Motorsport Vision Limited

Motorsport Vision - Snetterton Circuit

Inspection report

Snetterton Circuit
Snetterton
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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?	Inspected but not rated
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. 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 provided good care and treatment and gave patients pain relief when they needed it. The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Emergency and urgent care	Good 	We rated the service good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Summary of this inspection

Background to Motorsport Vision - Snetterton Circuit

Motorsport Vision – Snetterton Circuit is operated by Motorsport Vision Limited. MSV is an independent ambulance service based at a racing track. The service assesses and provides emergency medical treatment to visitors, staff and event participants at Snetterton Circuit. The service has two emergency ambulances to allow for the transfer of patients to hospital, and one rapid response vehicle (for on-site use only).

Ambulances and staff are based at a medical centre adjacent to the racetrack. The registered manager for Motorsport Vision – Snetterton Circuit is the medical centre manager. The medical centre is not within the scope of our regulation and we did not inspect it. However, we make reference to the centre because it was used as a staff base, administrative base, and storage of equipment and medicines.

The main service provided was emergency and urgent care through the provision of emergency medical cover for non-race events. The service also transports patients from the circuit site to hospital in the event of a medical emergency. In 2020, 12 patients with traumatic injuries were transported to the nearest hospital and one patient was transported with an emergency medical need.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an inspection on 22 October 2021 using our comprehensive methodology.

The inspection team comprised of a lead CQC inspector, a second CQC inspector, a paramedic specialist advisor and an offsite CQC inspection manager. We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit.

The service was not providing any regulated activities at the time of our inspection. We therefore based our ratings on an inspection of equipment, policies, procedures and discussions with the registered manager.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service SHOULD take to improve:

- The service should train staff to fit test FFP3 face masks to ensure they offer maximum protection.
- The service should implement a deep clean schedule for ambulances.
- The service should ensure wear and tear in ambulances that may present an infection control risk is addressed.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Inspected but not rated	Good	Good	Good
Overall	Good	Good	Inspected but not rated	Good	Good	Good

Good

Emergency and urgent care

Safe	Good
Effective	Good
Caring	Inspected but not rated
Responsive	Good
Well-led	Good

Are Emergency and urgent care safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of face to face sessions and e-learning. We reviewed the staff training matrix and saw 100% of staff were up to date. The registered manager monitored levels of training compliance and provided staff with protected time to complete updates.

The mandatory training met the needs of patients and staff and included health, safety, and welfare, conflict resolution, equality, diversity, and human rights, clinical infection prevention and control and safeguarding.

Staff attended an annual doctor-led training day. The specialist topic changed each year and the most recent included the management of traumatic cardiac arrest and damage control resuscitation. The training was based on a practical skills station model that required staff to demonstrate understanding and competencies.

The registered manager arranged training days based on case studies of incidents experienced on the racetrack. This included where the incident was experienced and reported by another provider and reflected good practice to share learning.

The registered manager provided new staff with specific training on each vehicle and equipment and carried out refresher training annually.

All staff were trained to the same standard and we saw consistent documentation in relation to planning updates and refreshers.

Staff undertook practical training in moving and handling to support the safe movement of patients for emergency care. The training was supplemented with a risk assessment that guided staff in decision-making in the event a planned movement presented increased risk to them or to the patient.

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 on how to recognise and report abuse.Safeguarding children and adults level two formed part of the mandatory training programme for staff. At the time of our inspection all staff were up to date.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

The registered manager, who was the registered manager, was the named safeguarding lead. A national safeguarding lead was in post at provider level and supported the local team. They held training to level three.

The nature of service meant staff treated patients who required emergency care, including for trauma. Hospital transfers always included at least two members of staff and it was a requirement of site access to the racetrack that anyone under 18 years of age be accompanied by a responsible adult.

The provider maintained a national safeguarding policy and risk assessment that reflected best practice and the nature of the service. The policy included the most recent guidance on responding to suspected female genital mutilation, suspected abuse of all kinds, and suspected human trafficking.

Emergency hospital transfers always took place to the same NHS hospital, which was the closest to the racetrack. Paramedics contacted accident and emergency en route to alert the trauma team and used this process to raise any safeguarding concerns. The hospital safeguarding team was the main point of contact for staff.

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.

The service generally performed well for cleanliness. Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff PPE such as gloves, aprons and face visors.

Clinical areas were clean and had suitable furnishings which were clean although these were not always suitably maintained. For example, the front cab armrests in one vehicle were worn and padding sponge was visible. This presented an infection control risk to staff. Although the issue was logged in maintenance records, there was no plan in place to mitigate the risk.

Alcohol hand gel was available in both vehicles and staff had access to full hand washing facilities in the medical centre.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Good

Emergency and urgent care

All staff were up to date with mandatory infection prevention and control (IPC) training.

We carried out IPC checks on two ambulances and a patient transport car. All vehicles were visibly clean, including equipment such as slide sheets and trolleys. Single-use linen, hand sanitiser and decontamination wipes were on board.

The provider had a standardised ambulance cleaning checklist. Staff used this to carry out routine daily cleans and ad-hoc cleans. Staff carried out deep cleans as needed such as after the transfer of a patient with a traumatic injury. The site had a separate area for vehicle cleaning, which including drainage of waste water into septic tanks. The checklist for deep cleans reflected national best practice from NHS England. There was no pre-planned schedule for deep cleans although the registered manager had introduced the use of a fogging system to more consistently ensure clean ambulance interiors.

Staff used appropriate antibacterial cleaning products to sanitise equipment at the end of each shift or between patients. Cleaning equipment reflected best practice and included single-use mop heads. The medical centre had a dirty sluice area to dispose of dirty water after cleaning.

The provider monitored government guidance in relation to COVID-19 and updated risk assessments and guidance for staff in safer working practices. The manager liaised with the racing circuit leadership team to ensure infection control policies were synchronised and risk assessments for the service reflected broader rules of the circuit.

Each vehicle had a fluid spill kit that included granules. Kits were fully stocked and within their expiry dates.

PPE such as gloves, face shields, aprons, eye protection and FFP3 face masks were carried in each vehicle. Staff had not undertaken training to fit test face masks, which is best practice to ensure they provide maximum protection. Each ambulance had alcohol hand gel available and staff carried personal issue bottles with them.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients. The service had two emergency ambulances used for the regulated activities. The registered manager maintained accurate records of maintenance and service history. Ambulance crews checked tyre pressure and fluid levels weekly and tyre depth and tread monthly in line with Department for Transport requirements.

We assessed both vehicles as part of our inspection. On the day of the inspection no regulated activities were being provided and the vehicles were not in operation. The vehicles were in a good state of repair and well presented.

All fixtures and fittings in the ambulances were available for use and fully functional. Both vehicles had a ramp for stretcher and wheelchair access that could be deployed mechanically or manually.

Emergency equipment on ambulances was in line with industry standards. This included intubation kits with laryngoscopes, primary response bags, oxygen masks, and splints. There was a wide range of oxygen masks in place including high concentration adult masks, variable flow masks and nebuliser masks. Equipment available was appropriate for the activity of the service.

All splints were intact, appropriately bagged and stored securely. Although intubation kits and primary response equipment were stored appropriately in sealed zip bags, they were not locked with seal tags that could be documented on a daily basis to denote the kit had not been used or tampered with. This meant there was reduced assurance kits were fully stocked and ready for use and ambulance crews needed to visually check each item before using the ambulance.

Ambulances carried haemorrhage control equipment, resuscitation kits, wall-mounted suction units, suction catheters, and airway maintenance equipment. Items with expiry dates were all within their useful life and equipment that required servicing or calibration had this arranged in advance.

Ambulances carried adult restraint equipment, and this was fully functional and had been serviced in line with manufacturer guidelines. Ambulances did not carry specialist child restraint equipment. Instead crews used adapted immobilisation straps that ensured children could be transferred safely but did not reflect best practice. After our inspection the registered manager confirmed new equipment had been procured for each vehicle.

The management of clinical waste did not reflect best practice. Clinical waste bags on ambulances were not stored in a fully enclosed, lockable, and rigid container or structure in line with national Environment Agency guidance. Each vehicle had a sharps bin and processes for handling and disposing of sharps waste was in line with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. A third party contractor was responsible for the disposal of clinical and hazardous waste.

Chemicals subject to the control of substances hazardous to health (COSHH) (2002) regulation were stored securely and only staff had access to this area.

Staff used a vehicle daily inspection (VDI) checklist at the beginning and end of each shift. The VDI included pre-response checks of non-clinical equipment, such as vehicle functions, and clinical equipment checks. VDIs were vehicle-specific and the registered manager stored completed checklists and we found they took action when defects were documented. Crews restocked their ambulance at the end of each shift.

The provider had a risk assessment for staff coming into contact with bodily fluids during emergency care. This reflected national best practice and supplemented training to protect staff from blood borne viruses and other infections.

The circuit operator was responsible for the safety of the overall racing and event environment. The provider supplemented the overall guidance on safe practices with a risk assessment for the medical team. For example, a comprehensive risk assessment was in place to protect staff from harm during the course of their duties. This included an assessment of controls preventing injuries, burns and lacerations such as fire marshal cover, rescue procedures in the event people were trapped in vehicles and circuit infrastructure.

Each ambulance had a 12-lead defibrillator and monitor, and the service had a supplemental automatic external defibrillator (AED). The environment meant it might not always be safe to use an AED, such as if the patient is in an area with flammable vapours present, such as from vehicle fuel, or outdoors in wet weather. An up to date risk assessment guided staff on scenarios in which it was safe to use an AED.

All maintenance, servicing, and calibration checks, and records were up to date. Staff used an effective system to report defective equipment. This utilised various third party contractors to repair or replace equipment based on urgency. Defective equipment was segregated from serviceable items. This reflected good practice because it reduced the risk staff would try to use broken equipment in a clinical emergency.

Staff spoke positively about the range and condition of equipment available. One individual said, “The level of equipment here is better than any other circuit I’ve worked at.”

The registered manager maintained a reference guide for the required stock levels and layout of response bags and emergency medicines in line with Joint Royal Colleges Ambulance Liaison Committee (JRCALC) national guidance.

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 were required to maintain a valid UK driving licence with no more than three penalty points. The provider’s recruitment team documented this check during the recruitment process and checked the status annually. Staff undertook a driving risk assessment every two years. This was a two day intensive programme that ensured they maintained the skills needed for emergency transport driving.

The provider maintained a series of risk assessments, policies, and procedures to support staff in working safely. We looked at the risk assessments and policies for manual handling, slips, trips and falls, and lone working. Each was up to date and provided staff with clear guidance on reducing risk.

The provider used a near miss reporting system at all of its locations. Staff accessed this electronically and completed details of the situation. The local manager reviewed near misses as part of the risk assessment and safety improvement strategy and the provider’s central team monitored these across all sites. This demonstrated the service’s proactive approach to safety management.

The manager worked with the provider’s central team to maintain a range of risk assessments to help staff work safely and minimise the potential for harm to them or to patients. Risk assessments used industry best practice, codes of practice and Health and Safety Executive to coordinate mitigating policies and staff training.

A ‘combative patients’ risk assessment guided staff in providing treatment to patients whose perception of the situation was affected by injuries or their mental health state or whose understanding of those trying to help might be impaired by a language barrier or other communication issue. The risk assessment provided guidance for staff in deescalating situations in which patients or bystanders were aggressive or threatening. Staff undertook breakaway training to protect themselves in the event a patient became physically violent.

Each ambulance had a simple triage and rapid treatment (START) index system. This consisted of colour-coded triage cards that reflected international standards for rapid triage during mass casualty events. The kits were in good condition, serviceable and clean.

Race competitors and drivers completed a medical declaration form prior to event participation and they each wore an identification band. In the event they were injured, paramedics requested the patient’s medical declaration form prior to treatment to check for allergies, or pre-existing medical conditions.

Staff assessed patients for clinical deterioration at regular intervals using a variety of observations including but not limited to; Glasgow coma scale (neurological scale), oxygen saturations, pulse and respiratory rate. We looked at a sample of patient report forms and saw staff consistently completed this information.

Good

Emergency and urgent care

The medical centre was adjacent to a helipad for air ambulance use. Staff requested air ambulance support in the event of severe head trauma or other conditions that required advanced support.

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. Managers regularly reviewed and adjusted staffing levels and skill mix and provided an induction for new staff.

The service had enough staff to keep patients safe in line with emergency care agreements with the racetrack. The service had one full-time paramedic, who was also the registered manager, two self-employed registered paramedics and two medical technicians. The service had a contract with another CQC-registered provider to provide paramedics and technicians in the event of staff absence.

Self-employed paramedics were employed on zero-hour contracts and worked substantively for other providers. This reflected the nature of the service and the registered manager planned paramedic shifts in advance in line with the racetrack's events calendar.

A chief medical officer worked with the provider to monitor safety standards across all locations. A medical advisor was in the process of joining the organisation and would lead on clinical policy and audit.

The registered manager provided new staff with an induction programme that included logistics of daily operations, policies and procedures and an orientation of each vehicle in the fleet.

A safe recruitment policy was in place that included requirements for references, background checks and employment history checks. We reviewed staff records and found the provider consistently adhered to these criteria.

Self-employed paramedics signed a bi-annual declaration of continuing professional registration with the Heath and Care Professions Council (HCPC), updated their Disclosure Barring Service (DBS) check every three years and held adequate medical indemnity insurance.

Staff explained to us that the medical team often comprised staff who worked for different employers. This was because different types of race meeting ran under different rules and some racing clubs had their own medical teams to cover their events. However, all medical staff attended training events together and knew how each team worked. The registered manager had a clear understanding of the activity that took place under CQC regulations.

We spoke with a member of staff from another provider who worked alongside this service regularly. They said, "Fantastic medical team. [The manager] is very good at getting the right people here; they have the right attitude."

Records

Staff kept detailed records of patients' care and transfers. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Records were stored and archived securely and in line with information governance requirements. Paper records were stored in a locked facility with restricted accessed. Digital records were stored in encrypted, password-protected files.

Good

Emergency and urgent care

Staff completed paper based patient report forms (PRFs) to document patient details, observations and treatment provided. PRFs were carbonated to allow the handover of patient information to accident and emergency department staff on arrival at hospital. This ensured that hospital staff had access to accurate records of pre-hospital patient observations, care and treatment.

The chief medical officer and registered manager reviewed all PRFs that related to patients who received care under a regulated activity annually. The most recent review identified consistently good practice with a requirement for staff to ensure they document the location of incidents on the racetrack estate.

Medicines

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

The registered manager had oversight and responsibility for obtaining medicines through a local NHS trust. The registered manager had access to pharmacist advice, if required.

The provider had a medicines management policy that provided guidance on the storage and administration of medicines. This included the process to follow in the event of a medicines error.

Medicine administration privileges were based on the scope of practice of each qualified member of staff.

The service held a Home Office Controlled Drugs license and the registered manager was the named responsible person. Controlled drugs were stored securely in a locked cabinet with up to date tracking documentation. Other medicines, including those on vehicles, were stored in locked cupboards with controlled access and the manager carried out weekly stock checks.

Medical gases were stored securely whilst on vehicles. All medical gases we checked were in date. Oxygen and nitrous oxide gas cylinders were locked in an external ventilated cabinet with clearly separated empty and full cylinders.

Staff maintained training competencies in administration of medicines carried in ambulances, such as methoxyflurane for pain relief in trauma scenarios.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Staff knew what to do if things went wrong and said they would apologise and give patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service used an incident reporting system and all staff were trained in its use. The manager reviewed local incidents and the provider's quality team tracked and reviewed these nationally.

The service reported that there were no never events in the previous 12 month reporting period. A 'never event' is a serious patient safety incident that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event reported type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Good

Emergency and urgent care

The service had a duty of candour policy in place and this was included in risk assessments and policies. 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. Staff we spoke with understood the provider's policy and their responsibilities under the duty of candour.

The provider's incident reporting policy was comprehensive, and the registered manager reviewed this with the central governance team annually or when learning indicated a need for change. The incident reporting system divided incidents into medical and non-medical and on-track and off-track categories, each of which had a checklist for staff to follow to ensure adherence to the provider's requirements. The system also guided staff in identifying incidents that needed to be reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) (RIDDOR).

There had been no reported incidents in the 12 months to our inspection. Regulated activity was a very small proportion of this service's work and the lack of incidents reflects the low level of activity.

Are Emergency and urgent care effective?

Good

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and procedures 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 issued by organisations such as the National Institute for Health and Care Excellence (NICE), the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), and the Independent Ambulance Association. The provider maintained policies and protocols and the registered manager ensured local staff read and understood changes and updates. There was a good system in place to ensure all staff remained up to date with changes in guidance. This reflected the nature of the service and the fact staff worked within different conditions of employment.

Staff followed trauma care pathways issued by the Resuscitation Council UK, such as the paediatric foreign body injuries, the out of hospital basic life support algorithm and the advanced life support (ALS) algorithm. Staff also adhered to industry-specific guidance such as post-concussion guidance issued by Motorsport UK aimed to prevent further injury or exacerbation by releasing a patient back to driving a vehicle too early after an injury.

The provider arranged an annual clinical training day for staff. This included changes to standards of practice in pre-hospital emergency care. The next training day would include updated guidance from the Resuscitation Council UK on cardiopulmonary resuscitation (CPR) during the COVID-19 pandemic.

The manager maintained an audit trail of changes to policies and procedures and ensured staff read and signed an update sheet whenever something changed. We looked at records for the last 10 policy updates and saw all members of staff had signed their understanding.

Good

Emergency and urgent care

Paramedics were registered with the Health and Care Professions Council (HCPC). The provider checked registration annually.

Staff followed a standard operating procedure for the transfer of patients who had experienced a traumatic injury. This guided the care pathway of the patient and meant they were received in the resuscitation unit of the destination hospital followed by triage and then trauma care planning.

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

Ambulances carried a variety of medicines to treat pain. Medical records demonstrated pain relief had been administrated in a timely manner. All records showed the documentation of a pain score both pre and post analgesia administration.

Piped nitrous oxide was available on each ambulance and staff were trained in its safe administration.

Staff had access to pictorial pain scoring in the JRCALC guidelines that could be used for people with reduced mental capacity. This was not often required but reflected good practice.

Response times

The medical centre was the base for paramedics and support staff and was the central dispatch point for emergency crews. When in operation, the service had a 90-second response time to medical incidents on the racetrack.

Other providers and medical volunteers were regularly on site and provided 'remote' medical care around the racetrack. These teams would work to stabilise patients before the ambulance crew arrived.

Staff carried portable radios when responding to medical incidents and maintained contact with the racetrack's command centre as well as the medical centre. This enabled an efficient response.

Patient outcomes

Due to the size and nature of the business the provider did not routinely collect patient outcome data.

There are currently no nationally specified key performance indicators for this type of service.

Due to the nature of services provided, patient outcome information was limited. Ambulance crews handed over the care of transported patients to the receiving hospital and returned to the circuit and were therefore unable to gain outcome information.

Good

Emergency and urgent care

The provider's chief medical officer and the location manager carried out an annual review of clinical activity under their regulated activities. The most recent review found ambulance crews had alerted the receiving accident and emergency department on their way to the hospital in all appropriate cases. Crews had taken two patients directly to a cardiac intervention suite, which the review found to be appropriate in both cases. The review found appropriate clinical management and handover of patients in all cases.

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 had the right skills and knowledge to meet the needs of patients. New staff undertook an induction that included completion of mandatory training and a period of shadowing an experienced member of staff. We saw the provider had documented inductions of staff. The manager said induction included a review of logistics of the service, an orientation for each individual vehicle and training on vehicle management and safety.

All staff attended an annual practical training day. This was led by a doctor and included specific clinical trauma scenarios and practical competency development.

The registered manager carried out annual appraisals with staff directly employed by the service. For staff who were self-employed, the manager adapted this approach with regular observations of work and the provider's bi-annual checks of registration and good standing.

Training was focused on pre-hospital care and annual training days helped staff to develop skills in the specific context and nature of the service. Ambulance technicians maintained certification in first person on scene training.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff described effective handovers with hospital staff when they took patients to accident and emergency or trauma centres. Paramedics issued a pre-alert for emergency transfers and ensured the receiving hospital team was prepared.

The service engaged with local NHS services, the air ambulance service and other ambulance providers who regularly provided services on site. This facilitated a well organised system and enabled each provider team to provide their specific area of care to the best of their ability.

We spoke with staff who worked for other providers during our inspection and they provided unwaveringly positive insight into this service. It was clear the manager and their team were well respected.

Seven-day services

The service operated on a pre-planned basis on specific event days, which were scheduled up to one year in advance. This enabled the manager to establish staff cover with plenty of notice and to secure additional cover on request of the racetrack.

Good

Emergency and urgent care

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their treatment. They worked to the provider's consent policy that guided them in treating people following a medical emergency or trauma incident, including unconscious patients. The policy included the treatment of children and helped staff to adhere to Gillick competencies for those under 16 years of age.

Staff undertook training in the Deprivation of Liberty Safeguards (DoLS), dementia, learning disabilities and the Mental Capacity Act. Although the service did not provide a dedicated mental health transport service, training meant staff were able to provide safe and effective care to patients with diverse needs.

Are Emergency and urgent care caring?

Inspected but not rated

Due to the nature of the service we were unable to speak directly to patients during the inspection. We were unable to attend any patient journeys; and did not observe any patient care. We are therefore unable to rate this key question.

Compassionate care

Staff spoke about patients with compassion and kindness, showing they respected their privacy and dignity, and took account of their individual needs.

We did not observe any regulated care during our inspection.

The registered manager described their expectations of staff compassion and treatment with privacy and dignity. This reflected the often traumatic nature of medical demand on site and the need for staff to work together to protect patient's privacy. Staff carried blankets and privacy screens on ambulances for field treatment and utilised the medical centre for discreet treatment where possible.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff explained how they provided emotional support to patients, families and carers to minimise their distress. One member of staff said, "We very rarely have to deal with aggressive people, staff are experienced at front line work and persuade people, never a problem". Another individual said, "People are aware of the risk involved in racing and they are usually very appreciative of everything we do for them."

The registered manager kept all feedback from patients and their loved ones. This demonstrated a consistently high standard of care that had a very positive impact on people. The relative of a patient had written to the service after staff had delivered life-saving care to note how they had changed their lives for the better.

Good

Emergency and urgent care

Staff were trained to provide emotional care and reassurance to people during emergency treatment and to take care of relatives who may be in shock or in a state of panic. They worked well with other services to ensure people had the maximum level of support available.

Understanding and involvement of patients and those close to them

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

Patients gave positive feedback about the service. We saw extensive evidence of consistently positive feedback from patients and their loved ones.

Staff demonstrated they were a close knit team that cared about patient's safety and experiences and knew each other's strengths and weaknesses.

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

Are Emergency and urgent care responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of people who used the service

The service planned and provided care in a way that met the needs of people who used the service.

Staff told us the number of vehicles and staff on site depended on the type of meeting. There was at least one ambulance and a medical car available on standard event days and two ambulances plus a medical car on special event days, which were much busier. If both ambulances left the site transporting people to hospital, the race meeting was suspended until an ambulance returned.

The registered manager planned in advance with the racetrack senior team to ensure there would be sufficient staff and ambulance resource available.

The minimum cover level was one ambulance, one paramedic and one ambulance technician. Other providers worked on site under various contracts with the racetrack. This service planned with them to ensure adequate cover.

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.

Good

Emergency and urgent care

Staff respected people's privacy and dignity: staff treated life-threatening conditions in situ, transferred patient to the ambulance and on to the medical centre. Staff used screens and blankets to preserve dignity. The racetrack provided crowd management support to enable paramedics and technicians to treat people without being overwhelmed by onlookers.

Staff recorded if people chose to decline treatment; there was a space on the treatment form for them to do this. Staff explained the treatment and the benefits of receiving treatment and respected people's choices.

A condition of racing at the track was that drivers had a good standard of spoken English as all safety instructions were delivered in English. This meant it was very rare ambulance crews dealt with language barriers. However, the service maintained access to translation services as an extra layer of support.

The service had a good relationship with the local NHS ambulance provider and requested their support if bariatric equipment was needed. Similarly, they requested air ambulance support if it was not possible to safely transport a patient by road, such as in the event of a head or spinal injury.

Access to the right care at the right time

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

In 2020, 12 patients with traumatic injuries were transported to the nearest hospital and one patient was transported with an emergency medical need.

People could access the service when they needed it and received the right care in a timely way. Staff explained they had a 90 second response time to reach an incident anywhere on track. Staff dealt with life-threatening conditions immediately and transferred people to the most appropriate hospital for the injuries they suffered. A paramedic always attended to the person during their transfer to hospital. People had access to air ambulances if necessary.

Staff said most accidents were high-speed accidents so a consultant would pre-alert the hospital when an accident occurred. Paramedics supplemented this with additional communication with the hospital whilst en route.

Feedback from people indicated the service performed well in this measure. One family member wrote a thank you card and said, "The future would have been very different if he hadn't received such swift medical attention at the time."

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The manager knew how to treat concerns and complaints, investigate them and share lessons learned with all staff.

The provider had an established complaints policy that incorporated staff responsibilities under the duty of candour. The registered manager was the named responsible person for complaints and ensured investigations and resolution took place within the policy's timeframes. The complaints policy was focused on compassion towards the complainant and it encouraged staff to deal with issues sensitively and with empathy. There had been no formal complaints to the service since they started offering regulated care.

In the event of a complaint, the provider's senior team and racetrack management team would review the manager's response and resolution to ensure it was in the complainant's best interests.

Good

Emergency and urgent care

Are Emergency and urgent care well-led?

Good

Our rating of well-led stayed the same. 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.

The registered manager was the registered manager of the service and responsible for regulated activities. The senior leadership team was at provider level and included a group CEO, general manager, group operations manager, group health and safety manager and three other senior managers. The registered manager reported to the provider team and worked within the direction of the racetrack management team. Their scope of practice and areas of responsibility were clearly structured.

The registered manager was a registered paramedic and maintained up to date competencies in pre hospital care and first on scene treatment.

Staff spoke positively about the senior team and said they were approachable and supportive.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service's corporate mission statement was 'to provide a high-quality emergency medical and ambulance service to all persons visiting the venue'. The registered manager and staff were clearly passionate about the service and aimed to provide the best standard of pre-hospital care they could.

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 spoke with were proud of the work that they carried out. They enjoyed working with the service and were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

Staff demonstrated a positive working rapport with each other and with other provider teams and said they felt supported by the senior team. They said they felt involved in the operation of the service and felt confident in making suggestions for change.

The service demonstrably had an open culture based on mutual respect.

Governance

Good

Emergency and urgent care

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The medical central manager attended an annual joint governance meeting with the chief medical officer and other location managers. This enabled managers to share challenges, learning, and successes. This process also identified areas of effective working with the racetrack senior team and opportunities for improvement in governance processes.

The registered manager and chief medical officer attended an annual medical committee meeting. This process ensured the service remained up to date with national clinical guidance and changes in standards of practice, such as with updates from equipment manufacturers.

Governance processes were in place for staff to be employed jointly with NHS services or other independent healthcare providers. This ensured staff retained appropriate registration and completed required training.

The registered manager shared feedback from colleagues, patients and their relatives with the provider's governance team to ensure learning could be identified and shared across all locations.

Management of risk, issues and performance

Leaders 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 group health and safety manager maintained a series of policies, risk assessments and a risk register. They reviewed these annually or after an incident. The registered manager provided copies of policies and risk assessments to each member of staff who signed to confirm their understanding.

Risk assessments were comprehensive, evidence-based and up to date.

The risk register was at provider level and reflected risks common to the type of service and racetrack-specific risks. The registered manager maintained an understanding of these and the mitigation in place.

Paramedics were self-employed and held medical malpractice insurance. The provider required self-employed staff to maintain the same standards in training as employed staff and background recruitment checks were the same, including the requirement for two professional references and a Disclosure Barring Service (DBS) check.

Contingency plans were in place, including a communication and coordination plan, for adverse events such as extreme weather or road closures. Paramedics communicated with the racetrack command centre to expedite emergency transfers off site.

The provider held liability insurance for the public and equipment and medical malpractice insurance.

Information Management

Information systems were integrated and secure.

Good

Emergency and urgent care

Staff undertook information governance and data security training. This included their responsibilities for confidentiality and under the General Data Protection Regulations (GDPR). The manager was responsible for data control and stored records appropriately. Paper records were stored securely with restricted access and digital records were encrypted and accessible only by authorised staff.

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

The nature of the service meant opportunities for patient feedback were limited. However, the service had a high-visibility presence on site and staff clearly had a good understanding of the racing environment. Previous patients often visited the medical centre on events days to speak with staff, which reflected the positive relationships they fostered.

The service was a member of the Independent Ambulance Association and accessed training and support from the group. For example, staff were undertaking webinar groups in new national sexual safety standards.

Learning, continuous improvement and innovation

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

Staff were clearly invested in the service and were proud of its reputation and impact on the racetrack community. The registered manager utilised annual practical training events as multidisciplinary opportunities for staff to build skills and innovation together.