

Hatzola Northwest Trust

Hatzola Northwest

Inspection report

Rear of SAGE, 208 Golders Green Road
London
NW11 9AQ
Tel: 0203757636
www.hatzolanw.org

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

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

- The service did not always follow their infection control policy to ensure the number of spot checks for hand hygiene were undertaken.
- The service did not always ensure clinical waste was kept secure.
- The service recruitment processes did not include a full employment history and staff records were not kept up to date.
- The service did not always make sure staff were competent.
- The service did not always operate effective governance systems.

However:

- 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. 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 provided good care and treatment and gave patients pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, 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 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	Requires Improvement 	

Summary of findings

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Summary of this inspection

Background to Hatzola Northwest

Hatzola Northwest Trust is an independent ambulance based in Golders Green, London providing an emergency response service to members of the Jewish community in Golders Green, North London. The service has 4 ambulances and 1 response vehicle.

Hatzola Northwest Trust is based on a model used in similar organisations both in the UK and globally. Hatzola means “rescue” or “relief” in Hebrew. Patients served by Hatzola range from the critically ill to those with minor injuries. The service is wholly funded by charitable donations from the local community and businesses. It is staffed by trained volunteers known as members from the Jewish community.

Hatzola Northwest is a 24 hour, 7 days a week community service, operating 365 days a year to provide a swift response to medical emergencies in the immediate area.

Hatzola Northwest Trust is a registered charity whose objects are the protection and preservation of health and the relief of sickness.

The service is registered to provide treatment of disease, disorder or injury and transport services, triage and medical advice. There has been a registered manager in post since 2016. We last inspected the service in February 2018 and it was not rated.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 30 August 2022. We spoke with the operations manager and 6 members, including the Chairman. We reviewed a range of policies, procedures, records and observed patient care.

Following the inspection, on the 1 and 2 September, we conducted telephone interviews with the clinical lead and the registered manager.

The inspection team comprised of a lead CQC inspector and a CQC specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital 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>.

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 MUST take to improve:

Summary of this inspection

- The service must ensure that the relevant recruitment checks are undertaken, and records are kept up to date. Regulation 12
- The service must ensure they dispose of clinical waste safely. Regulation 15

Action the service SHOULD take to improve:

- The service should ensure that all staff undertake mental health and dementia awareness. Regulation 18
- The service should ensure all staff receive an annual appraisal. Regulation 18
- The service should ensure they strengthen their governance process. Regulation 17
- The service should ensure they are following their infection control policy. Regulation 17






Our findings

Overview of ratings

Our ratings for this location are:

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

Emergency and urgent care

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

Are Emergency and urgent care safe?

Requires Improvement 

Mandatory training

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

Staff received and kept up to date with their mandatory training. Managers provided us with a list of 32 mandatory and statutory training courses which included infection control, moving and handling and falls prevention. The training provided was aligned to the Skill for Health Core Skills Framework. All but one of the training modules had been completed by all the staff who were required to undertake the training. Autism awareness training had been completed by 33% (17) of staff.

Staff completed training on recognising and responding to patients with learning disabilities and autism, but this did not include training on recognising and responding to patients with mental health needs and dementia.

Managers advised there were 41 of 47 responders who were trained as blue light emergency response drivers. The service reported they logged any peer or patient complaints about the quality of the driving on blue lights and used this to inform whether staff needed retraining. Vehicles were fitted with tablets with a driving app which logged the quality of the driving and would flag for example, if the vehicle has braked suddenly.

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.

Safeguarding children and adults formed part of the mandatory training programme for staff and members. Records showed all the staff had received safeguarding children and safeguarding adults' level 1 or level 3. The training received was specific for their role. The safeguarding lead for the service told us they had been trained to safeguarding adults level 4.

Emergency and urgent care

Staff we spoke with knew how to identify adults and children at risk. The providers safeguarding children and adult policy reflected national guidance. Staff knew who to inform if they had concerns and could access the safeguarding lead if needed.

Managers advised they had good relationships with social services and the local Multi Agency Safeguarding Hub (MASH) and have referred patients where they have had concerns. Committee meeting updates minutes showed that in the period June and July 2022 there had been 4 safeguarding concerns raised.

The service had an up to date safeguarding policy for children and adults which was last reviewed in June 2022.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff did not always use control measures to protect patients, themselves and others from infection. They kept equipment and vehicles visibly clean.

The service had an up to date Infection control policy. The policy required that 10 individual infection control audits and weekly vehicle spot checks to be undertaken each month and results reported to the committee. Data provided showed in June showed 7 hand hygiene audits were undertaken and in August 6 audits were undertaken. Hand hygiene audits provided showed for the 5 month period March to August 2022 the service scored between 96.8% and 98% across the 10 areas monitored, such as compliance with staff being bare below elbow, hands patted dry or given time for sanitiser to evaporate and gloves disposed of in clinical waste bin. We found no evidence in the committee meeting minutes of results from spot checks and audits being fed back to the committee.

The cleaning of vehicles and equipment was carried out after each call. Ambulances were cleaned by the responders after use. We inspected 3 vehicles. All were visibly clean. Records showed that deep cleaning of vehicles took place regularly by an external contractor. We observed that any used items were replaced. The service used disposable linen which was single use and decontamination wipes were available. Sharps boxes were not over filled, in date and stored safely.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed hand sanitiser, clinical wipes and PPE on the vehicles we inspected. Ambulances had full PPE available which was in line with national ambulance standards.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff did not always manage clinical waste well.

The service had 4 ambulance vehicles and 1 rapid response car. Vehicles were in very good condition with body work intact and all lights were working. We saw that all vehicles were serviced weekly.

During our inspection, we saw each vehicle carried equipment, such as a defibrillator and a folding evacuation chair. First aid equipment and oxygen were stored securely in the vehicles. Sterile supplies were in date and stored in overhead storage space and single use items we randomly checked were in date. Portable Appliance Testing (PAT) was undertaken and electrical equipment had been serviced and was in date.

Emergency and urgent care

Staff carried out daily safety checks of specialist equipment. However, we could not confirm if the full range of equipment was available for crew use as we were advised only the equipment manager was aware of what equipment vehicles should have. Each ambulance carried a sharps bin, we saw these were stored safely and dated when they came into use. We observed that ambulances had bariatric equipment and harnesses and chairs to carry children.

The service ensured that the ambulance and rapid response vehicle keys were stored securely. Keys were stored safely but in an accessible location.

A stock control system was in place to manage and replenish supplies. We observed auditing systems were in place to ensure there was always adequate stock available.

Oxygen was securely stored at a separate locked storage facility.

Staff did not always dispose of clinical waste safely. We found one of the yellow clinical waste bins was unlocked, accessible to the public, with the bin contaminated with food waste. We raised this at the time of the inspection, and this was addressed during the inspection with the bin being emptied of food contamination and locked. Following the inspection the service told us an incident log had been submitted prior to our inspection.

The service had a contract for the bins to be emptied and collected by a specialist clinical waste contractor. Records provided showed the bins were emptied frequently.

The service was able to track ambulances by logging into onboard navigation systems.

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. We observed responders carrying out the secondary survey to the standard set in the Joint Royal Colleges Ambulance Liaison Committee (JRCLCA). This included parts of the dynamic risk assessment which formed part of the secondary survey, which included the correct treatment for the patient's condition and a risk assessment to assist the patient to the toilet.

Patients were assessed using the National Early Warning System 2 (NEWS) or Paediatric Observation Priority Score (POPS) when undertaking observations such as pulse, temperature and respiration. Responders also had access to pre-hospital sepsis screening tools for patients who were pregnant, aged 5 to 11 years of age, under 16, and over 16 years of age.

The provider had a scope of practice and clinical standards policy, dated September 2021. Staff told us they were aware of the parameters that they were expected to work within.

Dispatchers did not triage patients but followed a set structure to record the basis information regarding the incident and patient concerns. If a patient was not breathing or conscious, responders would be dispatched, and the caller would also be advised to immediately call 999. The providers call handling and dispatch policy, dated October 2021, also stated that if a call was a 'potential cardiac arrest' after ensuring responders are dispatched, they should immediately contact 999 and advise them of the call.

Emergency and urgent care

Staff shared key information to keep patients safe when handing over their care to others. Ambulance crews gave a copy of the patient record to hospital, local NHS ambulance service or when they handed the patient over

Immediate life support did not form part of the providers mandatory training programme Data provided demonstrated that all responders had annual immediate life support (ILS) training. Responders we spoke with advised the provider ran basic life support workshops, all responders were required to attend 4 workshop per year to ensure they kept their skills up to date.

Staffing

The service did not always ensure staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough staff to keep patients safe. We reviewed 5 staff records and found that relevant recruitment checks had been completed however, the application forms detail did not have a full employment history. All staff had a disclosure and barring service (DBS) check.

At the time of the inspection, the service had 53 responders and 16 dispatches who were all members. They were supported by a whole time equivalent (WTE) operations manager, a part time registered manager and part time clinical lead who were employed by Hatzola Northwest. All staff lived within a 2.2 mile radius from the ambulance depot.

All responders carried handheld radios, so during the day whoever was available could attend. On the day of the inspection 48 responders were available. Dispatchers were available to answer calls during the day.

The head dispatcher ensured nights were covered from 11pm to 7am by dispatchers in 3 hour slots. Two responders and 2 back up responders were rostered to ensure the service offered a 24 hour, 7 days a week service to the community.

Managers we spoke with advised there was never a problem with staff being available. The service was also in the process of recruiting additional dispatchers. During holiday periods, the service asked volunteer responders to their availability so that staffing levels could be planned.

Records

Staff kept detailed records of patients' care and treatment.

Staff used both electronic and paper records. Dispatches used a computer aided design (CAD) system which automatically generated a call when an incoming call is answered. Dispatches used a set structure when answering a call and did not triage call.

Responders had used paper records. We observed staff on scene completing the patient record forms (PRF). The patient record form met the standard as set out by the JRCAC. In vehicles we saw that records were stored securely.

Medicines

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

Staff stored and managed all medicines. All medicines were stored securely in locked cupboards and fridges. The service was able to monitor internal temperatures via an app using digital thermometers which alerted staff when storage temperatures were approaching unsafe levels. Data seen showed medicines were stored between 15°C to 25°C.

Emergency and urgent care

The provider was not licensed to hold controlled drugs and no controlled drugs were stored at the service. We reviewed a selection of medicines held by the provider and found they were in date. Medicines expiry dates were recorded on an electronic system which flagged up when a medicine was going to expire 28 days in advance.

Medical gases and equipment were checked regularly, in date and readily accessible to staff. Gases were stored away from flammable materials.

The providers medicine management policy detailed the medicines staff could administer within their scope of practise as per the JRCALC guidelines. Medicines management did not form part of the providers mandatory training programme. Responders undertook safe administration of lifesaving medication (SALM). Data provided showed that 45% (23) of responders had undertaken this training. Competencies were assessed by paramedics who also provided regular training updates to responders.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and reported them appropriately. Managers investigated incidents but it was not clear if lessons learned were shared lessons with the wider service.

Staff knew what incidents to report and how to report them. Staff we spoke with told us they knew how to report incidents, it was not clear if learning from incidents were discussed with staff or at committee level.

Staff raised concerns and reported incidents and near misses in line with provider policy. Data provided showed 10 incidents had been reported in the 9 month period, December 2021 to August 2022. Of the 10 incidents, 80% (8) were categorised as no harm, 20% (2) were categorised as low harm.

Data provided showed 11 cases were discussed during monthly case reviews in June and July 2022. Action points had been identified.

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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All the policies and procedures we reviewed were up to date and had scheduled review date clearly marked on them.

All staff had access to the provider's policies, procedures and guidelines, which were available via the service's intranet system and staff demonstrated they knew how to access them.

We reviewed a sample of the provider's policies and found appropriate reference to, for example, The Joint Royal Colleges Ambulance Liaison Committee (JRCALC, 2019) guidelines, Resuscitation Council UK guidelines 2021 and National Institute for Health and Care Excellence (NICE).

Emergency and urgent care

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. Staff assessed patients' pain using the National Early Warning Score (NEWS2) and Paediatric Observation Priority Score (POPS).

The providers scope of practise and clinical standards policy identified what pain relief medicines staff could administer within their scope of practise as per the JRCALC guidelines.

Response times

Hatzola Northwest was not a commissioned provider and was not monitored against national standards for responding to calls. The service offered a rapid response ambulance provision to people within the local Jewish community and was additional to the service provided by the local NHS ambulance service.

Patient outcomes

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

Managers advised they were looking to improve the service and reduce the time it took to get patients to hospital. Data provided showed for stroke and cardiac patients in 2021, demonstrated the provider used comparative data from a local NHS ambulance service to identify areas for improvement for both stroke and cardiac care.

Managers did use information from the audits to improve care and treatment. Improvement was checked and monitored. However, we saw no evidence that compliance was discussed at committee level. Managers advised that audits were discussed with the medical director, but these were not minuted.

The provider had a programme of audit and review in place, this included using clinical observations and auditing of patient report forms (PRF) to assess the standard of care being delivered to patients. We saw that audit outcomes were identified in July 2022, which highlighted areas of good practise. For example, documentation of standing blood pressures for patients complaining of dizziness, or unexplained falls and area for improvement, such as the recording of 2 sets of observations for medically unwell patients, only one set required for minor injury.

Call taking and dispatch was also part of the audit programme. In the 3 months reporting period June to August 2022, a total of 85 calls were audited. The expected compliance was 95%, of these 8.5% (10) scored less than 95%. It was not clear what action was taken to address this.

Competent staff

The service did not always make sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Emergency and urgent care

We could not be assured managers gave all new staff a full induction tailored to their role before they started work. We reviewed 5 staff records and found no record of an induction having taken place. Managers advised us that inductions were undertaken by the clinical lead. The provider was in the process of transferring staff and member records onto an electronic records system which would hold all records centrally. The service had an induction policy which was last reviewed in October 2021.

Managers made sure staff received any specialist training for their role. All responders had First Response Emergency Care (FREC) level 3 or 4 qualification specifications. At the time of the inspection, 68.5% (35) responders were FREC level 4 and 31% (16) responders were FREC level 3 trained, with 9 of the FREC 3 trained responders currently undertaking level 4 training. The FREC qualification stated that trained staff should be reassessed every 3 years for level 3, and level 4 FREC staff only required one assessment. First Response Emergency Care is an externally accredited course and qualification awarded by an independent academy for volunteer first responders. The provider also had 7 staff undertaking paramedic training, who were being mentored by the local NHS ambulance service.

Managers supported staff to develop through yearly appraisals of their work. Data provided showed that 77% (41) responders had an appraisal in the period April to July 2022. Responders were also required to attend 3 121 sessions annually with the clinical lead. The session included a review of their paperwork, and assessments of clinical skills, such as applying splints, medication, and newborn resuscitation. Responders we spoke with confirmed they attended these sessions.

The service ran an ongoing training programme for staff. We saw this included a range of topics provided monthly to ensure staff skills were kept up to date. These included manual handling, mental health awareness, case review sessions and trauma / medical trauma scenario days.

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 as responders or dispatchers alongside the clinical and operational leads to provide an effective service to the community. We observed good teamwork between staff and members.

Health Promotion

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

The service advised that people who were frequent callers would be contacted and offered support. Hatzola Northwest would contact people's general practitioners (GPs), refer patients to social services, other community based services such as Jewish care, social services, or assist people to access mobility aids, for example, if they had a history of falls.

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 gained consent from patients for their care and treatment in line with legislation and guidance by asking them for example, if they can take them to hospital or check their sugar level. The service had a consent policy which was up to date.

Emergency and urgent care

Managers advised that it was Hatzola Northwest policy not to respond to calls from people with mental ill health and patients were directed to the local NHS ambulance service. However, the service had seen an increase in people in need of support with their mental health and were looking at how they could improve the support offered.

The Mental Capacity Act and Deprivation of Liberty Safeguards was part the mandatory training programme and 100% of staff had completed this training.

Are Emergency and urgent care caring?

Good 

The service had not previously been rated. 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.

Staff were discreet and responsive when caring for patients. We attended 2 call outs and observed that staff were polite, courteous and attentive. We observed staff took time to interact with patients and those close to them explaining about treatment and care pathways.

The service monitored patient feedback. Data provided following the inspection showed for the 3 months period, June to August 2022, feedback had been received from 158 patients, relatives or friend of a patient. Of those responding, 97% (153) had either received or witness care provided. Feedback showed that 97% score the service 5 on a scale of 1 to 5 for staff being compassionate and caring.

We were provided with feedback from patients and relatives. One patient commented 'thank you so much for your support', another said, 'Thank you for your care, amazing service' and a relative said 'A big thank you for this brilliant and compassionate service.'

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. Managers advised that where they had concerns, they would refer patients to community-based services, such as Jewish care, so additional support could be provided. During one call out, we observed that responders, with the consent of the patient, contacted the patient's home care nurse to make them aware of the patient's condition and make arrangements for them to visit the patient on return from local accident and emergency department.

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. One relative commented in their feedback 'Thank you! Thank you! A big thank you to (member's name), who called the next day to find out how my son was doing. Both Hatzola members were very caring, calm and patient. Thank you for all you do '. Another relative said 'The whole experience was amazing! From the incredible speed of the response to our call, the wonderful paramedics who were fabulous with my very frightened mother. They were so kind and caring. We are so very grateful'.

Emergency and urgent care

Data provided following the inspection showed for the 3 months period, June to August 2022, 98% (155) of patients and relatives scored the service 5 on a scale of 1 to 5 for the quality of care provided.

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. We observed how staff spoke to patients in a way they could understand. Data provided following the inspection showed for the 3 months period, June to August 2022, feedback had been received from 158 patients, relatives or friend of a patient. Of those responding, 99% (156) had said they were listened to.

Patients and their families could give feedback on the service. The service monitored patient feedback; however, it was not clear how this was feedback to the committee.

Are Emergency and urgent care responsive?

Good 

The service had not previously been rated. 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.

Hatzola Northwest planned and organised services, so they met the needs of the local Jewish population. The service was staffed by volunteer of the local Jewish community and funded by charitable donations from the local community and businesses.

The service was accessed by calling a dedicated telephone number which was known to the local Jewish community.

Managers advised the local NHS ambulance service supported them with training.

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 had information leaflets available in languages spoken by the local community. Staff told us that they had some multilingual members, speaking Yiddish and Hebrew. Staff also had access to a telephone interpreter service. The service was a registered user of the Relay UK Service, so staff could communicate via text with callers who have speech or hearing impairments.

On vehicles we saw that responders had access to specialist aids, such as picture cards and symbols, to assist patients with communication difficulties and there was specialist lifting equipment available for lifting patients and harnesses and chairs to safely transport children.

Emergency and urgent care

Leaders told us they would rota responders whilst they were waiting to transfer patients to the local NHS hospital accident and emergency department.

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.

Hatzola Northwest trust provided a 24 hour a day, 7 day a week emergency response to medical emergencies in a defined geographic area, operating 365 days a year to provide a swift response.

In the 3 months period June to August 2022, the service responded to a total of 954 calls, which resulted in 29.6% (283) of patients being taken to hospital for treatment.

The service did not monitor or report on response times. However, data provided showed the first responder was on scene within an average of 7 minutes 30 seconds from when the phone first rang. There was an average of 10 calls per day in the reporting period June to August 2022. The responders did not triage calls, as the priority was to dispatch 2 responders to the scene to initiate a patient assessment and treatment followed by an ambulance, if required.

The service had a call taking and dispatch policy which gave clear guidance when the dispatchers should advise callers to contact 999, these included potential cardiac arrest, imminent delivery of a baby or baby born before arrival, actively fitting, major trauma, anaphylaxis and choking.

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.

Staff understood the policy on complaints and knew how to handle them. The service had a complaints and feedback policy and procedure set out how complaints would be managed and investigated. Acknowledgements were sent within 3 working days of receiving a complaint. The service aimed to respond in within 25 working days, cases that were more complexed had a target of 35 working days and cases deemed to be serious had a target 60 working days

Managers shared feedback from complaints with staff and learning was used to improve the service. The provider reported there had been 1 complaint received in the last 12 months, in July 2022. Information provided demonstrated that following an investigation, a clear explanation had been given to the complainant with the details of additional training to be provided to members. We saw training has been scheduled for September 2022.

Are Emergency and urgent care well-led?

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

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Emergency and urgent care

The service was overseen by a trust board and Rabbinical leads. The service had recently appointed an operational manager, who was responsible for the day to day running of the service, who worked closely with the clinical lead, who was also a professional paramedic and registered manager. The clinical lead was overseen by the medical director.

The committee elected from Hatzola Northwest staff was responsible for overseeing the governance and ensuring the financial stability of the organisation. Each member of the committee was responsible for areas of work related to safe, effective, caring, responsive and well-led

Members of the committee were available to meet staff each week if they wanted to raise any concerns. Staff we spoke with told us that leaders of the service were visible and easily contactable in case of emergencies or concerns. In the May 2022 responder survey, 67.7% of staff agreed the committee listened to the needs of the staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

There was clear local vision within the service. The provider's focus was to provide a swift response to medical emergencies in the immediate area. The service's vision and strategy were to provide 'outstanding emergency health care every time'. This vision was delivered through the provider's core values of respect and dignity, working together, communicating openly, being accountable and compassion. All the staff we spoke with were motivated and aware of their contribution in achieving this.

Culture

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

The staff we spoke with felt valued and supported. Staff were encouraged and felt able to raise concerns and report incidents.

Staff told us there was good teamwork and were committed to delivering a good service and were enthusiastic about the care and service they provided for patients. Staff were proud of the service. In the May 2022 responder survey, Staff scored 92.8% for workplace satisfaction, indicating it was a good organisation to work for.

There were opportunities for further learning and development including an annual and regular 121 meetings.

Staff told us they were happy to raise concerns with managers if necessary. Staff had access to a counselling service to promote wellbeing which they could access independently. Staff we spoke to were aware of how to access the scheme.

Staff completed equality and diversity as part of their mandatory training. Managers and staff were aware of their responsibilities under duty of candour and had systems in place to ensure compliance.

The service had a whistleblowing policy in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements.

Emergency and urgent care

Governance

Leaders mostly operated effective governance processes. However, it was not clear if there were opportunities to discuss and learn from the performance of the service.

The service did not always carry out safe recruitment practises in accordance with schedule 3 of the Health and Social Care Act 2008. We looked at 5 staff files and found they did not have a full employment history.

The committee met formally monthly; minutes provided showed these meetings were focused on operational issues. Staff received committee meeting updates monthly. However, we found no evidence that results from spot checks and audits being fed back to the committee.

There were governance systems in place to identify and monitor issues and risks within the service, including risk register. Managers advised this was reviewed and discussed with the medical director.

Staff we spoke with were clear about their roles and who they were accountable to.

Management of risk, issues and performance

Leaders used systems to manage performance effectively. However, it was not clear if risks and issues were escalated and actions identified to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register which identified 23 risks, including 4 risks that had been closed.

Risks levels had been mitigated, risks were updated and there were action plans in place to reduce the risks on the register. The register did not include all the risks that were identified during the inspection, such as records as the service was using two different systems. We also found no evidence in the committee meeting minutes of any update on the risk register being fed back to the committee.

We saw staff undertook a variety of daily and weekly checks to monitor the safety of the service.

The provider had a business continuity plan which had been reviewed in May 2022, which outlined how unexpected critical business activities were to be managed to minimise disruption.

Information Management

The service collected reliable data and analysed it. Staff could not always find the data they needed, to understand performance, make decisions and improvements. The information systems were integrated and secure.

There was a mixture of paper and electronic records, all of which were stored securely. The service had started to transfer all paper records to a new computer system. However, there was no system which ensured all electronic records were stored centrally and some confusion about who had access to various records for example induction records.

Staff were able to access the service's intranet, which gave them access to a range of policies, procedures and guidance.

The provider was registered with the Information Commissioners Office (ICO). The service had an information governance policy which was last reviewed May 2022. Information governance and GDPR awareness training was part of the mandatory training programme with 100% staff having completed both the training modules.

Emergency and urgent care

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.

The service gathered patients' feedback and managers advised that each call out was followed up. Data provided following the inspection showed for the 3 month period, June to August 2022, 100% of patients, relatives or friend of a patient would recommend the service.

Managers advised they would work closely with general practitioners (GPs) and local community groups to provide support for patients who were vulnerable. Following the inspection, the provider advised they had met with the local NHS trust and had agreed to work towards formalising the relationship via a Memorandum of Understanding between Hatzola Northwest and the NHS trust, have regular meetings, and share clinical outcome data.

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.

Managers advised the future of the service was to become Paramedic led. Seven responders were undergoing paramedic training. It was anticipated this would improve the standard of care across the organisation.

Since the last inspection, the provider had relocated to bigger premises, which they referred to as the 'HUB', which meant staff could come together for social gatherings and training events.

Hatzola Northwest was depended on donations from the local community to ensure the organisation was financially sustainable and had an ongoing fundraising strategy to fund the services it provided in the community.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The service did not always ensure clinical waste was kept secure.

Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The service recruitment processes did not include a full employment history and staff records were not kept up to date.