Hatzola Trust

Hatzola Trust

Inspection report

Rookwood Road
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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

Our rating of this service improved. 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. The service had improved awareness of safeguarding concerns in relation to child accidents since the last inspection, and had improved processes to identify addresses which may require police assistance or addresses the service received frequent calls from.
- 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. The service had improved access to guidelines for responders, who now had the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines on their tablet devices. The service had also improved its monitoring of the number of calls where callers were advised to call 999.
- 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 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. The service had improved staff training in risk identification and management, which was now part of the online mandatory training program.

However:

- We found that a sharps bin did not have a date on.
- The service did not always follow their policy on storing medicines.
- There were no details of source references, authors or review dates on the call handling protocol.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	Our rating of this service improved. We rated it as good.

Summary of findings

Contents

Summary of this inspection

Background to Hatzola Trust

Hatzola Trust is a non-profit, volunteer organisation providing emergency medical response and transportation to the North London community. The service operates 24 hours a day, seven days a week.

The service responds to around 450 calls per month. Patients served by Hatzola Trust range from the critically unwell to those with minor injuries. The service is staffed by volunteers from the Jewish community of Stamford Hill and surrounding areas of North East London.

There were 28 dispatchers and 48 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 November 2021.

We last inspected this location on 12 March 2020. There were no requirement notices or enforcement actions associated with the service.

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.

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 ensure that sharps bins are dated.
- The service should ensure all medicines stored at the location are detailed in the medicines management policy.
- The service should ensure that the call taking protocol includes references to the source guidance, review date and authorising members of staff.

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

Good

Emergency and urgent care

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

Are Emergency and urgent care safe?

Good

Our rating of safe stayed the same. We rated it 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 the registered manager, who was trained to level 3 at the time of our inspection, but was booked to undertake level 4 training two weeks after.

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 safeguarding log which showed that concerns and any actions were recorded. We also viewed the governance meeting minutes which showed there had been 16 safeguarding concerns submitted by members in the three months prior to inspection, of which seven resulted in referrals including to GPs and social services.

The service had improved awareness of safeguarding concerns in relation to child accidents since the last inspection. The registered manager told us they had had a strong focus on safeguarding training and had booked some face to face classroom training for staff. Three responders were also booked to undertake level four safeguarding training.

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 three months, including the deep clean log.

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. We saw records confirming the daily checks. 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 four ambulances.

The service had enough suitable equipment to help them to safely care for patients. The ambulances had carry chairs, including specialised ones that could be used on stairs.

Staff disposed of clinical waste safely. However, we saw that a sharps bin that was in use did not have a start date on it, which was not in line with the Health Technical Memorandum (HTM) 07-01: Safe management of healthcare waste

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 we saw were completed in patient record forms.

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.

Good

Emergency and urgent care

Since the last inspection, the service had improved processes to identify addresses which may require police assistance or addresses the service received frequent calls from. This was now a function of their computer-aided design (CAD) system.

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.

The service had enough responders and dispatchers to keep patients safe. All responders and call despatchers were volunteers. There were 24 call handlers who were mostly remote workers taking calls and dispatching from their own home using equipment provided by the provider.

The ambulance technicians had all completed a nationally recognised qualification, First Response Emergency Care (FREC), 31 were trained to FREC level four and 16 to FREC level three. The FREC level three responders were in the process of training to become level four. The clinical lead was a consultant paramedic.

There was a rota for night shifts for dispatchers and responders.

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. We reviewed three patient record forms which all 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.

Staff stored and managed all medicines and prescribing documents safely. This had been improved since the last inspection. Medicines were stored securely with restricted access, and a combination lock was used. The names of staff who could access the medicines store were in the medicines management policy.

Stock levels were maintained and the service maintained oversight using the CAD system which would alert them when drugs were about to expire.

Staff learned from safety alerts and incidents to improve practice.

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.

However, there were some paramedic drugs stored at the location which were not in the medicines policy. These were amiodarone and adrenaline. The registered manager told us these were not being used. However, it was unclear why they were stored there.

The medicines management policy did not include how often temperature checks should be done and what should be recorded. However, staff did undertake weekly audits. The registered manager told us the pharmacist who worked with the service had raised this recently and they would be reviewing and updating the policy.

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 bi-monthly governance meetings. Staff received feedback from investigation of incidents.

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. The registered manager gave an example of learning from an incident involving medicines management. The incident was identified during a regular medicines audit and highlighted an issue with the recording of spilled or wasted medicines. Following the incident, a system was implemented and managers shared learning with staff.

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. The service also sought feedback from the local NHS ambulance service.

Good

Emergency and urgent care

Are Emergency and urgent care effective?

Good

Our rating of effective improved. 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 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 registered manager told us they were signed up to receive updates to National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. 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.

The provider was in the process of improving the system to ensure policies and procedures were all agreed and signed off by appropriate members of staff, including the clinical lead, medical director and pharmacist.

We viewed the call taking protocol and noted that it did not include reference to sources. The registered manager told us the call dispatch guidelines were in line with NHS ambulance guidelines. They said the protocols were previously validated by their call-taking auditor, who had trained NHS ambulance call-takers. Protocols mirrored the 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 Hatzola Dispatch Guidelines had been approved by their medical director, clinical lead and registered manager.

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 improved its monitoring of the number of calls where callers were advised to call 999. This was done through the new CAD system and the registered manager told us they were monitoring this in monthly key performance indicator (KPI) reports. We viewed the monthly KPI reports for the last four months which showed that this was monitored.

The service had detailed oversight of response times. They did not have specific KPIs for response times, but they were planning to introduce this with new software that they were planning to implement.

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

We viewed the response statistics for the last four months. They detailed the number of calls responded to, the category of call, the areas the call was located, and average response times based on call severity level. We saw that in March 2022 the most urgent category of calls were responded to in an average of just under six minutes. This compares well with the national NHS target of a response time of eight minutes for life threatening emergencies. The remaining call categories had an average response time of nine to ten minutes, which is well within the national NHS target of 15 minutes for non-life-threatening emergencies, and 20 minutes for urgent calls in urban areas.

Patient outcomes

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

The service had a system to record the nature of calls and reviewed this in bi-monthly governance meetings. We saw the call data also included which hospitals the patients were transferred to, which included specialist cardiac centres and maternity departments.

The registered manager told us they were unable to gain access to patient outcome data, but the registered manager told us they were engaging with the local NHS hospital and were in the process of agreeing quarterly outcome data from them.

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

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. All responders were trained in First Response Emergency Care (FREC) level 3, and some 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. During the last inspection, it was noted that appraisals should be undertaken by individuals who were aware of the staff's performance. The registered manager told us they undertook the responders' appraisals, and were aware of their performance, and that their clinical performance was appraised by the clinical lead who was a consultant paramedic. The despatchers' appraisals were undertaken by the administrative lead.

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.

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.

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.

The registered manager told us they shared good practice and lessons learnt with other Hatzola organisations. This was done either via face to face or remote communications. For example, they had recently engaged with other Hatzola organisations to help evaluate and assess the benefits of a system to assist in the governance and compliance of the organisation.

Health Promotion

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

The service had worked with local clinical commissioning groups (CCGs) on specific health issues including improving awareness of Covid 19 restrictions and the vaccine rollout.

The service had also worked with a local authority to promote first aid to staff in local schools and held community events.

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.

Good

Emergency and urgent care

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.

Are Emergency and urgent care caring?

Good

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 (one to five, where five is the most positive) and provide comments. We examined a spreadsheet with 200 of the most recent feedback records from patients from the last 12 months. We found that the vast majority of feedback was rated five with the majority of the rest rated four. Comments included: "Thank you for your amazing service, Stamford Hill would never manage without you", "Hatzola is a wonderful, vital organisation, very professionally operated but with a lot of care and concern for its user", and "I'm just so amazed at the fact that there are people who really care about others keep up the awesome work".

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.

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.

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.

Good

Emergency and urgent care

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 older people in the community who did not speak English.

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?

Good

Our rating of responsive stayed the same. 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 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. All responders were on call 24 hours a day, and between two and four responders were rostered to cover the night shifts to ensure fast response times were maintained.

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 assisted local NHS hospitals when they were asked, such as for inter-hospital transport when the hospital was unable to obtain it.

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 ultra-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.

During the pandemic, the service worked closely with the local authority to produce information that was accessible to the community.

Good

Emergency and urgent care

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 and would only do so if they consented to the transfer and never used restraint. 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.

Hatzola responded to all calls including minor injuries. Journey times were monitored and reviewed in monthly 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.

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.

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.

Staff could give examples of how they used patient feedback to improve daily practice.

Good

Emergency and urgent care

Are Emergency and urgent care well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

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

The 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 a paramedic. Both were available via telephone for support and advice to staff.

There was always at least one of the six 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.

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 service had a three-year plan which we saw included finalising the structure of the service, introducing team representatives, management of KPIs, liaising with local hospitals on patient outcomes, obtaining new ambulances, fundraising, recruitment and student paramedic training. The service was supporting eight members to train to become paramedics. They were due to graduate end of the year and the service was hoping to integrate a paramedic service in the first quarter of 2023. The registered manager told us they would be liaising closely with local NHS services including the ambulance service and hospitals.

Culture

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

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. They regularly helped NHS hospitals, for example with transfers.

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.

The service was in the process of adapting the structure of the organisation. The registered manager had a clear plan, which we viewed, and they were working to implement this over the coming months.

There was a management oversight and governance meeting which had a set agenda and was attended by the medical director, the registered manager, trustees, the clinical lead, coordinators and the dispatch lead. We reviewed minutes from the last 12 months of these quarterly meetings and saw that the agenda included risk register review, incidents and learning, safeguarding, audits, personnel issues, training, and feedback and complaints.

Management of risk, issues and performance

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

During the last inspection, it was noted that staff were not trained in risk management. The registered manager told us that risk identification and management was now part of their online mandatory training program. The registered manager also told us they were working with one of their members who was a health and safety advisor in their full-time role, and that they were assisting them with aspects of risk management including the introduction of the new CAD system, and were looking into how to ensure responders were more accustomed to understanding risk.

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 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 a CAD system which managed all information for calls. Responders had hand held tablets which they used when attending calls and recorded information on.

Engagement

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

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

During the height of the Covid pandemic, the service had worked closely with the local authority and other organisations to ensure important health information reached the community.

The service was working to improve staff engagement. They had recently reintroduced the newsletter and were encouraging staff to write in with feedback. The registered manager told us they were also looking to implement team representatives. They planned to have five to represent the 47 responders, and they would attend meetings and feedback/input for their group. This was part of the service's three-year plan.

Good

Emergency and urgent care

Learning, continuous improvement and innovation

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

The service had a strong culture of continuous innovation and improvement. They had recently implemented a CAD system which had improved their end-to-end record system from logging a call to the patient being conveyed to hospital. They were also in the process of implementing a new system to improve their governance. It would be used to store and access policies, audits, incidents, and the risk register all in one place.

There was a strong commitment to and focus on continuous learning and training. There were regular training sessions on a variety of topics, and the service was supporting eight responders to undertake paramedic training.