

Hatzola Herts

Hatzola Herts

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 Herts. 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 performance 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, 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.

However:

- Staff interview records were not always available in staff files.

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 Herts

Hatzola Herts was registered in October 2021 and is operated by the provider, Hatzola Herts. 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 Herts provides services to South West Hertfordshire 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, 7 days a week.

At the time of our inspection, there were 90 members of staff, most of which were volunteers. There were currently 17 volunteers who responded to emergency calls, referred to as responders. The first 2 responders attended in their own cars, and another responder was dispatched to take the ambulance when required. There were 16 dispatchers whose responsibility it was to answer calls and pass them to the responders. There was a senior clinical team, which included a medical director and a clinical lead, to provide additional support.

The service attended 192 calls in the last year, of which 148 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 Herts 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 2 CQC inspectors 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 15 November 2022.

We spoke with 10 members of staff including the registered manager, compliance director, director of operations, director of infrastructure, medical director, medicines lead, responders and dispatchers. 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.

Summary of this inspection

We were unable to observe patient care during our inspection due to the low activity levels. However, we were able to listen to 5 recorded calls and speak with 3 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 had effective systems and processes to manage their supplies and medicines.
- The service had a strong culture of continuous innovation and improvement. Leaders shared examples of some of their innovative programmes and initiatives, including the design of their modular kit bags; and in collaboration with other Hatzola services, sending a fully stocked ambulance to aid the Ukraine conflict where it was currently being used on a daily basis to help carry patients in and out of the country.

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 records of staff interviews are kept as part of recruitment processes.

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; manual handling; fire safety; consent and information governance.

All staff who were able to drive the ambulances with blue lights had up to date emergency responder driving training. Evidence of the training was clearly displayed on the computer-based system.

All staff were up to date with life support training at the required level, dependent on their role. In addition, staff received and were up to date with training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. They also received regular training on in house competencies such as ECG, medication, intramuscular injection and neonatal, paediatric and maternity cardiopulmonary resuscitation (CPR).

Responders were trained to First Response Emergency Care Level 3 (FREC3) and were in the process of completing the level 4 (FREC4) qualification. First Response Emergency Care is a nationally recognised qualification which enables staff to respond effectively in emergency situations. The level 4 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%.

Emergency and urgent care

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 and ensure staff completed training in a timely way.

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

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 of children and adults at risk policy 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 knew how to make a safeguarding referral and who to inform if they had concerns. We saw the computer aided dispatch (CAD) system had a linked section which included a form to raise safeguarding concerns. The patient record could not be completed until the form was finished. This allowed managers to monitor safeguarding referrals to the local safeguarding authorities effectively.

Staff received training specific for their role on how to recognise and report abuse. We saw evidence recorded within the CAD system that all staff had the correct level of safeguarding training and were up to date. Dispatchers were trained to safeguarding adults and children's level 2 and responders were trained to level 3. The safeguarding lead was trained to level 4. This met the requirements within the intercollegiate documents for adults and children's safeguarding training. Compliance with safeguarding training at the time of our inspection was 100%.

Female Genital Mutilation (FGM) was included in safeguarding training. Staff were aware that they had a mandatory reporting duty to report any cases of FGM in females under the age of 18 years of age. Child Sex Exploitation (CSE) was also included in safeguarding training. CSE is a form of child abuse and reportable to children's social services in line with safeguarding procedures. Staff were aware of the potential indicators of abuse, the forms to use and how to complete an interagency referral. The policy for safeguarding included FGM and CSE.

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 November 2021 to October 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.

Emergency and urgent care

Premises and vehicles we inspected were visibly clean, tidy and well organised. We observed 2 ambulances which were in good working order, clean and well maintained. Staff had access to cleaning equipment. Guidance and schedules were in place for staff to outline when cleaning should take place.

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

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 an independent contractor, and after each use by responders. 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 month undertaken by an independent specialist contractor. Records demonstrated that vehicles had been routinely cleaned at regular intervals.

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 monthly clinical governance meetings.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

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 transport patients. The service had 2 ambulances, 3 rapid response vehicles, and the leaders told us they were in the process of acquiring a fourth rapid response vehicle. We inspected 2 ambulances and found all were visibly clean and fit for purpose. Appropriate 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 the stores lead, 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.

The service had worked with the developer of their medications management system to adapt it and create a similar system for all their supplies, working in tandem with their custom designed modular kit bags. The system tracked every item of kit from the time it arrived in stores, through the kit packing process and then out to disposal if needed. At any

Emergency and urgent care

time, the volunteer stores team could see what products they had in stores, expiry dates, and if necessary, when to purchase new stock. As well as providing assurance, the system also meant that responders would not need to spend a large amount of time completing kit checks on a regular basis as everything was tracked. When responders used their kit, they could return their specific pouch and using a QR code system, check out a new, fully tracked and filled pouch.

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. All electrical equipment had been safety tested within the last 12 months to ensure it was safe.

Responders used their own vehicles to respond to calls but did not use them to convey patients. Vehicles were equipped with defibrillators, medical and trauma kits. Records demonstrated that vehicles had up to date MOT certificates and insurance details for each vehicle.

Staff had access to 24 hours a day, 7 days a week breakdown recovery service. The service had access to satellite navigation systems, as per the 2015 Patient Safety Alert.

Vehicles were kept outside of the provider office in secure premises and could be accessed by responders through a secure card access system.

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.

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 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 through electronic devices 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 medical emergency 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), and paediatric early warning system (PEWS). 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 either not breathing or not conscious, the caller was informed that Hatzola responders were on the way but to hold whilst they were transferred by the service to 999. An immediate transfer of the call to 999 would be initiated and then responders would be dispatched to the emergency. There was a clear process to ensure appropriate senior support and trained staff attended life threatening emergencies. A medical director and clinical lead was available to provide additional support, guidance and advice. All calls to the service were monitored to ensure safety and review decisions made by dispatchers.

Emergency and urgent care

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 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. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe. There were a total of 90 staff working for the service, with the majority working on a voluntary basis. There were 16 volunteer call handlers who worked remotely from their homes on a rota basis which covered 24 hours a day, 7 days a week. In addition, there were 17 volunteer responders who responded to calls. Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times. Responders fully understood their commitment to the service when applying for the role.

The service had a medical director, who was also an intensive care consultant, and a clinical lead, who was also a GP, to provide senior support and advice to ambulance responders 24 hours a day.

Managers made sure all new staff and volunteers had a full induction tailored to their role and a high level of support. Responders had all completed the nationally recognised First Response Emergency Care (FREC) level 3 qualification and were in the process of completing the level 4 qualification. Dispatching staff received specific training prior to taking calls independently, including training on the services' computer aided dispatch system.

We reviewed 3 staff files. We found some gaps in recruitment and human resource processes. All staff had an up to date DBS check, proof of identification, and application details. In addition, all responders went through the safer recruitment process with the local NHS ambulance service, including an occupational health clearance. However, we did not see evidence of interview records, and reference forms did not indicate whether the reference was from a current employer. The recruitment policy did not state the frequency of DBS checks. However, leaders told us DBS checks were undertaken every three years. Following our inspection, the service took immediate action to update their recruitment policy and reference forms. Assurances were received to evidence this following our inspection.

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 records were comprehensive, and all staff had access to the CAD system which was easily accessible. The CAD system contained electronic patient record forms with details such as safeguarding referrals and pathways followed, as well as discharges and handovers.

We reviewed 10 patient record forms and found they were clear, up-to-date, legible and comprehensive. All were completed to a good standard and good information recorded within the records such as presenting complaint, clinical observations, allergy status, and consent.

Emergency and urgent care

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

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

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 record.

Medicines

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

The service used effective systems and processes to safely 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.

A medicines lead was available to provide staff with additional support when required.

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

The provider did not store any controlled drugs. Two paramedics and 2 doctors carried their own supply of controlled drugs. A memorandum of understanding was in place to ensure controlled drugs were managed appropriately.

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.

An electronic incident reporting system was available which all grades of staff had access to through the CAD system and through their hand-held devices. 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 November 2021 to October 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.

Emergency and urgent care

Since registering in October 2021, 37 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 weekly training sessions and monthly clinical governance meetings.

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 service ensured that guidelines and local policies were available for staff to access easily. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidelines, and pathways, such as the major trauma pathway and sepsis pathway, were included in the services' electronic system which staff could access through their hand-held electronic devices.

There was a comprehensive range of local policies and procedures for the safe care and treatment of patients. There was an effective process for managing and reviewing policies, and ensuring staff had read them. We reviewed 11 policies which were all in date.

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

Pain relief

Emergency and urgent care

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 administer medicines. Pain scores were recorded on all patient report forms (PRF's) we reviewed. Staff had access to 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 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 were guided by national response times, and were regularly monitored. All calls to the service were recorded and a monitoring system was in place to review them. There was also systems and processes in place to record and monitor call response times. We viewed the response statistics for September to November 2022. They detailed the number of calls responded to, the category of call, and average response times based on call severity level. The response targets were to attend 90% of category 1 calls within 15 minutes; 90% of category 2 calls within 40 minutes; 90% of category 3 calls within 120 minutes; and 90% of category 4 calls within 180 minutes. The data showed that the response target was met in 100% of cases.

The medical director confirmed their response times were in line with or better than national targets.

Data was collected and reported at regular intervals to monitor performance. This included, but was not limited to, information about dispatches, response times and complaints.

The service attended 192 calls in the last year, of which 148 patients were transported to a local hospital. The service operated 24 hours per day, 7 days per week.

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

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 outcomes were monitored and measured. Regular audits and monitoring of key performance indicators facilitated this.

Emergency and urgent care

The service used locally agreed key performance indicators to monitor objectives. Data was collected and reported at regular intervals to monitor performance and check improvement over time. This included information about response times, complaints, and review of dispatcher calls and outcomes.

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, and patient record forms.

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 febrile convulsion, sepsis, 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 monthly performance and clinical governance meetings.

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.

There was a process in place to ensure that staff held an appropriate license to drive vehicles. Licenses were checked as part of the recruitment policy. Each staff member had a file which contained details of their application, enhanced disclosure and barring service checks (DBS) and references. We noted there was not a requirement for a reference to be from a current employer. Also, the recruitment policy did not specify how frequently the DBS should be rechecked within the service; although, the electronic CAD system did prompt administration staff that DBS checks were due within 3 years. We raised this with the leaders who took immediate action to update both their reference request forms and recruitment policy. Assurances were received to evidence this following our inspection.

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 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 supervision of their work. Staff told us they received regular 1:1s with their managers.

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.

There was a strong focus on responder skill development. This included a continuing professional development (CPD) requirement for responders. The service had developed a group of metrics that ensured responders maintained a well-rounded skill portfolio. Beyond the total CPD hour requirement, the service required minimums in both practical

Emergency and urgent care

and training categories. Leaders told us they had invested in a more transparent and visible measurement tool for CPD hours. The scope of the tool was to allow both the responder and the organisation to view their CPD accomplishments and how they were performing against the targets in all categories. Using the skills in the pool of volunteers, they had built an intelligent autonomous tool that would collect CPD information, send it through approval paths and update both the organisational database and the responders' personal dashboards.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection, all staff had their first annual appraisal arranged.

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, but not limited to, dispatchers, responders, clinical and medical leads, as well as the directors and registered manager.

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. They worked with managers and other professionals to help keep patients safe and provide a quality service. The service worked with the local NHS ambulance service when support was required for unwell or deteriorating patients, as well as the police service when this was necessary.

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.

Responders provided relevant information and leaflets to support patients when discharging from their care, including practical support and advice.

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.

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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 3 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. The service would escalate the patients care to the local NHS ambulance service or local mental health crisis response team if the patient was experiencing a mental health crisis.

Staff understood Gillick competence and supported children who wished to make decisions about their care and treatment.

Are Emergency and urgent care caring?

Good 

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.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We were unable to listen to live calls during the inspection. However, we listened to 5 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 3 patients who told us staff were kind, caring, professional and responsive when caring for them. 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, "All wonderful", "Excellent, caring technicians", "Please keep up your amazing work", "Staff were very kind, calm and reassuring", and "We are very honoured and lucky to have this service. Staff are efficient, professional and phenomenal".

Staff followed policy to keep patient care and treatment confidential. Staff understood the importance of maintaining patient confidentiality and privacy. Patients gave examples of how staff respected their privacy and dignity and took account of their individual needs.

Emergency and urgent care

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 Hatzola staff were very reassuring, kind and supportive of their emotional needs.

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 5 call recordings which demonstrated dispatchers ensured their instructions were understood and what the next steps would be.

Patients felt they were fully involved in their care and had been given the opportunity to ask questions. Patient feedback forms and patients we spoke with corroborated this. Patients gave positive feedback about the service, thanking staff for their care and consideration.

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

Are Emergency and urgent care responsive?

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.

Emergency and urgent care

The service was available 24 hours a day, 7 days a week and was able to offer immediate support to patients.

The service reflected the needs of the local population and ensured choice and continuity of care. The service listened to local opinion through their patient feedback forms and ongoing meetings with the local community. 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. The service occasionally assisted local police when they were unable to get an NHS ambulance for a long time to transfer people to hospital.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.

The service was 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 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 made sure patients living with learning disabilities, autism and dementia, received the necessary care to meet all their needs. Staff received training in the awareness of those who required additional support, such as those living with dementia or those with a learning disability.

Where a patient did not speak English, the responders 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.

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, 7 days a week all year around.

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 monthly clinical governance 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 transferred the call to 999. They then dispatched 2 responders to the address and in most cases, Hatzola Herts were first on scene.

Emergency and urgent care

Data collected by the service over the last 3 months showed response times met the target in 100% of cases. 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, investigated them and shared lessons learned with all staff.

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 28 working days.

There was a process to monitor complaints and responses during the monthly clinical governance meetings. Managers shared feedback from complaints with staff and learning was used to improve the service. The service had received 2 complaints in the 12 months prior to the inspection. Action was taken in response to complaints received to help improve customers' experience and service provision.

Are Emergency and urgent care well-led?

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 operations director, director of infrastructure, compliance director and finance director. They were responsible for the day to day running of the service, supported by dispatchers, responders, training lead, medications lead, fleet and stores managers, medical director, safeguarding lead, infection control lead, compliance lead, supplies and fleet managers, and administrators. Each manager had areas of the service that they were responsible for. Staff within the service could identify the different leads and their roles and responsibilities.

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 Herts 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

Emergency and urgent care

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 which was focused on being a world leading volunteer organisation striving to deliver best possible care with speed and efficiency. Their mission was to provide safe, effective, reliable and responsive first responder care for all within the catchment area, to the highest possible standard, in line with current available guidelines.

During our inspection we saw that staff worked in line with the services vision 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. 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 supportive and approachable and felt they could raise any concerns without fear of retribution.

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. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

The service had established processes in place to monitor safety, quality and performance, through service audits, incident reporting and performance measures.

There was an effective software system in place which ensured oversight of the services' governance including staff files and training; recording of incidents; risk register; action plans; and document repository.

Emergency and urgent care

Monthly clinical governance and performance meetings were held which fed into the operations and quality meeting. We reviewed the last 3 sets of clinical governance meeting minutes and saw that standard agenda items included risk management, serious incidents, safeguarding, IPC, complaints and praise, staffing, and education and training. Standard agenda items within the performance meetings included national clinical performance indicators (NCPI), call and response times, quality of patient record forms (PRFs), dispatch audits, and policy reviews.

Policies and procedures were in place based upon relevant legislation and best practice guidance 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 staff required to fulfil their role and responded to this by providing a robust training programme for all staff. Staff recruitment systems and processes ensured staff had suitable safety checks. Leaders used an online enhanced Disclosure and Barring Service checks system which meant they could access up to date detail relating to staff suitability.

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 a governance document 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 monthly clinical governance meetings.

The directors and registered manager 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 monthly performance and clinical governance meetings. Where issues were identified, these were addressed promptly. We reviewed the last 3 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.

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.

Emergency and urgent care

The service had a purpose-built electronic computer aided dispatch (CAD) and information technology system which enabled managers to monitor and improve the quality of care. The CAD system contained the electronic patient records and pathways. Responders had handheld electronic tablets which they used when attending calls and recorded information on. They could also flag risks on the devices, including safeguarding concerns, which were automatically fed back to the relevant leads. Call takers also had tablets which they entered essential call information onto.

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

Engagement

Leaders 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 and openly engaged with them during regular team meetings. Staff told us the leaders engaged with them about developments within the service. Leaders told us they engaged with their staff on an annual basis to discuss the services' 3 year and 5 year strategic plan.

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.

As the service was a voluntary organisation, it was wholly dependent on contributions from within the local community. Leaders actively engaged with the public to raise funds to support the service.

Leaders were aware their success was fully dependant on volunteers. As such, at their strategy meeting in December 2021, the service implemented a 22-point Volunteer Retention Program. This consisted of projects such as an annual fun day (a 'funfair' style event where all volunteers and their families were treated to a full day packed with fun rides, good food and other programs), regular social events for all the teams within Hatzola, and personalised Hatzola Herts merchandise.

Local engagement helped with growth and improvement to meet the needs of the people who used the service.

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

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services and encouraged innovation.

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

Emergency and urgent care

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.

Leaders had systems in place to support continuous improvement. Staff used feedback from people who used the service, learning from incidents and complaints to help with improvements.

Leaders shared examples of some of their innovative programmes and initiatives. This included collaboration with the global Hatzola community to share best practice. Hatzola Herts designed their modular kit bags to make them user friendly, whilst being comprehensively stocked with the necessary kit items. Each bag was designed to ensure no wasted space and that in an emergency, responders would easily be able to find the lifesaving kit they needed. Global Hatzola branches in Houston, Texas, Manhattan, New York and Johannesburg had requested copies of their kit bag to potentially use them in their organisations.

At the beginning of the Ukraine conflict, Hatzola Herts in partnership with a number of Hatzola branches worldwide, sent a fully stocked ambulance to the Ukraine/Moldova border where it was currently being used on a daily basis to help carry patients in and out of the country. This ambulance was fully gifted to the aid programs in Ukraine.

Hatzola Herts had recently started to explore and develop an 'Aftercare Service' to help to support patients, their loved ones and bystanders beyond the scene.

In order to create a team and culture of 'learning and excellence', Hatzola Herts created the 'learning corner' initiative. This was an engaging newsletter and information sharing publication created quarterly by the key area leads, the management team and responder/dispatch representatives so that the key organisational learning and feedback could be distributed and shared to all dispatchers and responders in the organisation to help 'learn together, grow together and achieve truly excellent patient care in everything they do'.