Motorsport Vision Limited

Motorsport Vision - Snetterton Circuit

Quality Report

Snetterton Circuit
Snetterton
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Date of inspection visit: 12 September 2018 and 25 September 2018
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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this ambulance location	Good
Emergency and urgent care services	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Motorsport Vision – Snetterton Circuit is operated by Motorsport Vision Limited. MSV is an independent ambulance service near Norwich, Norfolk. 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).

We inspected this service using our comprehensive inspection methodology. We carried out a short noticed announced part of the inspection on 12 September 2018 along with a short notice announced visit to the service on 25 September 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital was emergency and urgent care through the provision of first and medical cover for events. The service also transports patients from the circuit site to hospital in the event of a medical emergency. This falls under the scope of regulation.

Services we rate

Our rating of this service was good overall.

We found the following areas of good practice:

- Staff were knowledgeable around incident reporting processes and the duty of candour.
- Staff were clear in their responsibilities to identify and report safeguarding concerns.
- The service was taking effective steps to prevent and control the spread of infection.
- Equipment and vehicles were well maintained.
- Medical records were complete and demonstrated timely assessment of pain and subsequent administration of pain relief.
- The service provide care that was based on national guidance.
- Staff assessed pain levels in a timely manner with evidence of regular analgesia.
- Staff described steps they would take to ensure a patient's dignity and privacy was respected.
- The service had systems in place to offer staff support in the event of witnessing traumatic events.
- The service was planned in advance to meet the needs of visitors, participants at events and circuit staff.
- The service met the individual needs of patients.
- Patients could access the service in a timely and efficient manner with rapid on scene arrival times.
- The service had systems and processes in place to handle and respond to complaints.
- Staff described an open and honest culture within the service, stating they felt 'respected and valued in their role'.
- The service had a clear leadership structure in place.
- Staff knew the service's vision and were passionate about providing the best emergency pre-hospital care possible.
- All staff described an open and transparent culture within the service.

However, we found the following issues that the service provider needs to improve:

- There was a lack of documented staff engagement and minutes of any meetings were not documented to demonstrate that key issues or concerns had been shared with staff.
- The level of safeguarding training that staff had completed was not recorded.

Summary of findings

- Some policies and risk assessment had not been regularly reviewed in line with company recommendations. A local risk register should also be maintained for service oversight.
- Patient feedback should be monitored and recorded to improve the service.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Emergency and urgent care services	Good 	The main service provided was the provision of first aid and medical cover for events at the race circuit; however, this is not within our scope of registration. On occasions, the service transports patients from the event site to hospital in the event of emergency treatment being required. This falls under the scope of regulation. There were effective processes in place to maintain and repair equipment and vehicles. The service effectively prevented and controlled the spread of infection. Consumable equipment was well organised and all within expiry date. Medicines were safely stored and all within expiry date. Medical records were complete and contemporaneous, demonstrating an accurate record in respect of each patient. The service was responsive. Staff described an open and transparent culture and felt valued in their role. However: Staff engagement methods including meeting minutes were not formally documented. The level of safeguarding training which staff had completed was not recorded. Some policies and risk assessments lacked regular review.

Motorsport Vision - Snetterton Circuit

Detailed findings

Services we looked at
Emergency and urgent care

Detailed findings

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Background to Motorsport Vision - Snetterton Circuit

Motorsport Vision – Snetterton Circuit is operated by Motorsport Vision Limited. The service opened in 2011. It is an independent ambulance service in Norwich, Norfolk. The service assesses and provides emergency medical treatment to visitors, staff and event participants at Snetterton Circuit. It has two emergency ambulances to allow for the transfer of patients to hospital and one rapid response vehicle (for on-site use only).

The service has had a registered manager in post since August 2011.

Our inspection team

The team that inspected the service comprised a CQC lead inspector with experience as a paramedic, and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Facts and data about Motorsport Vision - Snetterton Circuit

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the purpose built medical centre, inspected vehicles and equipment. We spoke with five staff including; registered paramedics, technicians and the registered manager. We were unable to speak with patients or relatives as no patients required treatment and transportation on the day of our inspection. During our inspection, we reviewed 10 sets of medical records, applicable to patients who had been transported to hospital for further care.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice, and the most recent inspection took place in March 2017, which found that the service did not have a policy in place to describe the policy and procedure for Duty of Candour.

Activity (September 2017 to August 2018)

Detailed findings

- In the reporting period September 2017 to August 2018 there were 18 emergency and urgent care patient journeys undertaken

Five ambulance technicians were employed on seasonal contracts at the service. Paramedic staff were self-employed and all held positions with other NHS ambulance services. The accountable officer for controlled drugs (CDs) was the circuit manager.

Track record on safety

- No recorded never events
- Clinical incidents zero no harm, no low harm, no moderate harm, no severe harm, no death
- No serious injuries

The received had received no complaints from September 2017 to August 2018.

Our ratings for this service

Our ratings for this service are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Not rated	Good	Good	Good
Overall	Good	Good	Not rated	Good	Good	Good

Notes

Emergency and urgent care services

Safe	Good
Effective	Good
Caring	Not sufficient evidence to rate
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Motorsport Vision – Snetterton Circuit is operated by Motorsport Vision Limited. The service opened in 2011. It is an independent ambulance service near Norwich, Norfolk. The service assesses and provides emergency medical treatment to visitors, staff and event participants at Snetterton Circuit. It has two emergency ambulances to allow for the transfer of patients to hospital and one rapid response vehicle (for on-site use only).

Summary of findings

We rated safe as good because:

- There were effective processes in place to ensure the reporting and investigation of clinical and non-clinical incidents.
- There were effective systems in place to monitor and oversee staff participation with mandatory training.
- There were mostly effective processes in place to safeguard vulnerable patients from the risk of abuse.
- There were effective processes in place to prevent and control the risk of infection.
- There were effective processes in place to ensure that equipment was available, maintained and safe for use.
- The service had effective processes in place to recognise and respond to patients at the risk of clinical deterioration.
- There were effective processes in place to safely obtain, store and administrator medicines.

We rated effective as good because:

- The service provide care that was based on national guidance.
- Staff assessed pain levels in a timely manner with evidence of regular analgesia.
- Staff and vehicles were appropriately located to enable a timely response.

Emergency and urgent care services

We have not rated caring, due to the limited amount of patient feedback available for this service. However we had no concerns with regards to the caring key lines of enquiry inspected. We found that:

- Staff described steps they would take to ensure a patient's dignity and privacy was respected.
- The service had systems in place to offer staff support in the event of witnessing traumatic events.

We rated responsive as good because:

- The service was planned in advance to meet the needs of visitors, participants at events and circuit staff.
- The service met the individual needs of patients.
- Patients could access the service in a timely and efficient manner.
- The service had systems and processes in place to handle and respond to complaints.

We rated well-led as good because:

- The service had a clear leadership structure in place.
- Staff knew the service's vision and were passionate about providing the best emergency pre-hospital care possible.
- All staff described an open and transparent culture within the service.

However:

- Staff engagement methods including meeting minutes were not formally documented.
- The level of safeguarding training which staff had completed was not recorded.
- The provider should have oversight of a local risk register.
- Various risk assessments and the child protection policy in place lacked recent review (2013).

Are emergency and urgent care services safe?

Good

We rated emergency and urgent care as good for safe.

Incidents

- There were effective processes in place to ensure the reporting and recording of incidents for learning purposes amongst staff.
- There had been no reported clinical or non-clinical incident between September 2017 and August 2018.
- Staff received information on incident reporting processes as part of induction processes.
- The registered manager told us if an incident was identified, it would be verbally shared with staff to aid learning if applicable. There were no regular or documented staff meetings taking place and therefore we were unable to gain assurances as to the effectiveness of learning from incidents as none had been reported in this time frame.
- However, a team 'read' file had been implemented in August 2018 to share key messages with staff. In the future, this would enable staff to share key messages if required in relation to incidents.
- Staff had access to an incident reporting policy which was held electronically.
- There had been no never events between September 2017 and August 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic barriers are available at a national level, and should have been implemented by all healthcare providers.
- Incident reporting systems were paper based for both on and off-site incidents (for example, incidents whilst a patient was in transit to hospital).
- The registered manager was responsible for incident investigations, with support from the circuit manager and companywide health and safety officer, if required.
- 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.
- The service had a policy named 'duty of candour'. The policy provided clear guidance to staff on the actions to take in the event of the duty of candour being required. This was an improvement from our last inspection which identified there was no duty of candour policy in place. The policy was in date and due for review in April 2019.
- All staff we spoke with could describe the meaning of the duty of candour and where they could access the service's policy guidance. This was an improvement compared to our previous inspection.
- All staff could describe what constituted an incident and the reporting process in place. The explained that should an incident occur, this would be discussed amongst staff to aid learning. To date, there had been no reported incidents.

Mandatory training

- There were effective systems in place to monitor and oversee staff participation with mandatory training.
- On commencement of employment, staff completed an application to drive under emergency conditions. Staff presented their driving licence, proving category entitlement and evidence of previous blue light emergency driver training from other organisations, if applicable.
- We reviewed records which demonstrated staff driving licences had been checked on an annual basis, detailing category entitlement to ensure staff had correct categories to drive vehicles, if required, that were over 3.5 tonnes in weight.
- All paramedics working for the service signed a bi-annual declaration stating they were meeting the requirement of their professional registration (HCPC), had completed safeguarding training (adults and children), held malpractice insurance and had received a disclosure and barring service check (DBS) within the last three years. We reviewed the records of the five paramedics working on a self-employed basis. All except one staff member had signed a declaration within the last 17 months.
- Staff employed on a seasonal contract attended an annual update which included refresher training on subjects including, but not limited to; medical centre equipment, ambulance equipment, infection prevention and control, and clinical waste management.

Safeguarding

- There were effective processes in place to safeguard vulnerable patients from the risk of abuse.
- The registered manager was the named safeguarding lead for the service. However, staff did not have access to a level three safeguarding trained contact in the event of advice being required.
- We reviewed training records for the registered manager (full time employed by the service) and technician staff who were employed on seasonal contracts. All records demonstrated that staff had completed online safeguarding adults and children training however, certification did not detail the level of training completed.
- We raised our concerns with the registered manager who advised when seeking training, course material indicated the training was to level two for both adults and children.
- Level two safeguarding training is required for all clinical staff who have contact with children, as specified in the intercollegiate document. Those named as a lead for safeguarding, should have completed level three safeguarding training or above.
- All paramedics signed a bi-annual declaration to state they were competent in their role and compliant with the requirement of their professional registration body. All transferred patients were accompanied by a registered paramedic, therefore at least one crew member had received level two safeguarding training.
- The registered manager advised that a requirement of attendance onsite was that any person, under the age of 18 years, required a parent or legal guardian to be in attendance.
- Staff attended an annual update training day which included information and guidance on the service's safeguarding policy and procedures.
- We requested companywide safeguarding adults and children's policies, specific to the service.
- Adult and children safeguarding policies were companywide. The policy named 'Protection of Vulnerable Adults' was last reviewed in January 2018, with further review scheduled for January 2019. The policy outlined examples of abuse, including female

genital mutilation, psychological abuse and self-neglect. The policy emphasised the need to escalate identified concerns to the local authority to ensure appropriate investigations took place to safeguard the patient.

- The child protection policy, held onsite and Motorsport Vision – Snetterton Circuit, did not reference national guidance. It did not contain information for staff on how to raise concerns about a vulnerable child. We raised our concerns with the registered manager who advised that staff would call police, or forward their concerns to the receiving hospital, dependant on the nature of concerns identified.
- After our inspection, the service provided us with a further child protection policy, dated January 2013. Whilst lacking recent review, the policy had clear reporting processes in event of identifying a safeguarding concern for a child. Operational staff reported to the registered manager and circuit manager, who in turn escalated concerns to the appropriate local authority, social services or police.
- Staff had access to a pre-hospital safeguarding guide and senior safeguarding trained staff to level 3 for adults and level 4 for children if required. This was the same as the service used by local NHS ambulances services.
- All staff we spoke with were clear in their responsibilities with regards to the identification and reporting of safeguarding concerns. Staff advised they would pass concerns on to the receiving hospital, record concerns on patients report forms or raise concerns to the local multi-agency safeguarding hub.
- To date, staff advised there had not been the need to raise any safeguarding concerns for either an adult of child.

Cleanliness, infection control and hygiene

- There were effective processes in place to prevent and control the risk of infection.
- All clinical and non-clinical areas that we inspected were visibly clean.
- However, one ambulance had two tears in seat coverings. This meant that areas may not have been cleaned effectively. We raised our concerns with the registered manager who advised the vehicle, which was hired, was due to have both chairs replaced within the month following our inspection (October 2018).
- Staff did not have arms bare below the elbow due to the safety requirement of wearing fire resistant uniforms. Staff uniforms were visibly clean and in good condition.
- Each staff member had two sets of uniform (overalls), to enable changing in the event of contamination. Uniforms were fire retardant due to the environment in which staff were working.
- Staff could describe steps to take to minimise the risk of cross infection, such as the use of gloves, and personal protective equipment.
- At the service's location, staff had access to hand washing facilities. In addition, hand cleansing gel was provided at the entrance to the medical centre.
- Ambulance vehicles contained gloves, masks, goggles and aprons to control and prevent the spread of infection.
- Staff completed daily vehicle cleaning check sheets. The check sheets contained guidance for the decontamination and cleaning of medical equipment and the environment. Cleaning frequencies were indicated to guide staff on effective processes to prevent and control the spread of infection.
- Staff completed cleaning check sheets for patient treatment areas within the onsite medical centre.
- Ambulance vehicles were deep cleaned on an annual basis. Vehicles were deep cleaned using fogging equipment. Fogging is a cleaning process which uses chemicals that eliminate microorganisms and disinfects the vehicle.
- The registered manager confirmed that deep cleaning of vehicles had taken place in December 2017 at the end of the season. Check sheets provided demonstrated that the fogging process had taken place at this time.
- The service provided evidence that fogging equipment had been serviced in May 2017, and that further service was due prior to the end of the 2018 season.
- We reviewed cleaning check sheets. We saw that vehicles had been checked on a daily basis when in use, and also saw documented evidence that weekly cleaning had taken place.
- Hand hygiene was not audited to ensure staff complied with good practice. The registered manager explained that the auditing of hand hygiene was difficult due to the small size of the service and nature of service provided.
- However, staff had access to infection control and hand hygiene guidance which included the 'five moments for hand hygiene' and department of health guidance (due for review in February 2019). Hand gel was available at the front door of the medical centre.

- Clinical waste and sharps (needles) were safely stored. The service had a contract in place for clinical waste disposal.
- Staff received annual refresher training in infection prevention and control.
- All linen, including blankets, sheets and pillow cases were disposable to prevent and control the spread of infection.
- Staff had access to operating procedures providing information on infection prevention and control including the use of personal protective equipment (PPE) and hand hygiene. The policy also outlined precautionary steps when handling sharps (needles) and the action to take in the event of a needlestick injury and the decontamination of staff uniform.
- Guidance provided staff with clear actions to take in the event of identification of damaged equipment, that prevented effective cleaning. For example, damaged or punctured head blocks, used for patient immobilisation should be removed from service if not intact.

Environment and equipment

- There were effective processes in place to ensure that equipment was available, maintained and safe for use.
- The service had a dedicated medical centre on site. The medical centre consisted of major and minor treatment rooms, shower and toilet facilities, crew rest area and office. There was a secure and gated area for vehicle storage.
- The major treatment room accommodated up to two patients at a time. Patients could be transported from the site of incident to this area and treated prior to transportation to the local emergency department.
- The major treatment room was well stocked, and contained a broad range of equipment suitable for both adult and paediatric patients.
- The medical centre was located adjacent to the track side and helicopter landing pad. Site layout enabled the timely transfer of patients in the event of medical emergencies.
- We reviewed a sample of consumable items including but not limited to; oxygen masks, emergency airway equipment, defibrillator pads and dressings from both ambulances, the rapid response vehicle and major treatment room. All items were within their expiry date and well organised.
- We reviewed service and maintenance records of equipment including, but limited to; defibrillators, blood pressure machines, carry chairs, trolley beds, scoop devices and medical gases therapy head equipment. Records showed evidence of regular servicing and maintenance.
- All facilities, vehicles and storage areas were well organised and free from clutter.
- Vehicle keys were securely stored. Ambulances were located a secure area when not in use. Ambulance vehicles were equipped to frontline emergency specifications, with a broad range of equipment for use with traumatic injuries and medical emergencies.
- Staff completed daily ambulance vehicle and equipment check sheets. Checks included, but were not limited to; exterior bodywork, tyres, brakes and emergency light testing. Equipment checks included; monitoring, resuscitation and trauma equipment, infection control and burns equipment.
- We reviewed daily equipment check sheets which demonstrated that equipment had been checked on all days where site activity was taking place.
- The registered manager was responsible for the oversight and arrangement of vehicle maintenance and servicing.
- We saw evidence that both ambulances had valid tax, MOT and service history in place.
- The service used two ambulance vehicles to attend the scene of incidents and transport patients to hospital in the event of further emergency care being required. The rapid response vehicle, solely used for onsite, transported healthcare professionals to patients as required.
- There were effective processes in place to report and manage faulty or damaged equipment. Staff took faulty equipment out of service, ensuring it was left in non-clinical areas to prevent use. In addition, faults were logged on a board within crew rest areas to enable the registered manager to arrange repair or replacement in a timely manner.
- There was a lack of local audit carried out in relation to environmental and equipment at Motorsport Vision – Snetterton circuit. The registered manager advised that bi-yearly environmental audits were carried out on a companywide basis.
- Staff had access to a policy named 'manual handling'. We saw the policy was in date and reviewed in August 2018.

Assessing and responding to patient risk

Emergency and urgent care services

- The service had effective processes in place to recognise and respond to patients at the risk of clinical deterioration.
- Staff had access to up to date guidelines including the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.
- Staff had access to a local NHS ambulance clinical advice telephone line in the event that clinical guidance was required. This service had not been needed in the 12 months prior to our inspection.
- 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 reviewed 10 patient report forms. All records demonstrated that baseline observations, such as pulse, blood pressure, level of consciousness and respiratory rate had been documented and repeated where clinically necessary.
- All circuit areas were covered by closed circuit television. This meant staff could view the mechanism of injuries sustained and therefore make informed decisions around further care and treatment.
- All competitors and drivers completed a medical declaration form prior to event participation. Identification bands were worn by competitors to enable identification in the event of being unconscious. Staff requested medical declaration form information prior to treatment of unconscious patients to ensure that any allergies, or pre-existing medical conditions were known.
- During larger events, additional staff were provided to crew an extra ambulance. This was used if one vehicle went off site, to ensure another was available to provide further transport in case of further illness or injury.
- Staff contacted the local NHS emergency department when transporting critically unwell and injured patients. This ensured that appropriate medical teams were in attendance on patient arrival.
- Staff were clear in their responsibility to request land and air ambulance assistance. Although no formal document was in place, in the event of severe head injury or if rapid sequence induction (RSI – emergency anaesthesia) was required, staff contacted 999 to request air ambulance support.

Staffing

- Staffing was sufficient to meet the demands of the service.
- The service employed one full time registered paramedic who was also the registered manager for the service.
- The service employed four ambulance technicians on seasonal contracts, five paramedics and a further two ambulance technicians worked on a self-employed basis.
- The service employed an honorary medical officer on a zero hours contract to provide advice and guidance on emergency medicine.
- Staffing levels were planned in advance to include a minimum of one registered paramedic and one ambulance technician for all event cover that may require the transportation of patients to hospital.
- Shift coverage was not subject to routine monitoring through the use of key performance indicators. The registered manager oversaw all staffing requirement due to the smaller size of the service and nature of service provided.
- In the unlikely event that the service was unable to provide enough staff, the registered manager advised that they would outsource work to other services. This had not been required to date.
- Working hours varied dependent onsite activity. However, the earliest shift start was 8am, ending at the latest time of 8pm. This meant staff had adequate rest period in between shifts.

Records

- Systems and processes ensured that medical records were stored securely and easily accessible.
- We saw that records were securely stored, well organised and retained for seven years or until the patient was 21 years of age. This was in line with information governance requirements.
- 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 emergency departments in the event of patient transportation. This ensured that hospital staff had access to accurate records of pre-hospital patient observations, care and treatment.

- The registered manager told us they reviewed all patient report forms. However, no formal audit took place with regards to PRF completion.
- Due to the nature of services provided, staff did not routinely have access to information such as do not attempt resuscitation orders.

Medicines

- There were effective processes in place to safely obtain, store and administrator medicines.
- The registered manager had oversight and responsibility for obtaining medicines through a local NHS Trust hospital. The registered manager had access to pharmacist advice, if required.
- We saw evidence that the service held a Home Office controlled Drugs licence. The licence was in date and due for renewal in November 2018.
- Staff had access to a policy providing guidance on the storage and administration of medicines. The policy gave clear instructions to staff in the event of a medicines administration error, including informing the patient and other healthcare professionals as required.
- The policy clearly stated that staff could only act within their scope of practice, and demonstrated the range of medicines by appropriate clinician grade/training level. The policy was in date and due for review in January 2019.
- Controlled drugs were locked securely, all within their expiry date and well organised. The controlled drugs book was locked in a secure cabinet, this was an improvement from our previous inspection.
- Controlled drugs keys were held by authorised personnel only. When not in use, keys were stored in a locked cupboard, with controlled access to authorised personnel only.
- Non-controlled drugs were stored in a locked cupboard. All stocks were well organised and all medicines were within their expiry date.
- Medicines on vehicles were stored securely. All medicines were within their expiry dates.
- Refrigerated medicines were stored securely. Temperature range was monitored on a daily basis and logged in a diary. We reviewed daily checks and saw checks had taken place on each operational day between June 2018 and August 2018 inclusive. In the event of out of range temperatures, the registered manager sought advice from the local NHS Trust hospital's pharmacist.
- Medical gases were stored securely whilst on all vehicles. All medical gases we checked were in date. Oxygen and Entonox cylinders were locked in an external ventilated cabinet, which clearly separated empty and full cylinders.

Major Incidents

- Motorsport Vision had a major incident plan in place which was specific to Snetterton circuit. The plan described a clear structure of command and clear responsibilities in the event of a major incident. Medical teams had prompts cards to ensure that correct actions were taken in the event of major incident in addition to guidance for staff with regards to multi-disciplinary working with other emergency services.
- The major incident plan had been recently reviewed in August 2018. Staff also had access to an accident reporting process flow chart, to aid decision making in the event of minor, major and fatal injury with guidance on scene management and required reporting processes.

Are emergency and urgent care services effective?

Good

We rated emergency and urgent care as **good** for effective.

Evidence-based care and treatment

- The service provided care that was based on national guidance.
- The service used current guidelines to form the basis of treatment including the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).
- Staff had access to a range of information on guidelines and procedures which were paper based within medical centre treatment areas.

Pain relief

- Staff ensured that pain relief was offered in a timely and effective manner.
- Staff carried a variety of medicines to treat pain. We reviewed ten medical records which all demonstrated that pain relief had been administrated in a timely manner. All records showed the documentation of a pain score both pre and post analgesia administration.

- Staff had access to pictorial pain scoring in the JRCALC guidelines. However, due to the nature of services provided, the treatment of children, or patients with additional needs such as dementia was not regularly required.

Response times

- The service ensured that vehicles and staff were appropriately located to provide a response in a timely manner.
- The medical centre was located adjacent to the circuit. This allowed for timely dispatch to all areas of the circuit within three minutes of activation.
- Due to all areas being accessible in a timely manner, routine monitoring of response times was not required.
- Staff carried portable radios to maintain contact with circuit control. We saw that staff checked radios were in working order, used a pre-fix sign to identify themselves and made control aware of availability during their shift. This ensured that they were contactable at all times.
- Mobile radios allowed staff to listen for incidents taking place on the track, or within circuit grounds.

Patient outcomes

- There are currently no nationally specified key performance indicators for the type of service provided at Motorsport Vision - Snetterton circuit.
- 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.

Competent staff

- There were effective systems in place to monitor and ensure that staff were competent within their role.
- All staff attended an induction training day prior to working with the service. Staff also attended an annual update day which covered a variety of subjects including, but not limited to; clinical waste handling, infection Control, patient report form completion, safeguarding and incident reporting.
- New employee induction forms were completed on commencement of employment. This covered a range of subjects, including but not limited to; incident reporting, policy information and health and safety.
- New staff completed an induction period prior to becoming part of an ambulance crew. This allowed new staff to become familiar with the working environment.
- The registered manager carried out appraisals for staff employed on seasonal contracts. All self-employed staff held positions with other main employers and therefore did not have an appraisal at Motorsport Vision – Snetterton Circuit.
- Appraisals covered areas including, but not limited to; asking if staff require support, or any other matters to raise.
- We reviewed appraisal completion for seasonal contract staff. Out of four staff, two had received an appraisal within the last month. The registered manager advised that he was awaiting completed documentation from the other two members of staff.
- We spoke with two members of staff who had recently had an appraisal. Both described the process as useful.
- All seasonal contract staff (four staff members) were ambulance technicians or first person on scene trained prior to commencement of work at the service. We reviewed records which demonstrated the service had taken copies of previous training qualifications. Staff then attended yearly update training days, and also had 'micro' training sessions on an ad-hoc basis.
- During patient transportation, all technician and first person on scene grade staff were accompanied by a registered paramedic.
- The service ran annual training days. The last event took place in February 2018 and covered several practical teaching sessions including chest decompression, thoracostomy, clinical case presentations and c-spine management (neck). Clinical case discussion also took place at these events.
- The registered manager was experienced in pre-hospital care and monitored staff's competencies through supervision on a regular basis. Any concerns around competencies would be addressed in person, although this had not been required to date.

Multi-disciplinary working

- The service communicated with other healthcare professionals and circuit staff to ensure that patient needs were assessed and treated in a timely manner.
- The service routinely engaged with other healthcare professional including the local NHS trust, various air ambulance services and local accident rescue service staff.

- The registered manager told us that annual training events were often attended by various other healthcare professionals.
- We were provided with an example of positive feedback from a doctor who had visited the service for an event, stating 'thank you for your hospitality, it is one of the best organised tracks we visit medically. It is a pleasure to have such a professionally run medical facility'.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were knowledgeable about consent, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The service did not transport patients detained under section 136 of the Mental Health Act.
- Staff had access to a consent policy. The policy provided guidance for staff regarding processes for assessing capacity obtaining consent in both adults and children. The policy referenced the Mental Capacity Act 2005 and the Gillick competence, which relates to obtaining consent in children under the age of 16 years. The policy had been regularly reviewed and was due for further review in March 2019.
- Paramedic staff, working on a self-employed basis received Mental Capacity Act training from their primary employer, and completed a bi-annual declaration to state they were competent in their role and meeting the requirement of their professional registration body (Health and Care Professions Council; HCPC).
- We spoke with staff who advised that the patients ability to weigh up, understand and retain information to aid whether or not the patient had capacity. Staff did not routinely treat patients who lacked capacity, unless due to illness or injury. Staff explained how they would assess a patient's capacity, and make a best interests decision, supported with documentation on patient report forms.
- Staff were clear in their responsibilities with regards to the Deprivation of Liberty safeguards. Staff described the Mental Capacity Act principles and advised that they would seek further guidance, if required, through use of The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

Are emergency and urgent care services caring?

Not sufficient evidence to rate

Compassionate care

- We did not witness any episodes of patient care as no medical assistance was required on the day of our inspection.
- Staff described how they would protect and maintain a patient's dignity and privacy through use of blankets, privacy screens and aiming to treat patients in private areas, out of sight.
- We reviewed patient feedback from the relative of a patient who was unwell who offered great praise for the care and treatment their relative had received from clinicians at the circuit.
- Staff offered pain relief as soon as medical assessment had taken place. Pain levels were reassessed to ensure that the patient was a comfortable as possible.

Emotional support

- External assistance was available to staff who required support after witnessing traumatic events. To date, staff had not required the use of this service stating they 'all support each other'.
- Informal debrief sessions took place after the attendance of traumatic incidents/injuries.
- Feedback from a relative praised the teams approach to explaining what was happening to their loved one when unwell.

Understanding and involvement of patients and those close to them

- Staff described how they regularly updated relatives and loved ones in the event of patient injury or illness.
- We saw feedback from a relative (November 2017) describing how well informed they had felt following their loved one requiring care and treatment from the service.

Emergency and urgent care services

Are emergency and urgent care services responsive to people's needs?

Good

We rated emergency and urgent care as **good** for responsiveness.

Service delivery to meet the needs of local people

- The service was planned in advance to meet the needs of visitors, participants at events and circuit staff.
- Each event was assessed in advance to ensure an adequate number of clinical staff were available.
- Motorsport Vision – Snetterton Circuit staff provided medical cover for competitors, staff and visitors to the circuit grounds. Events were planned all year round, with reduced track activity taking place in the months of December and January.
- There was always a minimum of one paramedic and one ambulance technician at any event which may have required patient transportation. At larger scale events, additional clinicians and resources were in place to ensure the availability of clinicians for medical cover.
- On occasions, organisations brought their own medical teams to the site to treat competitors at various events. Motorsport Vision, would be available on site to provide care and treatment to all other personnel, including visitors and staff with capacity to transport patients to hospital, if required.

Meeting people's individual needs

- The service met the individual needs of patients.
- Staff acquired translation support and advice from relatives or used online translation services to assist a person whose first language was not English. Staff advised that a safety requirement for all site activity, was that competitors were not allowed on the track if they were not able to understand English.
- In addition, staff had access to a translation phrasebook, and pre-hospital communication guide.
- The service did not routinely assess and treat patients with complex needs such as dementia or learning difficulties. Staff received training in substantive roles in relation to the care of patients with additional roles.
- The service requested assistance from the local NHS ambulance trust in the event of conveyance of a bariatric patient.

Access and flow

- Patients could access the service in a timely and efficient manner.
- Request for ambulance attendance came through circuit control over portable radios.
- Portable radios facilitated contact with circuit control at all times. This enabled timely crew and vehicle timely dispatch to the scene of a medical emergency. All circuit and site areas where reachable within three minutes journey time of the medical centre.
- The service did not routinely monitor scene arrival times due to the short nature of journey times, however scene arrival times were recorded in the circuit control room. Once mobilised on track, all circuit activity ceased until the ambulance was restocked and ready to mobilise again. For larger events, more than one ambulance and crew were available for response.

Learning from complaints and concerns

- The service had systems and processes in place to handle and respond to complaints.
- From September 2017 to August 2018, the service had received no complaints.
- Staff had access to a document named 'complaints' which provided guidance on the escalation and investigation of complaints in the event of complaints being made. The complaint guidance had been recently reviewed in January 2018.
- Patients and relatives had access to information on how to make a complaint via the companywide website or through a social media page.
- All complaints were received via the circuit manager, who liaised with the service's registered manager. Investigations, if applicable, would be shared and escalated with Motorsport Vision's senior managers.
- We spoke with the registered manager around the gaining of patient feedback/comments. They tried to gain feedback in previous years, however, due to the nature of services provided, response rates were low.

Are emergency and urgent care services well-led?

Emergency and urgent care services

Good

We rated emergency and urgent care as **good** for well-led.

Leadership of service

- The service had a clear leadership structure in place, which extended companywide to Motorsport Vision Ltd.
- The registered manager reported directly to the circuit manager, who in turn, reported to the group operations manager and company chief executive.
- The registered manager was qualified and experienced in emergency pre-hospital care, which allowed them to plan, manage and deliver services from the location.
- Operational staff reported feeling supported in their role, describing local management as supportive and approachable.
- The registered manger, responsible for local leadership of the service, described both the circuit manager and other senior managers with the Motorsport Vision groups as responsive and approachable.

Vision and strategy for this service

- 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, along with all staff, knew the vision and were passionate about providing the best patient care possible within the pre-hospital environment.

Culture within the service

- Ambulance staff told us there was an open culture within the service. This was echoed by the registered manager, who reported feeling supported by operational staff.
- Staff had access to external support in the event of experiencing traumatic events. The registered manager told us that this service had not been required to date, as staff supported each other well.
- All staff described that they would feel confident to raise concerns without the fear of reprisals and told us they felt 'engaged, respected and valued' in their role.
- During our inspection, we saw that staff interacted and engaged with each other in a positive and supportive manner.

Governance

- Annual joint governance meetings were attended by the service's honorary medical advisor (accident and emergency consultant doctor). This enabled the service to seek advice and guidance on various matters. The honorary medical advisor also assisted in the planning and delivery of training, delivering practical sessions at annual training days.
- Attendance at annual joint governance meetings was documented. We saw a broad range of attendance from paramedics, doctors and other healthcare professionals had attended the services last meeting in February 2018.
- We reviewed annual medical committee meeting minutes from March 2018, which demonstrated attendance from the circuit manager, registered manager, honorary medical director and staff representative. Various subjects had been discussed including the acquisition of new equipment, the introduction of second language provision for competitors

  and staffing.

Management of risk, issues and performance

- There were clear systems and processes in place to identify and manage risks.
- The registered manager and circuit manager were responsible for the oversight of risk at Motorsport vision (MSV)– Snetterton circuit. They monitored local risks the service might face, including but not limited to; staffing, vehicle and fleet maintenance and equipment maintenance.
- Whilst there was no formal local risk register in place, service risk was overseen by the circuit manager through use of a risk register which was held at a MSV companywide level. We found no evidence that a lack of local risk register had resulted in adverse service provision or harm.
- Performance and other key information was escalated from the registered manager to the circuit manager. Clear lines of reporting processes were in place.

Emergency and urgent care services

- Regular communication took place between the circuit manager and registered manager of the service. The registered manager felt well supported by the circuit manager, describing them as responsive to queries and any identified issues.
- The company wide risk register was monitored and overseen by the circuit manager, who liaised with the registered manager on a regular basis.
- Multiple risk assessments were in place including lone working, manual handling, personal injury from a combative patient and adverse weather. Local risk assessments, specific to Snetterton Circuit had been regularly reviewed; combative patients, driving emergency vehicles, injury at work, infection control and manual handling. However, a number of risk assessments (companywide) were past their review dates including; lone working and adverse weather risk assessments (due for review January 2018 and June 2018 respectively).
- There was a clear major incident response plan in place.
- Any local concerns or issues were identified to MSV company leaders. The registered manager told us they were responsive and listened to requests, for example, if updated equipment was needed, when required.
- Bi-annual health and safety inspections were carried out by the company's health and safety lead. The last inspection was carried out in 2016, with further inspection due in October 2018.
- Regular health and safety forum meetings took place. We reviewed minutes from April 2018 which demonstrated that medical services were a standing agenda item and that the registered manager had attended. We saw that minutes detailed various subjects including the oversight and provision of training for medical staff at the service.
- The level of safeguarding training completed by staff was not recorded. However, staff were knowledgeable in the identification and subsequent reporting of a safeguarding concern, if required.

Information Management

- Medical records were accessible and stored in line with security standards.

Public and staff engagement

- Due to the nature of services provided, patient feedback opportunities were limited. Staff described that previous patients would 'pop in' and thank the service for the care they had received. The service had previously attempted to gain patient feedback, however they received no returns in relation to their requests.
- The registered manger was present at the location and visible to staff. Staff engagement, although not documented, took place on a regular basis during times when staff were not providing medical care.
- Staff engagement took place through a number of methods including telephone contact, email communication and face to face engagement. In addition, a staff 'read' file had been implemented in August 2018 to share key information such as policy changes and other relevant updates to staff.
- The service regularly engaged with other healthcare professionals who also provided medical care at the location.

Innovation, improvement and sustainability

- The service regularly engaged with other healthcare professionals and shared learning and previous experiences from its bank of experienced pre-hospital care healthcare professionals.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

- The provider should consider implementing methods to document and share feedback from team meetings to enable all staff to review information.
- The provider should consider options to increase feedback on service experience from patients and relatives.
- The provider should document and record the level of safeguarding training that staff have received.
- The provider should regular review, and update if required policies and risk assessments including, but not limited to; child protection and other risk assessments relevant to the regulated activity.
- The provider should have oversight of a local risk register.