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

The service had a risk management policy and risk register. When risks were identified, they were escalated to the management oversight and governance meeting before being added to the risk register. We reviewed the risk register, which was reflective of current risks, and included scoring, mitigations, review dates, and who was accountable for the risk.

Information Management

The service invested in innovative and best practice information systems and processes. 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.

The service used an electronic record system which managed all information for calls. Responders had handheld tablets which they used when attending calls and recorded information on. They could also flag risks on the devices including safeguarding concerns which were automatically fed back to the safeguarding lead and registered manager. Call takers also had tablets which they entered essential call information onto.

Engagement

There were consistently high levels of constructive engagement with staff and people who used the service. Constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account. There was a demonstrated commitment to acting on feedback.

Staff we spoke with felt very engaged with the service and told us their views and input was valued by leaders. This included responders and call takers.

Feedback was sought from all patients using the service. This was then reviewed, and changes made in response.

Emergency and urgent care

However, one service user had commented in patient feedback that it was a shame there were no female responders. This was largely due to the culture of the Orthodox Jewish community and the roles of men and women; however, we did not see evidence that the leadership team had considered this feedback. Following the inspection the provider informed CQC that the management team have for some time been exploring ways of developing a women's team which is both acceptable in their ethos and from a legal perspective.

Learning, continuous improvement and innovation

There was a strong commitment to continuous learning, improvement and innovation from leaders and staff of all levels. Improvement was seen as the way to deal with performance and for the organisation to learn. 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.

The service had a strong culture of continuous innovation and improvement.

During the lockdown, the provider developed a health promotion initiative called 'keep moving'. The campaign involved encouraging older members of their community to stay healthy by exercising for at least 30 mins a day, five days a week.

They advertised the initiative in their community through word of mouth and posters. They engaged with over 100 participants who were issued with T shirts and pedometers. The programme ran for more than four weeks and through individual sponsorship also raised more than £100,000 to support the providers charitable aims.

The provider planned to move to a single administration, training and operational site. They had already purchased a site and were working to raise sufficient funds to renovate it.

The service had recently started to meet with other Hatzola organisations to discuss experiences and good practices.