Hatzola Ambulance Service Ltd

Hatzola Ambulance Service Ltd

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

Hatzola provide an enhanced local community ambulance response that supports the local population, this is separate and on top of the locally commissioned NHS ambulance service.

We rated it as good because:

- The service provided mandatory training in key skills, including safeguarding, to all staff and made sure everyone completed it. The service controlled infection risk well and kept equipment clean. Staff identified and quickly acted upon patients at risk of deterioration. The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. Records were clear, up to date, stored securely. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. The service monitored and met national standard response times. The service made sure employed and volunteer staff were recruited, trained and supported to support patients in the service. Managers appraised staff's work performance and provide support and development. Staff worked together as a team to benefit patients and to provide good care. Key services were available seven days a week to support timely patient care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when needed and received the right care promptly. It was easy for people to give feedback and raise concerns about the care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- 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. Staff felt respected, supported and valued. Leaders operated effective governance processes, throughout the service. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service collected reliable data and analysed it. All staff were committed to continually learning and improving services.

However:

- We did not see evidence that the service undertook hand hygiene audits.
- The service monitored national guidance but low compliance levels were not always challenged and changes to improve practice were not always evidenced.
- The service did not always follow their FPPR policy which stated that all directors will confirm on an annual basis that circumstances have not altered and that they still meet the regulations.
- The service could not demonstrate how they were assured that enough responders with the right skills were available to attend calls, as the service did not have a rota system. The service should consider how they gain assurance that there was always enough staff available to attend to patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	We rated it as good. See summary above for details.

Summary of findings

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Summary of this inspection

Background to Hatzola Ambulance Service Ltd

Hatzola Ambulance Service Ltd was registered in November 2020 and had actively provided a service from January 2021. The service was a registered ambulance service delivering emergency first response and medical care to the community. Hatzola ambulance services Ltd are not a commissioned service, they are a charity funded by a private donor. The service offered a rapid response ambulance provision to people within the community.

“Hatzola” is the Hebrew word for save or rescue. The service is situated in a Jewish community and has many Jewish employed staff and volunteers within the service. The service responds to anyone within the local community and patients could be from any ethnicity, cultural or religious background.

They were registered to provide transport services, triage and treatment of disease, disorder or injury. The service had a registered manager and nominated individual and was mostly staffed by volunteers from within the community.

Hatzola provide a service 24 hours a day, seven days a week and primarily covers the Prestwich, Broughton Park and Whitefield communities in Manchester. The service attended 4,933 calls in the last year, and on average 14 calls per day. The service responded to all calls received as they did not undertake triage or any form of categorisation on the telephone.

We last inspected the service on 31 March 2021 and 08 April 2021, where we undertook a focused inspection which meant that the service was not rated during the previous inspection.

We carried out an unannounced inspection on the 01 March 2022 of Hatzola Ambulance Service Ltd. We inspected urgent and emergency care services and rated it as good overall, good in all domains; safe, effective, caring, responsive and well led.

How we carried out this inspection

During our inspection we spoke with a variety of staff, including volunteer responders and the stock manger, office administration staff, operational lead, safeguarding lead, clinical lead, and the registered manager for the service.

We saw the service on a “normal” working day and were able to see all four ambulances while they were not in use and the rapid response vehicle was on site during our visit.

We were unable to observe patient care during our inspection due to the COVID-19 pandemic but we read a random selection of five feedback forms while in the service. After the inspection, we spoke with four patients and relatives who were treated by the service, with consent gained to share the details from the service.

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:

Summary of this inspection

- Leaders of the service engaged with community during the COVID-19 pandemic explaining changes in processes. The registered manager told us that they were commissioned to open a vaccine clinic in May 2021 to support the local community and support the uptake of COVID-19 vaccinations in difficult to reach groups. Staff vaccinated 4,312 patients. We saw that the service was working with the local community to improve patient outcomes while supporting patients to be protected with vaccinations during the COVID-19 pandemic.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Action the service SHOULD take to improve:

- The service should ensure that they undertake hand hygiene audits.
- The service should ensure that clinical audit results are used to improve practice when compliance levels were reported as low.
- The service should ensure that any persons requiring a fit and proper persons form, is signed off by the registered manager and reviewed annually.
- The service should consider how they gain assurance that there was always enough staff available to attend to patients.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Emergency and urgent care

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

Are Emergency and urgent care safe?

Good

We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff. Staff were trained correctly, in life support.

The mandatory training was comprehensive and met the needs of patients and staff. Staff received and kept up to date with their mandatory training. The service had a framework dated January 2021 which contained details of the required 'core competency, mandatory and statutory training'. This was aligned with the 11 mandatory training skills for health core skills framework.

Staff had training in information governance and data security and preventing radicalisation training was provided within the safeguarding training.

All staff who were able to drive the ambulances with blue lights had up to date emergency responder driving training through a local NHS ambulance service. We saw evidence of the training clearly displayed on the computer-based system.

Clinical staff completed a one-off training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff told us it was provided by a consultant psychiatrist and occupational therapist from a local NHS hospital.

Managers effectively monitored mandatory training and alerted staff when they needed to update their training. The computer-based system allowed managers to clearly view when staff training was in date, due to expire or had expired.

The service ensured that all staff had annual adult's and children's basic life support (BLS) training.

The service demonstrated that all staff had annual adult's and children's intermediate life support (ILS) training. We were told level two emergency medical technicians received children's ILS training annually at the same time the adults ILS training.

Staff received the initial life support training during their emergency medical technician's qualifications. Subsequent annual life support training was provided in-house. We saw that the life support assessments were developed in-house but were similar to the Resuscitation Council UK guidelines, for adult's BLS and ILS training and for children's BLS training. After our inspection, we requested evidence that staff providing training had recognised qualifications to deliver and assess basic and intermediate life support for both adults and children. The service provided evidence of mentorship qualifications for staff, which was in line with guidance for assessors and trainers.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. We saw evidence recorded within the computer aided dispatch (CAD) system that all staff had the correct level of safeguarding training and were up to date. This met the requirements within the intercollegiate documents for adults and children's safeguarding training.

The safeguarding lead and the deputy lead had level four safeguarding training and had links to the three local authorities in the area for any referrals.

The service had a safeguarding Children and Vulnerable Adults policy, dated October 2021. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were aware of female genital mutilation (FGM) and the actions required. We saw evidence within the safeguarding report which showed the number of referrals raised to the safeguarding lead within the service and those referred onto social services.

Staff demonstrated how to make a safeguarding referral and who to inform if they had concerns. We saw the 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 told us that safeguarding systems were in place and they knew how to make a referral and felt confident it would be acted upon.

The service had a clear process for recruitment of staff. The service had six paid employees, and managers ensured all employed and volunteer staff were recruited safely. The service had a policy for the recruitment of new staff, the policy was written in 2021. It contained the processes for application, shortlisting, interview, data barring services (DBS) checks, references, clinical roles and offer letters.

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 and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well-maintained. We saw four vehicles (ambulances) and they were in good working order, clean and well maintained.

Cleaning records were up-to-date and demonstrated that ambulances and the office areas were cleaned regularly. The service had an infection prevention and control regime in place which consisted of daily cleaning of the vehicles,

internally and externally, by one of the volunteers from the community. In addition, each vehicle would have a deep clean, internally and externally, every six weeks in the form of a service level agreement with an independent contractor. We saw that all four ambulances had records on board regarding the cleaning that had taken place. Ambulances were cleaned by the responders after use, if there were bodily fluids spilled then a deep clean would take place.

The service generally performed well for cleanliness. We saw three compliance reports for May 2021, October 2021 and February 2022 which showed average compliance levels for infection prevention and control for each area and vehicle of:

- Ambulance bay – 97%
- Cabin and stock areas – 100%
- Ambulance one – 96%
- Ambulance two – 97%
- Ambulance three – 96%
- Ambulance four – 91%
- Response car – 100%

The service undertook infection control audits on a monthly basis and this is clearly reported and reviewed by the board at the level three meetings. We could see in the October 2021 level three meeting minutes that managers noted that ambulance four had consistently low compliance rates. However, a new ambulance had been ordered and was due to be delivered to replace this ambulance. This showed that the infection control audits were being reviewed and actions were being taken to improve compliance.

We saw the infection prevention and control policy, dated January 2021. It contained information on handwashing techniques, cleaning of medical equipment, management of sharp and clinical waste, bed linen management and bodily fluids. The service had a designated infection prevention control lead that staff could approach to obtain advice and raise IPC concerns.

Within the policy we saw the service would undertake an overview of handwashing facilities and premises but monitoring of handwashing procedures would be undertaken on 'adhoc' basis. We did not see that hand hygiene audits had been undertaken within the October and May 2021, and the February 2022 level three meetings.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had a purpose-built base building and an area for the storage of the vehicles when they were not in use.

The base consisted of a large training room, stock room, office and toilet facilities. The building was locked when it was not in use, additionally the stock room required a personal fob for access.

The service had four ambulance vehicles and one rapid response car. We saw a driving and care of vehicles policy which described the vehicle checks required annually, including MOT certificates, licences and insurance details. During the inspection, we observed records of the MOT and insurance details for each vehicle, which were all up to date.

We saw the four ambulance vehicles, they were all in good working order, clean and well-maintained. The ambulances were previously commissioned for another NHS ambulance service. When Hatzola purchased the vehicles, all vehicles were refurbished to ensure they were fit for purpose.

Staff had enough suitable equipment to help them to safely care for patients, which included training equipment for in house staff training. During our inspection, we saw each vehicle carried equipment such as an electronic Defibrillator, a powered lifting cushion and a folding evacuation chair. First aid equipment, Oxygen and other items such as spinal boards and splints were stored safely and securely in the vehicles. Oxygen was securely stored on site in a separate locked storage facility. We observed that ambulances had equipment available for patients of different ages and sizes, including children.

The service had designed an effective system to manage and replenish vehicle equipment and supplies. We saw a purpose-built electronic system to monitor and manage stock with a dedicated volunteer managing the stock requirements. The system recorded the items used by each responder, by responders scanning the items used. This would prompt the system to automatically add the item to the list of new stock to be ordered. Which ensured leaders had real time updates on the stock being used and stock needed for each responder.

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 all four ambulances had vehicle inspection checklists completed daily. We saw a comprehensive annual medical equipment test report, completed in July 2021, which included portable appliance testing, oxygen storage checks, and functioning of the ambulance equipment.

Staff disposed of clinical waste safely. The service had a separate area to store clinical waste and sharps. We saw a local service agreement with a specialist company to remove and dispose of clinical waste and sharps every two weeks.

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 and rapid response vehicle keys were stored securely. Keys were stored safely but in an accessible location and it was monitored 24 hours a day with closed-circuit television (CCTV).

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We saw that staff had access to relevant protocols such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines. The service also subscribed to an externally accredited and recognised pathfinder tool which provided standardised pathways for treatment for patients. This meant that staff had access to up to date pathways and guidance nationally regarding treatment options and the best pathway routes for varied patient conditions. This was linked into the CAD system.

Staff knew about and dealt with any specific risk issues. Dispatch staff did not triage patients; they recorded basic information regarding the incident and patients concerns. We saw that dispatchers followed a flowchart to understand if a patient was breathing and conscious. If the patient was not, first responders would be dispatched. However, the caller was advised to immediately dial 999 for advice.

The call and dispatch policy, January 2021, stated that the despatcher should contact a coordinator and request that they called 999 as well. This demonstrated a clear process to ensure that appropriate senior support and trained staff in advanced life support attended life threatening emergencies.

Good

Emergency and urgent care

Staff completed risk assessments for each patient, using the recognised national early warning systems version two (NEWS2) tool, and reviewed NEWS2 scores regularly. We reviewed three patient records, completed observations on the electronic CAD system which calculated the NEWS scores.

The service had a deteriorating patient policy, dated January 2021, which defined that any responder could declare a patient as "deteriorating" based on the responder's clinical impression. The policy defined deterioration as airway compromise, inadequate breathing, uncontrollable bleeding, shock, cardiac arrest, unconsciousness, reduced level of consciousness and active fitting or convulsions. Declaring a deteriorating patient would activate the deteriorating patient pathway which would trigger support from the senior medical officer (SMO). The SMO would support responders, dispatch an advanced life support provider and raise the alert to the NHS ambulance trust. Staff could describe and understood the service's policy for recognising deteriorating patients.

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

The service ensured that volunteer first responders worked within defined parameters. The service had a scope of practice policy, dated January 2021. Staff told us they were aware of the parameters that they were expected to work within.

The service did not have a policy regarding the care and treatment of patients suffering with a mental health crisis. However, the service ensure staff followed national guidance from the pathways system which was embedded into the CAD system. Also, all responders had access to the JRCALC guidelines which gave guidance on the management and procedure to follow if patients presented in mental health crisis.

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 eight volunteer dispatchers, who worked on a rota that contained two-hour time slots. Dispatching staff received specific training prior to taking calls independently and one to one training on the computer aided dispatch system used.

The service had three senior medical officers (SMO) available for support 24 hours a day for senior support, advice and escalation, either on the radio or to respond to emergencies. The SMO's were not on a rota system but were included in the services monitoring of staff responses to ensure the responders were not working too many hours.

The service had 39 volunteer responders; 16 level one emergency medical technicians and 20 level two emergency medical technicians, one nurse, one doctor and one paramedic. Volunteer responders were not on a rota but responded when they were able to. Leaders monitored responders to ensure they were not working excessive hours.

The volunteer dispatchers could adjust staffing levels required per call according to the needs of patients. The CAD system advised the dispatchers which skills were required per call. Responders stated they were available to attend a call with their unique identification number. The dispatch system gave details of the skills of each responder and guided dispatchers to ensure the correct skills mixes were dispatched. Further details about the effectiveness of this system of dispatching will be discussed within response times in the effective section of this report.

Managers did not use 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 had access to the CAD system used. The CAD system contained electronic patient record systems with details of dispatch, safeguarding referrals and pathways followed and discharges or handovers. We reviewed three patient records; all were completed to a good standard and good information recorded within the records with basic observations being recorded.

Electronic records were stored securely and were backed up through an external electronic system. The service ensured that records and attachments like echocardiograms were encrypted and stored securely. We reviewed information from the service which confirmed that these processes were in place.

The service had contingency plans in place if the electronic CAD systems went down and had paper record documents available on all ambulances if the electronic systems failed.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Emergency medical technicians were able to give medicine classed as over the counter medicine such as paracetamol, liquid paracetamol and aspirin. The service undertook routine medicine audits every month to monitor compliance with medicine policies. These audits were reported at board meetings which ensured that managers were kept up to date with safety of medicines management in the service.

Patient Group Directions (PGD's) were in place for two members of staff; the paramedic and nurse, who were able to carry additional medicine linked to their scope of practice. (PGDs provide a legal framework to allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

Staff completed electronic medicines records accurately and kept them up to date. Medicines receipt and distribution were managed electronically which ensured the service could accurately monitor medicine stocks.

Staff stored and managed all medicines safely. During inspection, we saw all medicine were stored safely in the storeroom and in vehicles. Medicines seen were in date. An electronic system monitored expiry dates of medicines and generated an alert to ensure medicines were replaced before they expired.

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. Managers ensured that actions from patient safety alerts were implemented.

Good

Emergency and urgent care

Staff knew what incidents to report and how to report them. Staff told us that an incident form was completed on the electronic CAD system which would generate an email to the management team. This showed that staff had the knowledge to recognise and report appropriate incidents. However, during appraisals it was noted that staff required further clarification training on raising "minor" incidents as an incident report.

Staff raised concerns and reported incidents and near misses in line with services policy. The service recorded 22 incidents from March 2021 to March 2022. The service had not recorded any serious incidents in the last year. The service had not had any never events.

Managers debriefed and supported staff after any incident through the informal weekly staff meetings and one-to-one support, if required.

Managers investigated incidents thoroughly. The service had an incident reporting policy, dated January 2021, which included the grade of incidents and the procedure for level of investigation required for incidents. The service had undertaken two investigations by the clinical lead as per the policy. We reviewed the incidents during the inspection and appropriate investigations were undertaken. We saw that managers implemented training and updated the electronic CAD system when changes were required to practice. We saw that the service followed their policy and investigated incidents appropriately.

We were told that staff received feedback from investigation of internal incidents to the service through the weekly staff meetings. However, the service did not have records of the level one staff meetings that took place as these were informal meetings.

Are Emergency and urgent care effective?

Good

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. The service monitored compliance to national guidance. However, low compliance levels were not always challenged and changes to improve practice were not always evidenced.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The JRCALC national guidelines and pathways were included in the electronic system. The service ensured that guidelines and local policies were available to access remotely through the electronic system. We saw staff had access to up to date pathways which included guidance for caring for children and patients who may be suffering with mental health problems. This was an improvement since our last inspection.

The service had a comprehensive clinical audit programme to support and monitor implementation of NICE guidance. The service monitored compliance of national pathways for chest pain, children under two, stroke, wound closure, major trauma, cardiac arrest and asthma attacks on a monthly basis. Compliance levels from the February 2022 report to board showed 42 questions were percentage scored over the seven pathways, the results were;

Good

Emergency and urgent care

- 21 questions had 100% compliance over the three months audited
- 12 questions had 50% to 99% compliance
- Four questions showed some months were below 50% compliance
- Five questions were unanswered.

Managers did not always use information from the audits to improve care and treatment. Improvement was checked and monitored. Some audits were reviewed at level three board meetings. Compliance issues were discussed, reviewed and minuted for allocated mangers to review. However, not all unanswered audit questions and compliance issues were discussed. The board decided to remove one of five questions from the audits. Not all compliance issues below 50% were reviewed at board, three of the four were discussed and one was allocated to a manager to review. We had some concerns that low compliance within clinical audits were not always challenged and changes to improve practice were not always evidenced.

These audits were reported to the level three management meetings quarterly, the service provided the last three reports and we saw that the service monitored and ensured staff followed national guidance.

The service did not undertake national benchmarking due to the unusual delivery model. However, we were told by the registered manager that they had begun reaching out to other Hatzola providers in the United Kingdom and this was something they would look at in the future.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice and in line with the employee or volunteer's scope of practice. Staff told us that they had access to pictures for children and those with communication difficulties to aid in pain assessments, when required.

Staff prescribed, administered and recorded pain relief accurately. The service used the electronic CAD 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 national standard response times so that they could facilitate good outcomes for patients.

The service was not a commissioned service which meant they did not have a specification that they were required to meet or any key performance indicators (KPI's). The service offered a rapid response ambulance provision to people within the community. Therefore, the service was additional to what was already commissioned elsewhere.

The service had systems and processes to monitor response times and was guided by national response times. However, the service did not triage or categorise at the time of the call. Staff told us that the calls were validated and categorised during the audit process by a trained paramedic.

Good

Emergency and urgent care

During inspection, we saw an audit containing over 400 response times for the month of January 2022. The audit showed the average response time was eight minutes and 31 seconds from call connecting to the dispatchers to responders arriving on scene. From the audit we saw the longest response time was 36 minutes and this was later deemed to be a category four call. The NHS ambulance services national standards state that category four calls are required to have a response within 180 minutes. This meant the service was performing within the national standards.

The service undertook monthly audits for average response times, we saw from January 2021 to December 2021 the average response times were;

- For category one calls the service responded on average within two minutes and 20 seconds. This was within the expected national standard response times to respond in less than 15 minutes.
- For category two calls the service responded on average within eight minutes and 12 seconds. This was within the expected national standard response times to respond in less than 40 minutes.
- For category three calls the service responded on average within 10 minutes and 59 seconds, this was within the expected national standard response times to respond in less than two hours.
- For category four calls the service responded on average within nine minutes and 03 seconds. This was within the expected national standard response times to respond in less than three hours.

Therefore, we saw that the service consistently responded quickly and within the national standards, if the service was benchmarked against the national standards.

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 undertook clinical audits. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. The service had effective systems and processes in place to audit and monitor records and treatments as discussed in the evidence-based care and treatment section of the report. We were told that the service employed a paramedic to undertake patient record audits to review whether the guidelines were followed.

Outcomes for patients were positive, consistent and met expectations. Outcomes were monitored on a monthly basis. The service monitored and reported the number of patients transported and associated locations, and the treatments provided. We saw patient outcomes monthly figures from March 2021 to February 2022, the figures were broken down by age categories.

The service outcomes for patients over the age of 16, on average per month;

- 19% of patients were transported to hospital
- 7% of patients provided their own transport to hospital
- 8% of patient were referred to GP or 111 services
- 11% of patients were seen and treated at home
- 2% were handed over to a local NHS ambulance services

The service outcomes for patients under the age of 16, on average per month;

- 12% of patients were transported to hospital
- 16% of patients under the age of 16 were transported to hospital by other means, such as family transport

- 3% of patients under the age of 16 were referred to GP or 111 services
- 20% of patients were seen and treated at home
- 2% were handed over to a local NHS ambulance services

The service evidenced that they monitored patient outcomes and had good systems and processes in place to ensure patients were treated appropriately through their record auditing. The service monitored that patients were taken to the appropriate destination depending on their needs, for example a patient suffering with a stroke would go directly to hospital with a hyper acute stroke unit (HASU). Managers shared information from the audits in the level one weekly staff meetings and made sure staff understood information from the audits.

Competent staff

The service made sure employed and volunteer staff were recruited, trained and supported to support patients in the service. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, competent and had the right skills and knowledge to meet the needs of patients. Managers gave all new employees and volunteer staff a full induction tailored to their role before they started work. We were told staff had to be assessed as independently competent before going out on calls as independent responders. Level one and two emergency medical technicians were required to complete the relevant First Response Emergency Care (FREC) level three or four qualification specifications. The FREC qualification stated that trained staff should be reassessed every three years for level three, and level four FREC staff only required one assessment. (First Response Emergency Care is an externally accredited course and qualification awarded by an independent academy for volunteer first responders). Dispatchers received a specific induction which included specialist dispatch training regarding the CAD system and usage of the radio systems. We saw that the induction process was comprehensive.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The clinical educators within the service supported the learning and development needs of staff. The service had an up to date clinical standards and supervision policy, dated January 2021, which included details of the clinical supervision offered through simulation and practice. Group scenario training sessions were offered weekly to four volunteer staff. The clinical educators undertook at least one team resuscitation effort within this training session, but also included clinical scenarios based on staff training needs.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge. The service also commissioned an external company to complete annual appraisals for staff in February 2022. Each staff member was provided with an appraisal template which included self-assessments of their own skills, meeting and subsequent feedback. Overall results of the appraisals were shared at the level three meeting in February 2022. The team morale was recorded as being high and we were told staff embraced constructive feedback when required.

Further information regarding staff training needs was gathered during the yearly staff appraisals. Staff had requested formal pathways of training and further specific training in echocardiogram. In the February 2022 level three meeting we saw leaders had recognised the request for echocardiogram training and were developing a training package to be delivered.

The service undertook monthly dispatch audits to monitor the received calls using 10 audit questions, each dispatcher was given a percentage score. The dispatchers audit from January 2021 to December 2021 showed an average compliance of 97% for the questions monitored.

Good

Emergency and urgent care

Managers ensured responders were working within their scope of practice through a system of audits. We saw records of the audit systems, mangers meeting minutes and appraisal reports. The service had a robust system in place to monitor that responders worked within their scope of practice. The scope of practice policy, dated January 2021, described actions to be taken if responders did not work within their defined parameters.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The service held informal meetings once a week for all staff and involved talking around calls that had happened and debriefs. These level one staff meetings were not minuted but created an informal environment for staff to share any concerns. Any concerns raised would be fed up to the level two and level three meetings accordingly. Managers used an open-door policy and were keen that if staff required debrief or support that they could be contacted at any time. We saw that staff felt supported and were encouraged to discuss concerns.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service worked with local NHS ambulances services when support was required for unwell or deteriorating patients.

The service did not receive information from NHS ambulance trusts directly. However, we were told that a local hospital had recently contacted the service to inform them that they had initiated an ambulance divert. The service had not received these updates previously. When patients transferred to a different service such as an acute hospital, there were no delays in staff accessing patient records. The service worked with local hospitals and GP surgeries to ensure that electronic patient record handover documents could be provided. If the service did not have that electronic system set up, the service had the ability to print the electronic patient records to paper on the vehicles.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was available to answer and provide urgent response for assistance 24 hours a day, seven days a week to support timely patient care. As discussed within the response times section of the report, quick responses were available and met 24 hours a day, seven days a week within the local community.

Staff were able to call for support from senior medical officers (SMO's) within the service, 24 hours a day, seven days a week. This was an improvement since the last inspection.

The service had access to emergency services at NHS hospitals the same as NHS ambulance services locally. Senior Medical Officers could escalate unwell or deteriorating patients to emergency NHS ambulances.

Consent and Mental Capacity Act

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.

Good

Emergency and urgent care

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. We were told staff had extra training on mental capacity and best interests' decisions from a solicitor for a deeper understanding on top of the training within safeguarding. The service shared a copy of the training which was comprehensive and contained the five principles of capacity, best interests' decisions, consent for children and how to apply this to practice.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. However, in an emergency situation consent cannot always be gained and staff needed to act in the patient's best interests.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005, and they knew who to contact for advice.

The service had mechanisms in place to assess and manage risks regarding patients experiencing a mental health crisis. We were told that if a patient had capacity to make decisions then the service could transport the patient to a place of safety. If a patient lacked capacity to make decisions or was a danger to themselves and/or others, the service would escalate the patients care to the local NHS ambulance service or local mental health crisis response team.

Are Emergency and urgent care caring?

Good

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. The service monitored patient feedback with a patient experience form. The service completed quarterly reports on the patient feedback which was sent to the level three meetings. For October, November and December 2021, 27 feedback forms were received and they showed that 100% of patients strongly agreed that care was provided with compassion, kindness, dignity and respect.

Patients said staff treated them well and with kindness. We saw a patient feedback form which stated that patients were 'very thankful for your magnificent and professional service and care'.

Staff followed policy to keep patient care and treatment confidential. While we were on inspection, we saw staff ensure their radio's vibrated to alert them of incoming calls, we could not hear the calls and subsequent information shared.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Good

Emergency and urgent care

Staff gave patients and those close to them help, emotional support and advice when they needed it. We were told by patients that they were so worried about their condition but they had a 'very good experience' with Hatzola, staff were 'respectful and very reassuring'. Relatives told us they had a 'fantastic experience', staff 'were so calm' and 'every community should have one'.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients told us they felt very reassured and staff were able to reduce their anxiety.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We were told that the responders that attended appeared concerned and wanted to help and assist 'beyond the call of duty' and stated that it was 'phenomenal'. For October, November and December 2021, the service collected feedback forms which showed that 100% of patients strongly agreed that care was delivered in a manner that was safe and sensitive to the patient's personal needs.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. We were told by a relative that they were kept informed about the patients' condition and staff were very calm but pre-alerted the hospital regarding the patient's condition due to the concerns.

Staff talked to patients in a way they could understand. The service had some multilingual staff, we were told staff could speak Yiddish, a West Germanic Jewish language, Hebrew and English.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw a large folder containing completed feedback forms. The service monitored patient feedback and reported this quarterly to the level three mangers meetings. Feedback was reported by;

- Manner of operators
- Response times
- Kindness, dignity and respect
- Safe and sensitive
- Provided needs
- Good outcome
- Overall service

Are Emergency and urgent care responsive?

Good

We rated it as good.

Good

Emergency and urgent care

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. Although the service was not commissioned, the response times were within the national standards.

Facilities and premises were appropriate for the services being delivered. The service subscribed to a national pathways application used by NHS ambulance services to ensure patients were treated in a way to achieve the best outcome. The service worked with other providers to avoid admissions to hospital, from March 2021 to February 2022 11% of patients were referred to 111 or GP services. In addition, the service treated 31% of patients at home.

The service listened and responded to local opinion and concerns about variations in responses through their patient feedback forms and ongoing meetings with the local community. The service provided us with a list of local community meetings that they attended including local community leaders' meetings, local organisation meetings, local doulas, community midwifes and GP's. Senior leaders also joined the Jewish representative's council meetings. We were told that Hatzola attended local schools to speak to children about the service.

The service ensured that it shared relevant and updated information with the local community. We saw that the service communicated with the local community through posters. We saw posters guiding people in the community;

- Ensure medicine were being stored safely and away from children
- COVID-19 pandemic poster showing the clinics available locally for vaccinations.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Staff told us that they had some multilingual staff, speaking Yiddish and Hebrew but no other spoken languages. The service had access to pictures for children and those with communication difficulties which could be used to assess patients' pain. Staff also had access an interpretation service if required.

The service ensured that 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 responded to anyone in the local area regardless of their cultural or social background. Staff told us about when they visited a Muslim family and described how they were respectful to their culture and removed their shoes before entering the property.

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. Staff told us they received specific training on learning disabilities and dementia.

Good

Emergency and urgent care

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access emergency services when needed and receive treatment within agreed timeframes and national targets. We saw a sample size of over 400 response times for the month of January 2021, and this showed that the average response time was eight minutes 31 seconds from call connect to arriving on scene. The longest response time from the sample audit seen during the inspection was 36 minutes and this was later deemed to be a category four call. The service provided care and treatment promptly and we were told that 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. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service sent feedback forms to patients after they received care and treatment, which provided details to contact the service. The service monitored complaints and responses during the quarterly level three management meetings. We reviewed the three last level three meeting reports, from March 2021 to February 2022 the service had not had any complaints. Therefore, we could not review the complaints process used. However, we were told the process would be similar to the investigations used to review incidents.

Managers shared feedback from complaints with staff and learning was used to improve the service. We were told that the service would feedback to staff through weekly team meetings.

Are Emergency and urgent care well-led?

Good

We rated it as good.

Leadership

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

The leadership team consisted of two executive directors; the registered manager and the director for Information technology and informatics. The service had four non-executive directors; the nominated individual, medical director, clinical lead and operations lead. In addition, the service had a compliance lead and a lead for safeguarding and training. 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. We were told leaders were visible.

The registered manager had been within the service since 2020 and had worked in another independent ambulance service previously. The registered manager had experience as a public governor for a local NHS ambulance trust and, at the time of our inspection, was a current public governor for a local NHS hospital.

We reviewed the fit and proper persons requirements (FPPR) for the executive and non-executive directors within the service. We saw that the service had a FPPR policy dated January 2021. The policy comprehensively described the processes required to review and monitor the executive and non-executive directors' suitability for their role.

However, we saw the safe recruitment of new staff policy, dated January 2021, which described the process required for the recruitment of staff including DBS requirements. The policy did not specify how frequently the DBS should be rechecked within the service; however, the electronic CAD system did prompt administration staff that DBS checks were due within three years.

We reviewed three of the director's files and two staff files and found that not all files had a registered manager sign off after initial recruitment. We also saw that the two of the three executive director files did not include an up to date FPPR self-disclosure signed annually. We saw one was signed on 03 January 2021 and the other signed 01 February 2021. We were concerned that the service did not always have up to date information within directors files. The service did not always follow their FPPR policy which stated that all directors will confirm on an annual basis that circumstances have not altered and that they still meet the regulations.

Vision and Strategy

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

The service had a strategy, referenced in the mission statement, dated January 2021. The service's vision was to "*make effort to run a safe, effective, caring, responsive and well led organisation*".

The service's five-year strategy was "*to monitor performance against each of the areas*" listed in the vision. We saw that staff and leaders ensured that patient care was "*the primary concern*". The service was monitoring itself to meet the aims of the organisation.

The service had four main values;

1. *"Patient comes first in all the activities performed*
2. *Every member of the organisation upholds the respect and dignity of all users*
3. *The organisation was committed to the best possible outcomes*
4. *To treat patients with care and compassion"*

The services values are focused around Jewish values, which is that Judaism and the service believe that "*nothing is more important than family, community and human life*". Volunteering and charitable work is thought of as a large part of Jewish life.

Staff and leaders supported the vision and values of the service and were committed to patient centred care and patient safety. The staff we spoke with understood and supported the values of the service. However, it was not clear whether the visions and values were developed with the community, and the public.

Culture

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

Staff told us that managers were approachable and supportive. Leaders attended the informal weekly level one meetings with all staff to share information. These meetings included debriefs and results from incidents or complaints. Staff told us that meetings had developed into a social event for all staff but the informal structure of the meetings allowed staff to talk about calls. We were told the informal structure of the level one meetings allowed staff to be emotionally supported and leaders had created an environment that staff felt comfortable to raise concerns.

The culture was centred around the needs and experience of people who used the service. Leaders ensured that the local community were kept informed. They supported the community with the vaccination programme for COVID-19 pandemic.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Leaders encouraged openness and honesty at all levels within the organisation. Staff told us that they felt supported and encouraged to raise concerns. Responders described the service as a big community family. Staff we spoke with felt positive and proud to work in the organisation. We were told that the service had a friendly atmosphere.

Leaders ensured that staff at every level were given development opportunities. We saw that all staff were provided with mandatory training and were given opportunities to develop. Leaders listened to responders when they requested specific training during appraisals. Leaders told us that responders requested echocardiogram (ECG) training and the service developed and delivered ECG training (reading and interpreting the electrical signals of the heart).

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.

The service had effective structures, processes and systems of accountability to support the delivery of the strategy. The service had three levels of meetings throughout the service;

- Level one meetings were the informal all staff weekly meetings this fed into the level two and three meetings respectively
- Level two meetings were for the daily decision making, management issues and incidents
- Level three meetings included new processes, audit results, monitoring patient outcomes and protocols. Any new process or protocols were shared back to the weekly “level one” meetings.

We saw meeting minutes from the level two and level three meetings were comprehensive and interacted with one another. The governance structure had a culture of person-centred care. Each executive director or non-executive directors were responsible for key elements within the service. We saw that governance meetings had a formal structure that was followed throughout the meetings. Level three meetings included reviewing the results of compliance and clinical monitoring. We saw evidence that managers challenged results and created actions, with timeframes, allocated to specific team members.

Policies and procedures were in place which and based upon relevant legislation, best practice guidance and were relevant to the needs of the service. There was a named author and a designated lead for each policy and where appropriate were linked to other policies. The policies contained information regarding local NHS trusts and described the transport pathways required for patients with possible strokes and cardiac events.

Leaders monitored responders through the level three meetings to ensure they were not working excessive hours. However, these meetings took place quarterly which would not give leaders timely oversight. Leaders told us they

monitored calls informally through the electronic computer system and through the radio communications. Employed and volunteer responders had a requirement to respond to 50 calls per quarter. However, in the February 2022 level three report it showed on average employed and volunteer responders attended 74 calls per quarter. The October 2021, level three report showed on average responders attended 67 calls per quarter. We were concerned that responders were attending more calls per quarter than required and this had been the case since October 2021.

However, leaders told us they regularly monitored call responses per employee and volunteer. If staff were working excessive hours leaders would support responders to reduce their hours. We were told about a responder who was working excessive hours. The responder was struggling with the number of calls expected. They were supported to take some time off responding but they were able to return when they felt able to.

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.

The service had a system to identify, record and manage risks and issues. The service had an incident reporting policy, dated January 2021, which described the risk assessment matrix and how to score risks. However, the policy did not explain when a risk might be escalated and added to the risk register. We were told that risks were identified during the level three meetings. The service had two risk registers; the risk register and the controlled risk register. These were not defined within the policy. However, we saw the service had 10 risks on the risk register which included day to day risks within the service. The service controlled risk assessment was related to the management of the service such as clinical pathways and inadequate information technological systems and included eight risks.

We saw that both risk registers included a description of the risk, the initial and current impact and likelihood scores. We saw the service had control measures 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 meetings.

The service had a systematic programme of clinical and internal audit to monitor performance and incidents. These were reported monthly but presented into the level three meetings quarterly. We reviewed the meeting minutes and saw that clinical and internal audits were reviewed and monitored by the leaders of the service.

The service was not involved currently in the wider contingency planning for the area for major incidents. However, the service was making enquiries with external stakeholders to be involved in the local major incident plans and policies. Leaders had a strong emphasis on the safety and well-being of staff. Leaders told us that responders would attend in pairs. Responders were taught to risk assess the environment before entering a property. Leaders provided responders with hi-visibility jackets to be worn to ensure safety, especially in the dark. We were told how the service would protect staff by calling the police to support in some circumstances, if responders could be at risk. Leaders shared safety alerts during the weekly level one staff meetings and through newsletters.

Leaders told us that the service responded to all calls despite there not being a rota system in place.

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.

Good

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. The system was able to access the pathways through the electronic patient record.

Leaders ensured that appropriate and accurate information was being effectively processed, challenged and acted upon. The service had clear and robust service performance measures. The system was developed to ensure records could be viewed and the service was able to obtain any audits and data. This allowed the service to monitor patient pathways and patient outcomes with accurate, valid, reliable, timely and relevant information. We saw that the service monitored patient outcomes monthly against key indicators, such as chest pain and stroke, in the level three meetings.

The service monitored how effective their data was in comparison to NHS ambulance services national standards. We saw that the service monitored response times within the level three meetings. This allowed leaders to benchmark themselves against national outcomes. Leaders were aware of their requirement to notify externally, for example to regulators.

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

Engagement

Leaders and staff 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 level one meetings. The service shared information through newsletter communications and emails. Staff told us the leaders engaged with them about developments within the service.

The service worked with local stakeholders to plan and improve the healthcare of the local people. Staff told us how they were commissioned by the local council to open a mass vaccination centre during the COVID-19 pandemic. Leaders of the service engaged with community during the COVID-19 pandemic explaining changes in processes. The registered manager told us that they had been engaging with the cabinet office to help to engage with difficult to reach groups. Leaflets were distributed to promote the vaccine programme successfully. The service was commissioned to open a vaccine clinic in May 2021 to support the local community and the uptake of the COVID-19 vaccinations. The service provided figures that the service vaccinated 4,312 patients; 54% were first vaccinations, 26% were second dose vaccinations and 20% were the booster doses of the vaccinations.

The service was working to ensure that they had contacts with local stakeholders. The service shared a list of the key stakeholders the service engaged with, including local council, local NHS hospitals and local resilience forums.

Learning, continuous improvement and innovation

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

The service had shown good systems of improvement and innovation since the last inspection. We saw that the service had reviewed and improved its governance processes and risk management processes. The service had developed an innovative electronic computer system which was fit for purpose and allowed continuous monitoring of services.

Managers told us they were committed to continually improving services. Since the last inspection we saw that the service had invested in a new building for the base, and a new ambulance.