

Hatzola Canvey Ltd

Hatzola Canvey

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first inspection for Hatzola Canvey. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

**Emergency
and urgent
care**

Rating

Good



Summary of each main service

This is the first time we have rated this service. We rated it as good overall.
We rated this service as good because it was safe, effective, caring, responsive and well led.
Please refer to overall summary above.

Summary of findings

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Summary of this inspection

Background to Hatzola Canvey

Hatzola Canvey was registered in January 2021 and is operated by the provider, Hatzola Canvey Ltd. It is a local volunteer community ambulance service funded by private finances and charitable donations. It was set up to provide emergency first response and medical support, not exclusively but, predominantly to the local Jewish community. Hatzola is a brand provided by several distinct organisations. Each Hatzola ambulance service is registered under CQC with separate legal entities across England.

Hatzola Canvey provides services to the Canvey Island area only. This is a separate service to the locally commissioned NHS ambulance provider, which is used to respond to life threatening or high-risk emergency calls. The service is situated in a Jewish community and has many Jewish staff and volunteers within the service. Patients ranged from the critically ill and injured, to those with minor healthcare needs who could be assessed and treated at home, in the community or provided with self-care advice. Calls were received on a dedicated emergency number with a team of volunteer dispatchers manning the lines 24 hours a day, seven days a week.

At the time of our inspection, there were 21 members of staff, most of which were volunteers. There were currently 10 people who responded to emergency calls, referred to as members or responders. The first two members to respond to a call attended in their own cars, and another member was dispatched to take the ambulance when required. There were seven dispatchers whose responsibility it was to answer calls and pass them to the members. There was a senior clinical team which included a medical director, senior medical officer, and a clinical lead, who also had responsibility for training members. There was an office administrator who oversaw the dispatcher's rota, the training matrix, monitored calls and collated statistics related to all patient related activities.

The service attended 156 calls in the last year, of which 50 patients were transported to a local hospital.

The service had a registered manager in post and was registered to carry out the following regulated activities:

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

The service user group was for the whole population. The service does not support the transfer of people detained under the Mental Health Act (MHA).

Hatzola Canvey was registered in 2021 and had not been previously inspected.

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector, a specialist advisor and an offsite CQC inspection manager.

We inspected the service using our comprehensive methodology using the Emergency and Urgent Care Framework. We carried out a short notice announced inspection on 14 June 2022.

Summary of this inspection

We spoke with six members of staff including the registered manager, operational lead, clinical lead, responder, dispatcher and the administrator. We observed the environment and reviewed 10 patient records. We also looked at a range of data and documents including policies, meeting minutes, and staff files.

We were unable to observe patient care during our inspection due to the low activity levels. However, we were able to listen to five recorded calls and speak with three patients who were treated by the service, with consent gained to share the details from the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before 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:

- The service worked collaboratively with local schools and community centres to promote and deliver training in first aid.






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 is the first time we have rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and dependent on their role. Training modules were aligned with the mandatory training skills for health core skills framework. Topics included, but were not limited to, infection control; safeguarding adults and children; dementia awareness; mental health awareness; manual handling; fire safety; radicalisation and information governance.

All staff who were able to drive the ambulances with blue lights had up to date emergency responder driving training.

All staff were up to date with life support training at the required level, dependent on their role.

Responders were trained to First Response Emergency Care Level 4 (FREC4). First Response Emergency Care is a nationally recognised qualification which enables staff to respond effectively in emergency situations. The level four qualification provides staff with a wider scope of practice in pre-hospital care medical and trauma emergencies such as major incidents, fracture immobilisation, and sick and injured children.

At the time of our inspection, the overall mandatory training completion rate was 100%.

Managers monitored mandatory training and staff were alerted when they needed to update their training. Systems in place allowed managers to clearly view staff training files. We found there was a strong focus on continuous development and training opportunities for staff. Weekly two-hour training sessions were held by the clinical lead to ensure staff were up to date with their skills and knowledge required for their role.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles.

Emergency and urgent care

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.

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. The safeguarding children and vulnerable adults' policy and procedure was in-date and accessible to all staff.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults and children in vulnerable circumstances. Staff were aware of female genital mutilation (FGM) and the actions required. Staff knew how to make a safeguarding referral and who to inform if they had concerns, despite it being infrequently needed.

Staff received training specific for their role on how to recognise and report abuse. Dispatchers were trained to safeguarding adults and children's level two and members were trained to level three. The registered manager and safeguarding lead were both trained to level four. This met the requirements within the intercollegiate documents for adults and children's safeguarding training.

A safeguarding lead was available to provide advice and support to staff over a 24-hour period.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There had been no safeguarding concerns reported to the CQC in the reporting period, from June 2021 to May 2022.

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 and vehicles we inspected were visibly clean, tidy and well organised. We observed one of the two ambulances which was in good working order, clean and well maintained. Staff had access to cleaning equipment. Clear guidance and schedules were in place for staff to outline when cleaning should take place.

Staff followed infection prevention control (IPC) principles including the use of personal protective equipment (PPE). Staff had access to hand washing facilities and hand sanitiser, aprons, gloves and masks to prevent and control the spread of infection.

We saw evidence all vehicles had received an appropriate level of cleaning to reduce the risk of cross infection. Cleaning records were up to date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly. A schedule was in place for vehicles to be cleaned weekly by a contractor, and after each use by members. The contractor could be called out to perform an unscheduled clean of vehicles as necessary. In addition, each vehicle would have a deep clean every three months undertaken by an independent specialist contractor. Records demonstrated that vehicles had been routinely cleaned at regular intervals.

Emergency and urgent care

The service had an up to date infection prevention and control policy which contained information on handwashing techniques, cleaning of medical equipment, management of sharp and clinical waste, and bodily fluids. The service had a designated infection prevention control lead that staff could approach to obtain advice and raise IPC concerns. Their role included ensuring there were sufficient IPC items in stock and maintaining an overview of the cleanliness at the service.

The service undertook infection control audits on a monthly basis which was reported and reviewed at the quarterly governance and compliance meetings.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location. Healthcare acquired infections was monitored by the infection control lead and reviewed at the quarterly governance and compliance meetings.

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.

Staff had enough suitable equipment to safely treat patients. We inspected one operational ambulance vehicle which was clean, tidy and well stocked. Appropriate equipment such as an electronic defibrillator, power lifting cushion and folding evacuation chair was in place. First aid equipment, oxygen and other items were stored securely. Equipment was available to safely convey both adults and children. Staff were trained to use all equipment.

There was an effective system to manage and replenish vehicle equipment and supplies. The system was overseen by a dedicated volunteer who monitored and managed stock requirements.

Consumable items were stored neatly in a locked storeroom. All items we checked were in date.

Oxygen was securely stored on site in a separate locked storage facility.

The service had systems and process in place to monitor and maintain their medical devices and vehicles. Staff carried out daily safety checks of specialist equipment. We saw that ambulances had vehicle inspection checklists completed weekly. All electrical equipment had been safety tested within the last 12 months to ensure it was safe.

Members used their own vehicles to respond to calls but did not use them to convey patients. Member vehicles were equipped with defibrillators, medical and trauma kits. Records demonstrated that all vehicles were regularly serviced with up to date MOT certificates. The administrator maintained oversight of vehicle maintenance.

The service had access to satellite navigation systems, as per the 2015 Patient Safety Alert. We were told that staff did not always need to use satellite navigation systems as all staff were local and knew the area. However, the service had the provision in all the vehicles if it was required.

The service ensured that the ambulance vehicle keys were stored securely. Keys were stored safely but in an accessible location to all members who required them.

There were processes in place to enable the safe disposal of clinical waste. The clinical waste container was locked, secure and a contract was in place for removal at required intervals.

Emergency and urgent care

The Control of Substances Hazardous to Health Regulations (COSHH) requires employers to control substances that are hazardous to health. We found cleaning products were securely locked away.

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 tools to identify deteriorating patients and escalated them appropriately. Protocols, such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, were in place and easily accessible. Staff had access to up to date pathways and national guidance regarding treatment options and the best pathway routes for varied patient conditions.

Staff knew about and dealt with any specific risk issues. The service had a deteriorating patient policy in place which was in date. The policy provided staff with advice on steps to take in the event of patient deterioration. Staff completed risk assessments for each patient, using the national early warning system (NEWS2). An early warning score is a guide used by medical services to quickly determine the degree of illness of a patient.

Dispatch staff followed a flow chart to understand the severity of the call. They recorded basic information regarding the incident and established whether the patient was breathing and conscious. If the patient was not, they were advised to hang up and immediately dial 999 for assistance. First responders (members) would still be dispatched by the service for additional support. There was a clear process to ensure appropriate senior support and trained staff attended life threatening emergencies. A senior medical officer (SMO) was available to provide additional support and advice.

Staff shared key information to keep patients safe when handing over their care to others. The service shared a printed copy of the patient's electronic record.

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 staff with the right qualifications, skills, training and experience to keep patients safe. There were a total of 21 staff working for the service, this included 18 volunteers and three paid employees. There were seven volunteer call handlers who worked remotely from their homes on a rota basis which covered 24 hours a day, seven days a week. In addition, there were 10 volunteer members who responded to calls. Members were not on a rota but responded when they were able to. Due to the low activity, members were not working excessive hours. However, leaders were able to monitor this if activity levels were to increase. Members fully understood their commitment to the service when applying for the role.

The service had a senior medical officer (SMO) available for support 24 hours a day. They were available to provide senior support and advice to ambulance responders.

We reviewed three staff files. All staff had an up to date DBS check, proof of identification, and application details. The service had obtained two references for all staff in line with their policy.

Emergency and urgent care

Managers made sure all new staff and volunteers had a full induction tailored to their role and a high level of support. Members had all completed the nationally recognised First Response Emergency Care (FREC) level 4 qualification. Dispatching staff received specific training prior to taking calls independently, including training on the services' dispatch system.

The service did not employ any bank or agency staff.

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. The service used electronic-based patient records. Sufficient information was obtained such as presenting complaint, allergy status and clinical observations.

We reviewed 10 patient records and found they were clear, up-to-date and comprehensive. All were completed to a good standard with accurate information recorded within the records.

Records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff.

When patients transferred to another service, there were no delays in staff accessing their records. The service shared a printed copy of the patient's electronic record.

Patient record forms were regularly audited and compliance with the most recent audit was 100%.

Medicines

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

The service used effective systems and processes to safely prescribe, administer, record and store medicines. Medicines were stored securely in the storeroom and on vehicles. Storage areas were well organised and tidy, with effective processes in place to ensure stock was regularly rotated. All medicines we checked were within their use by date. An electronic system monitored the location of all medicines as well as their expiry dates, which ensured medicines were replaced before they expired. Staff kept electronic records of daily medicines fridge temperatures and ambient room temperature of their medicine room.

Medical gases (oxygen) were available and in date and used in line with best practice. Staff had received training in their use. Medical gases were securely stored on ambulance vehicles. At the base location, medical gases were locked and securely stored.

The service undertook routine medicine audits to monitor compliance with medicine policies. These audits were reported at quarterly governance and compliance meetings which ensured that managers were kept up to date with safety of medicines management in the service.

The provider did not use or store any controlled drugs.

Emergency and urgent care

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.

The service had an up-to-date incident reporting policy, which detailed all staff responsibilities to report, manage and monitor incidents. A paper-based reporting system was available which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

There had been no never events or serious incidents at the service from June 2021 to May 2022. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Since registering in January 2021, seven incidents were reported. Each incident had been reported and investigated in accordance with the provider's policy for incident management.

The provider had a duty of candour policy which staff could easily access. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm. Staff were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened. However, there had been no incidents to date to which the duty of candour applied.

Learning from incidents was shared in a variety of means including meetings and weekly training sessions.

Are Emergency and urgent care effective?

Good 

This is the first time we have rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidelines and pathways were included in the services' electronic system. The service ensured that guidelines and local policies were available for staff to access remotely through the electronic system.

There was a comprehensive range of local policies and procedures. We reviewed 10 policies which were all in date.

Emergency and urgent care

There was a regular audit programme across the service. Managers used information from audits to improve care and treatment. For example, call audits were used to review decisions made by dispatchers. The results of these were shared with staff and reported as part of the services' assurance process. The registered manager was looking to explore benchmarking against other Hatzola services.

The service did not transport patients subject to the Mental Health Act 1983.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice, and in line with the employee or volunteer's scope of practice. Staff were trained to prescribe medicines. Pain scores were recorded on all patient report forms (PRF's) we reviewed. Staff had access tools for patients with communication difficulties to aid in pain assessments, when required.

Staff prescribed, administered and recorded pain relief accurately. The service used an electronic system to record medicine given to patients. This was an effective real-time record of medicine being given and stock requirements for pain relief.

Response times

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

The service offered a voluntary rapid response ambulance provision to people within the local Jewish community and was a service additional to the locally commissioned emergency NHS service. Therefore, they were not required to meet any national key performance indicators (KPIs). However, the service set their own KPIs which it regularly monitored. All calls to the service were recorded and a monitoring system was in place to review all calls. There was also systems and processes in place to record and monitor call response times. The average response time was seven minutes and 30 seconds from call connecting to the dispatchers to responders arriving on scene. This was against a target response time of 13 minutes.

This meant that staff monitored their practice which helped contribute to the improvement of the service and its performance.

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 an effective system to regularly assess the quality of its services to ensure patient outcomes were monitored and measured. Regular audits and monitoring of key performance indicators facilitated this.

The service used locally and nationally agreed key performance indicators to monitor objectives. Data was collected and reported at regular intervals to monitor performance. This included information about response times, complaints, number of patients transported to hospital, and review of dispatcher calls and outcomes.

Emergency and urgent care

There was a local audit programme for the service. The programme ensured different aspects of care and treatment within the service were checked during each audit. Audits included, but were not limited to; response times, dispatch, IPC, PRF, and non-conveyancing.

The service also measured compliance against the national clinical performance indicators (NCPI). The aim of the indicators was to promote continuous improvement for all ambulance services. Performance was measured for areas such as stroke, falls, asthma, and fractures. Findings were used to improve the service, including identifying any potential training needs.

Managers used audit findings to make improvements to the service and discussed and shared outcomes with staff at team meetings and governance meetings.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. All staff underwent an induction programme which included providing information about staff roles and responsibilities, and mandatory and role-specific training. Inductions were tailored to each specific role and their experience. Staff had to be assessed as independently competent before going out on calls as independent responders. Dispatchers received a specific induction which included specialist dispatch training regarding and usage of the radio systems. The provider also reviewed and completed annual competency assessments and refresh of core skills.

Managers supported staff to develop through regular constructive clinical supervision of their work.

Staff had the opportunity to discuss training needs with their manager and were supported to develop their skills and knowledge. Staff we spoke to confirmed the provider offered refresher training on a regular basis. The clinical lead supported the learning and development needs of staff. Training sessions were held weekly to ensure staff were up to date with their skills, knowledge and learning requirements.

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

Managers supported staff to develop through yearly, constructive appraisals of their work. Each staff member was provided with an appraisal template which included self-assessments of their skills. As of June 2022, 100% of staff had received an appraisal.

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.

The team worked well together and communicated effectively for the benefit of patients and their families. There was effective team working between all staff including dispatchers, responders, clinical and medical leads, as well as the operational lead, registered manager and office administrator.

Emergency and urgent care

Staff worked across health care disciplines and with other agencies when required to meet the needs of the people who used the service. The service had established strong links with the local NHS trusts, including the local NHS ambulance service, and staff told us they had good working relationships with local trusts.

Staff spoke positively of team working, effective communication and peer support. We observed constructive examples of staff working well together.

Managers held regular multidisciplinary meetings. Staff reported that they were a good method to communicate important information to the team.

Health Promotion

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

The service worked with local schools and community centres to promote and deliver training in first aid.

Responders provided relevant information and leaflets to support patients when discharging from their care.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005, and knew who to contact for advice. Staff received and kept up to date with mandatory training on mental health awareness. They 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. Staff recorded consent in patient records. We reviewed 10 patient record forms and all recorded patients' consent. We also spoke with three patients who all confirmed consent was taken when carrying out any treatment or procedures.

The service did not transport patients who were detained under the Mental Health Act or patients experiencing a mental health crisis.

Are Emergency and urgent care caring?

This is the first time we have rated this service. 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.

Emergency and urgent care

We were unable to listen to live calls during the inspection. However, we listened to five call recordings which demonstrated clear information was gathered from the patient or relative in a calm and supportive manner.

Feedback from patients who used the service was overwhelmingly positive about the way staff treat people. We spoke with three patients who told us staff were discreet and responsive when caring for them. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were friendly and spent time with patients to ensure they were comfortable.

Staff were very passionate about their roles and were committed to providing personalised care. Patients said staff treated them well and with kindness. Patients' reported feeling well looked after and were very happy with the service they received. Comments included, "staff were really amazing, they saved my son's life"; "staff at Hatzola are so, so perfect and were very reassuring"; and "I've used the service a few times and they are first class. They are quick to respond and, on both occasions, arrived before the NHS ambulance service. Staff are marvellous and very considerate. I only have praise for them with their speed and medical knowledge".

Patients gave examples of how staff respected their privacy and dignity and took account of their individual needs.

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 talked to us about the importance of emotional support for people who used the service and others involved in their care. Patients we spoke with told us staff were very reassuring, kind and considerate.

The operational lead was able to provide examples where staff offered support during distressing or upsetting events. Additional support was available within the community and through other emergency services if a patient required it.

Staff were often from the same Jewish community and were therefore aware of the cultural and religious needs of patients, and ensured that people's privacy and dignity needs were understood and respected.

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 took time to explain treatment to patients and gave them time to understand the information. We listened to five call recordings which demonstrated dispatchers ensured their instructions were understood and what the next steps would be.

Patients and their relatives felt they were fully involved in their care and had been given the opportunity to ask questions. Patients we spoke with told us staff communicated well with them and their relatives regarding their needs.

Staff described being patient focussed and involved them in discussions about their care and treatment.

Are Emergency and urgent care responsive?

Emergency and urgent care

Good 

This is the first time we have rated this service. 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.

Managers planned and organised services so they met the needs of the local population. The service was not commissioned and was funded by the local Jewish community, run by mainly volunteers from within the community. The service was mostly used by the Jewish community who contacted the service directly. The service was seen as a valued and essential part of the local community.

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.

The service reflected the needs of the local population and ensured choice and continuity of care. Staff were aware of the cultural needs of the Jewish community.

The service had strong links with the local NHS ambulance service and had developed good working relationships with other emergency service providers.

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 inclusive and took account of patients' individual needs and preferences. Staff treated patients as individuals, with their needs, preferences and their ethnicity, language, religious and cultural backgrounds were respected. The service was situated in a Jewish community, however, they responded to anyone in the local area regardless of their cultural or social background.

Staff were trained to care for patients who were experiencing a mental health crisis. However, if patients were aggressive staff would request support from the local police, and if a patient was a risk to themselves or other patients, they would be referred and transported by the local NHS ambulance service. This approach ensured the patient received timely, appropriate support by staff trained to meet their needs. Staff received specific training on mental health awareness and dementia.

Where a patient did not speak English, the members told us they could access an interpreting service. Most staff were multilingual in English, Yiddish and Hebrew which tended to be the majority of languages spoken by patients.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Emergency and urgent care

Managers monitored waiting times and made sure patients could access emergency services when needed and receive treatment within agreed timeframes. The service operated 24 hours a day, seven days a week all year around. There was a rota of seven dispatchers who answered telephone calls and sent members to the caller's address. Dispatchers were expected to follow the call dispatch pathway when they answered the telephone which helped them identify the priority of the call.

Response times were monitored and the service maintained a dashboard on which call response times, nature of call, whether transported to hospital and patient outcomes were recorded. Dashboard information was presented and reviewed at the quarterly governance and compliance meetings.

In situations where the dispatcher confirmed that the patient was not conscious and breathing, the call was categorised as a 'life threatening' call. At this point, the dispatcher advised the caller to hang up and call an NHS ambulance immediately. They then dispatched two members to the address and in most cases, Hatzola Canvey were first on scene.

The average response time was seven minutes and 30 seconds from call connect to arriving on scene. The service provided care and treatment promptly and no calls had been unanswered within the service.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service had an up-to-date complaints policy, which outlined procedures for accepting, investigating, recording and responding to informal and formal complaints about the service. The policy confirmed that all complaints should be acknowledged and resolved within 21 working days.

There was a process to monitor complaints and responses during the quarterly governance and compliance meetings. However, the service had not received any complaints since registering in January 2021. We were told action would be taken in response to complaints received to help improve customers' experience and service provision.

Are Emergency and urgent care well-led?

Good 

This is the first time we have rated this service. 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.

There was a clear management structure with defined lines of responsibility and accountability. The leadership team consisted of the registered manager, nominated individual and committee of trustees. The service was led by the operations manager, who was also a trustee and the nominated individual. They were responsible for the day to day running of the service, supported by dispatchers, members, a senior clinical team, governance and compliance monitoring team, safeguarding lead, infection control lead and supplies and fleet manager. Staff within the service could identify the different leads and their roles and responsibilities.

Emergency and urgent care

Staff told us that there was good leadership within the service and the organisation and that leaders were well respected, visible, and approachable. Staff felt confident to discuss any concerns with managers. There was a passion and sense of pride in how people spoke of Hatzola Canvey and their roles within it.

Managers were passionate about the service they led and worked well with the team of staff in their organisation. They demonstrated an awareness of the service's performance, limitations and the challenges it faced. They were also aware of the actions needed to address those challenges.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision and values which were focused on improving the welfare of the local community by providing fast and efficient ambulance and emergency first aid response to Canvey Island and its surrounding areas. Their mission was to arrive at the scene of medical emergencies as soon as possible and provide the patient with professional and appropriate medical aid until an ambulance arrives, resulting in many more lives saved.

During our inspection we saw that staff worked in line with the services values and mission. Staff we spoke to were committed to providing a high-quality service to all patients who used it.

Culture

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

Staff we met with were welcoming, friendly and passionate. They spoke positively about their roles and demonstrated pride and passion. The culture was centred around the needs and experience of people who used the service.

The service had a caring culture. Staff told us that they enjoyed working for the service and felt supported by their managers. Senior managers told us that they had an open-door policy and they were proud of their staff.

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour.

Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that their managers were very approachable and felt they could raise any concerns.

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 were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care, including regular team meetings. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

Emergency and urgent care

Quarterly governance and compliance meetings were held. Standard agenda items included national clinical performance indicators (NCPI), call and response times, quality of patient record forms (PRFs), dispatch audits, IPC audits, stores, equipment, incidents, complaints, feedback, safeguarding and risk register.

Policies and procedures were in place and based upon relevant legislation, best practice guidance such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), and were relevant to the needs of the service. The service carried out a range of audits and provided staff with feedback to improve performance.

Managers were clear about the competencies which volunteers required to fulfil their role and responded to this by providing a robust training programme for all staff.

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.

The service had a system to identify, record and manage risks and issues. The service had an incident reporting policy, which described the risk assessment matrix and how to score risks.

The service maintained a risk register which included a description of the risk, the impact and likelihood scores. Control measures were in place and identified an owner for each risk. The service kept regular updates of the actions taken and the dates of the completed actions. The risk register was reviewed during the quarterly governance and compliance meetings.

The registered manager and nominated individual demonstrated knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements, and performance.

An effective audit programme was in place to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly; data was collected and reported at quarterly governance and compliance meetings. Where issues were identified, these were addressed promptly. We reviewed the last three meeting minutes and saw that clinical and internal audits were reviewed and monitored by the leaders of the service.

The service had a business continuity plan in place to identify actions to be taken in the event of an incident that would impact the service, such as facilities or equipment failure. Dispatchers had dedicated telephone landlines and separate handsets; in the event that individual lines or handsets were inoperative, alternative arrangements would be made with dispatchers for them to take any calls. This meant there would always be someone available to take emergency calls. The provider's business continuity plan included ways in which to alert the local community in the event of a systems failure.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Emergency and urgent care

Staff collected data and analysed it. Staff could find data using their electronic system. We saw information could be easily retrieved and was in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications could be submitted to external organisations as required.

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance and audit data was frequently collated and reviewed to improve service delivery.

The service monitored how effective their data was in comparison to NHS ambulance services national standards. This allowed leaders to benchmark themselves against national outcomes.

Staff had remote access to policies and procedures, and the system had a way of monitoring that staff read policies when required.

Staff understood information governance and the importance of securely storing patient information. Electronic patient report forms were stored securely and only assessable to those with permission to do so.

Engagement

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

Managers worked collaboratively with staff regarding the service. Managers openly engaged with staff during regular team meetings. Staff told us the leaders engaged with them about developments within the service.

The service worked with local organisations to plan and improve the healthcare of the local people. Staff told us how they had strong links with the locally commissioned NHS ambulance service, as well as the local NHS trusts. The service worked with local schools and community centres to promote and deliver training in first aid.

As the service was a voluntary organisation, it was wholly dependent on contributions from within the local Jewish community. Leaders actively engaged with the public to raise funds to support the service. Local engagement helped with growth and improvement to meet the needs of the people who used the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There was a focus on continuous improvement and quality. Managers were responsive to any concerns raised and performance issues and sought to learn from them and improve services. Staff took time together in team meetings to review the service's performance and objectives. We found there was a strong focus on continuous development and training opportunities for staff. Weekly training sessions were held by the clinical lead to ensure staff were up to date with their skills and knowledge required for their role.

The managers told us about the financial challenges the service faced which was wholly reliant on charitable donations.

The service had developed plans for the future, which included an identified need to move to another location with more space.

Emergency and urgent care

The service was well supported by the local community and volunteers lived within the population the organisation served.