Motorsport Vision Limited

Motorsport Vision - Snetterton Circuit

Quality Report

Snetterton Circuit
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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 know to CQC and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this ambulance location

Patient transport services (PTS)	

Summary of findings

Letter from the Chief Inspector of Hospitals

The service transports patients to local NHS emergency departments as appropriate.

Patients not requiring transfer to hospital receive first aid as appropriate. However, we did not inspect this as the provision of first aid it is not a regulated activity.

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 22 March 2017.

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?

Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- The service had a system in place for reporting, recording and learning from incidents.
- There were systems in place to maintain patient safety, which included medicines management, infection prevention and control and vehicle maintenance.
- There was a lead for safeguarding and staff knew who this was. Staff on duty at the time of the inspection could describe how they would act in response to a safeguarding concern.
- The service stored patient record forms in line with information governance guidelines.
- Patient report forms were comprehensively completed and reviewed by the lead paramedic following each transfer of a patient to hospital.
- Staff followed evidence-based care and treatment and nationally recognised best practice guidance, which included the most recent guidelines from the Joint Royal College Ambulance Liaison Committee (JRCALC).
- The service had processes in place to ensure all staff employed were suitably qualified and experienced to carry out the duties required within their roles.
- There was a system for handling, managing and monitoring complaints and concerns. The service had not received any complaints from January 2016 to January 2017.
- Staff felt valued by the manager and proud to work for the service.

However, we found the following issue that the service provider MUST improve:

- The provider does not have a policy in place to describe the policy and procedure to use for the application of Duty of Candour.

We also found the following issues that the service provider SHOULD improve:

- The controlled drug register was stored on an open shelf and not locked away. This meant there was a risk records could be tampered with.
- Controlled drug stock levels were checked monthly. This meant if stock levels did not reflect actual stock it would be difficult to identify the point at which a mistake occurred.
- Staff received and shared information at informal briefings. However, this was not minuted; therefore, we could not be confident all staff received important information.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Summary of findings

Ellen Armistead

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Patient transport services (PTS)		Patient transport services (PTS) was the only regulated activity provided by Motorsport Vision Limited. We have not rated this service, as we currently do not have the legal duty to rate independent ambulance services. This was a comprehensive inspection, including all elements of the five key questions. We did not observe any patient care relating to the regulated activity. We found systems in place to maintain patient safety, which included incident reporting, medicine management, infection control and vehicle and equipment maintenance. Staff understood their safeguarding responsibilities and there was a named lead for safeguarding. All staff knew who the safeguarding lead was and under what circumstances to report an actual or suspected safeguarding concern. Staff had access to policies and procedures, which were evidence, based and had access to the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines 2016. These were available in both paper format and on-line. Staff records were electronic and included all the required documentation checks relevant to their role and a record of all training attended. The service valued skills training and had an annual training day with visiting expert tuition. Patient's and those close to them told us the care they received had been compassionate and they felt safe and in expert hands.

Motorsport Vision - Snetterton Circuit

Detailed findings

Services we looked at:
Patient transport services (PTS)

Detailed findings

Contents

Background to Motorsport Vision - Snetterton Circuit

Motorsport Vision Limited (MSV) provided ambulance and medical centre based care and treatment within the grounds of Snetterton motor racing circuit. Patients not requiring transfer to hospital received first aid as appropriate. However, as provision of first aid is not a regulated activity this was not included in our inspection. MSV had been in operation at Snetterton since 2005 and provided ambulance services at three other race circuits including Cadwell Park, Oulton Park and Brands Hatch, these are registered with CQC and will be inspected separately.

The primary purpose of MSV Snetterton was to provide treatment onsite and where necessary transfer patients to a local acute hospital for on-going care. This service was open to visitors, competitors and staff on the Snetterton Circuit site. The focus of our inspection was the care and treatment provided during conveyance of patients between the circuit and the local emergency department. Care on site was not assessed as part of the inspection.

The service had one rapid response vehicle and one emergency ambulance.

The service was registered with the Care Quality Commission in 2011 and had a registered manager in post. Their last inspection was 31 January 2014 when the service was compliant in all areas.

Our inspection team

The team which inspected the service comprised a CQC lead inspector, accompanied by a second CQC inspector and a specialist advisor with expertise in emergency medicine.

Facts and data about Motorsport Vision - Snetterton Circuit

The service provides the following regulated activities:

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

The service operated from a purpose build base. This was within the racing circuit and had unobstructed road access both to the race circuit and the public highway.

The ambulance service consists of two vehicles, consisting of one rapid response car and one emergency ambulance.

The service was managed by a lead paramedic with overview by the circuit general manager. The service also had an honorary medical director, who was a consultant in emergency medicine, based at a local NHS hospital.

Detailed findings

Staff working within the service were either employed on a zero hour contract or are self-employed practitioners. Staff are rostered according to circuit event activity.

During the inspection, we visited Snetterton circuit medical centre where a motorsport event was taking place, this was a private corporate event where 'race ready' cars are tested. We spoke with the three staff on duty who were all registered paramedics and the circuit general manager. We reviewed six records of patients conveyed to hospital in preceding twelve months (2016/7).

In the reporting period January 2016 up to the date of inspection, 22 March 2017 the service had attended 462 patients and conveyed 28 patients to hospital.

Track record on safety

- There were no recorded never events or serious incidents for MSV Snetterton Circuit.
- There were no reported clinical incidents for MSV Snetterton Circuit.
- There were no formal complaints received by for MSV Snetterton Circuit.

Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Motorsport Vision Limited (MSV) owns and manages Snetterton Circuit including the provision of an independent ambulance service and medical centre.

The independent MSV ambulance service provides bespoke assistance to those taking part in sporting events, visitors and people working at the circuit. This includes medical care and treatment on site, (treatment provided on site was not a regulated activity therefore was not included in this report) and conveyance to hospital for patients that required definitive care. The care and treatment provided during conveyance to hospital is a regulated activity and was the focus of this inspection. The service inspected was under the patient transport service framework.

Summary of findings

Patient transport services (PTS) was the only regulated activity provided by Motorsport Vision Limited. We have not rated this service, as we currently do not have the legal duty to rate independent ambulance services. This was a comprehensive inspection, including all elements of the five key questions. We did not observe any patient care relating to the regulated activity.

We found systems in place to maintain patient safety, which included incident reporting, medicine management, infection control and vehicle and equipment maintenance. Staff understood their safeguarding responsibilities and there was a named lead for safeguarding. All staff knew who the safeguarding lead was and under what circumstances to report an actual or suspected safeguarding concern.

Staff had access to policies and procedures, which were evidence, based and had access to the Joint Royal College Ambulance Liaison Committee (JRCALC) guidelines 2016. These were available in both paper format and on-line.

Staff records were electronic and included all the required documentation checks relevant to their role and a record of all training attended.

The service valued skills training and had an annual training day with visiting expert tuition.

Patient's and those close to them told us the care they received had been compassionate and they felt safe and in expert hands.

Patient transport services (PTS)

Are patient transport services safe?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service had an established incident reporting system and corporate review system, which enabled sharing, and learning.
- There was infection prevention and control measures in place, which included cleaning schedules and utilisation of single use items wherever possible.
- Vehicles and equipment were visibly clean and well maintained.
- Patient records were clearly and comprehensively completed and stored in a safe manner.
- There was a named safeguarding lead.
- There was a robust major incident policy, outlining clear responsibilities for each service at the circuit, including the service we inspected.

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

- There was not a policy and procedure in place for the duty of candour.
- The controlled drug register was stored on an open shelf. This ran a risk of being tampered with and should be stored in a locked cupboard to mitigate such a risk.
- A check of controlled drug stock levels was undertaken monthly. This meant if stock levels did not reflect actual stock it would be difficult to identify the point at which an error may have occurred.
- Staff informal briefings were not minuted, meaning there was no record of shared information. Therefore, we could not be confident all staff received important information.

Incidents

- There were no never events reported by this service from January 2016 to January 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There were no serious incidents reported by the service from January 2016 to January 2017. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- Motorsport Vision Limited (MSV) had a corporate incident reporting policy, which was available within the MSV medical centre. The policy outlined actions required in the event of an incident and the required reporting process.
- Incident reporting was in paper format. The process included review of the incident report by the medical centre lead paramedic who reported the incident to the circuit manager who maintained a corporate log of incidents.
- The Snetterton circuit manager, reviewed incidents four times a year as part of the governance process and shared any learning through quarterly governance meetings and informal briefings. An example of shared learning with the managers of the circuit was improved circuit barriers, which had reduced driver injuries. We saw minutes of governance meetings. However, informal briefings were not minuted meaning some MSV staff may not have received important information.
- Staff working for the ambulance service were aware of the incident reporting process and how to access the forms. However, there had been no reported incidents for the period January 2016 up to the date of our inspection on 22 March 2017. Staff were able to give examples of when they would report an incident.
- The incident reporting policy did not include information relating to duty of candour. The lead paramedic told us they were open and honest, with all patients and would apply duty of candour in the event of an error. 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. There is a regulatory requirement for providers to have policies and procedures in place to support a culture of openness and transparency, and ensure all staff follow them.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

Patient transport services (PTS)

- The service did not use a clinical quality dashboard. However, following clinical activity there was a local debrief and an activity review at annual medical meetings. We saw minutes of these minutes for 2016 and 2017, which included a review of clinical activity.

Cleanliness, infection control and hygiene

- We inspected the ambulance and rapid response vehicle and both were visibly clean and tidy.
- An MSV emergency ambulance-cleaning schedule was in use. This was a daily schedule covering equipment for patient contact and non-contact, vehicle interiors, vehicle exteriors and driver compartments. The schedule included methodology and required standards with a signature to indicate completion of the cleaning, identified issues and any action taken. We saw copies of this schedule which showed completion at the commencement of each shift
- In the event of contamination of a vehicle with body fluids, staff cleaned all areas of the vehicle and commenced a 'misting process' to ensure decontamination. Misting was an aerosol process where a disinfectant was atomized into ultrafine droplets and blown into the air; this was effective against bacteria, viruses, spores and fungi contamination.
- We observed the availability of personal protective equipment including gloves and aprons. Full disposable overalls were available should an infection or contamination situation occur.
- All patient contact items such as pillowcases, sheets and blankets were single use only and disposable.
- Staff carried hand cleansing gel. However it was noted that hand cleansing gel was not available on entry to the medical centre or adjacent to sinks. We escalated this to the medical centre manager who told us this would be rectified immediately.
- The MSV operating procedure document included information and guidance on the five points to hand hygiene. There was no evidence of hand hygiene audits being carried out by the service.
- MSV had a commercial contract for the removal and disposal of clinical waste. We saw appropriate bags were available for the disposal and storage of clinical waste and sharps.

Environment and equipment

- MSV had two vehicles, an ambulance and a response (4X4) vehicle, which were parked adjacent to the circuit medical centre.
- We inspected both vehicles using the CQC vehicle observation checklist for ambulance inspections. No areas of concern were identified with all internal equipment appearing clean, tested and all single use items were within their use by date. Oxygen and pain relieving gas cylinders were in date and stored safely on the vehicles.
- Vehicles were checked daily and faults reported and repaired at a local external facility. We saw evidence of recent servicing and repair for the emergency ambulance.
- A valid Ministry of Transport (MOT) certificate for the ambulance was stored in the medical centre office. The response vehicle was new and did not require an MOT certificate.
- There was no suitable trolley or other equipment to enable the transfer of the larger (bariatric) patient. Staff explained they would call a local NHS provider to assist if needed.
- Children would be conveyed to hospital using the standard ambulance trolley. Staff told us they would utilise additional padding and normal trolley restraints to ensure they were transferred safely. Alternatively, if appropriate, children would be transferred to hospital in the rapid response vehicle using the child's own car seat, if available.
- Additional equipment for emergency use was kept within the medical centre. This included resuscitation defibrillators, ventilators (artificial breathing machines) and suction machines, all had up to date servicing stickers. All equipment was serviced yearly or in accordance with the equipment manufactures recommendation. We saw a service log maintained by the lead paramedic, which reflected this.
- There were two grab bags containing emergency equipment and dressings, which were taken to incidents, these were stored in the medical centre. All items were checked for cleanliness and use by date at the beginning of each shift. However, one bandage was noted to be out of date and changed immediately when escalated to a member of staff on duty.

Medicines

- We found all medications were stored safely in line with Department of Health guidelines and were within their use by date.
- Controlled drugs were stored in a separate locked cupboard with stock levels checked and recorded monthly. We saw evidence of this and found stock levels to be correct, as recorded. However, the controlled drug register was stored on an open shelf meaning there was risk of unobserved tampering. This was brought to the attention of the lead paramedic who stated he would take immediate action to address this.
- We were shown a Home Office United Kingdom Controlled Drug Licence, issued 21 November 2016. Expiry date 20 November 2017. The licence permitted the provider to keep and use controlled drugs for patients when necessary.
- Registered paramedics could take controlled drugs, in tag-sealed bags, with them in the ambulance or response vehicle, returning them to the medical centre if unused and still in the tag-sealed bag. Any part used control drug ampule was discharged into a designated gel used for that purpose at the medical centre for safe disposal with the clinical waste.
- A fridge was available for the storage of temperature sensitive medication. This was lockable and had an alarm to indicate when the temperature was out of a pre-set range. We saw this working when the alarm sounded when the fridge door was opened for inspection purposes. There was also a diary for recording the fridge temperature daily which was completed each day.
- Hazardous gases including oxygen and pain relieving gas were stored safely in a locked cupboard, adjacent to the medical centre, with clear hazard warning stickers. These cylinders where observed to be secure and within their use by date.
- The medical centre held a small supply of intravenous dextrose solution and oral glucose (Glucagon) for treating diabetic hypoglycaemia (low blood sugar). These solutions were stored in a cupboard of a lockable room and were within their use by date.
- The service had access to supplies of safety stickers to identify drug sensitivity were available. We were told these were used when staff were made aware of a patient's allergy to specific medications.

Records

- We reviewed six records relating to patients conveyed to hospital. All contained a comprehensive record of patient assessment, physiological investigations (temperature, pulse, blood pressure, and respiratory rate), medications and treatment provided.
- Records were in paper format and stored in a locked cabinet for seven years or until the person reached the age of 21, whichever was first. This met information governance requirements.
- A copy of the patient record was handed to the hospital at handover of the patient, or given to the patient to take to their GP.
- The medical centre was made aware of any specific medical conditions of those attending a private motorsport event. Groups booking to attend the circuit were required to complete a form, which included a declaration of any known medical conditions of any participants. This was shared at team briefings at the beginning of each event day.
- Patient records, on the MSV vehicles, were stored in a covered clipboard to ensure information governance standards for patient confidentiality was met.

Safeguarding

- MSV had a safeguarding policy and the circuit manager was the named safeguarding lead.
- There was a reliance on staff receiving safeguarding training within their substantive positions or independently as part of their professional registration requirements. We saw certificates of attendance at safeguard training, which had been checked and recorded in personal files. Additionally we were provided copies of a document, which required self-employed staff to sign to declare they had received up to date training, which included safeguarding of adults and children, this was countersigned by the lead paramedic.
- The lead paramedic had completed on-line safeguard training and had attended a local NHS ambulance trust for classroom-based training; certification was provided as evidence of attendance. We also viewed five of the twelve electronic staff records, these included evidence of safeguarding training, although it was not clear what level of training each individual had received. It is a regulation requirement for staff to receive safeguarding

training that is relevant, and to a suitable level for their role, therefore, MSV should ensure all staff have an appropriate level of training and consider including this in annual training updates.

- Levels of safeguarding training as set out in the intercollegiate document states clinical staff who have some degree of contact with children and young people should be at level two. Those responsible for overseeing safeguarding need to be level three or above and there should be clear policies and guidelines for raising a safeguarding concern if identified. We were provided with a copy of such a policy, which includes instruction and contact details for raising a concern with local authorities. All staff sign to declare they had read and agreed to comply with the contents of the policy; a record of this was included in the electronic staff records.
- The circuit manager received safeguarding training at MSV head office, as part of corporate induction and mandatory training requirements. However, the level of this training was not known. This was raised with the circuit manager who escalated the requirement to MSV management. Information provided after the inspection indicated training was to be reviewed for all circuit managers at MSV sites.
- Staff spoken with were able to explain and give examples of when they would raise a safeguarding concern and could name the circuit safeguarding lead. None had needed to raise a concern whilst working at Snetterton Circuit.

Mandatory training

- All staff working within the MSV ambulance service, whether self-employed or zero hour contract underwent a comprehensive induction checklist process. This included providing evidence of mandatory training provided by their substantive employer or through privately acquired training to meet the requirements of their professional registration. In addition, role specific requirements were taught on a one to one basis, signed by the individual and validated by the trainer this included a range of subjects from use of equipment provided to site evacuation. We saw evidence of all training requirements recorded within the staff electronic records.
- Paramedic and ambulance technician staff had all received driver training within their substantive positions. Certification evidence was provided to MSV. In addition, MSV commissioned a five-day rapid response vehicle training for staff. Computer based staff records identified all staff were in date for driver training.
- All staff were documented as competent in basic life support and airway management , appropriate to their skill level with annual updates provided on site. At the time of the inspection, 75% of staff had undertaken the training. The remaining staff (two) were to be updated at the commencement of their next rostered shift.

Assessing and responding to patient risk

- In the event of a deteriorating patient, paramedic crews had access to clinical advice through their Honorary Chief Medical Director either on site or by telephone. However, should a patient require rapid transfer MSV were able to do this using their own ambulance or through access to the local air ambulance, if this was more appropriate. For example, a head injury which required specialist intervention at a neuro-surgical centre.

Staffing

- MSV employed one full time permanent registered paramedic and four part time ambulance attendants, on zero hours contracts, who were rostered when needed for circuit events.
- Additionally there was one self-employed emergency technician and six self-employed paramedics rostered as needed and in accordance with availability.
- The service had one experienced emergency medicine consultant, on a zero hour contract, who attended events when available and was listed as an Honorary Chief Medical Officer. Attendance averaged three events a year plus attendance at quarterly governance meetings.
- Staff employed by the service either had substantive employment within an NHS organisation or were self-employed.
- There was always the lead paramedic plus two staff, as a minimum, in attendance at all events.

Response to major incidents

- MSV had a major incident policy, which outlined individual and group roles in the event of such an incident within the grounds of Snetterton circuit.

Patient transport services (PTS)

- Paramedics would attend casualties in the first instance and act upon instruction from circuit management. They would respond to instruction from other emergency services as applicable.
- There was no specific MSV training in relation to major incident management. However, staff spoken to were aware of the policy and could describe what action they would take in the event of a major incident. All staff were given a staff/steward handbook (revised 2017) which covered a variety of emergency procedures. For example suspicious package, fire, medical emergency, crowd disturbance and evacuation.

Are patient transport services effective?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service had policies and procedures based on best practice from the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), National Institute for Health and Care Excellence (NICE) and Resuscitation Council UK.
- Staff completed a full medical assessment which included completing a past medical history check when attending patients who may require transferring to hospital.
- The service had comprehensive records of all training staff had received within their substantive roles outside of Motorsport Vision Limited (MSV). This evidence showed that staff were appropriately trained to carry out the duties required for their MSV role. Additionally a specialist update training day was provided by MSV annually.

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

- Safeguarding training was not directly delivered within the service, with a reliance on staff receiving this within their substantive roles external to MSV . For example the acute ambulance trust, they worked for regularly. However, there is responsibility for the provider to ensure appropriate training is being provided.

Evidence-based care and treatment

- Motorsport Vision Ltd (MSV) had policies and procedures based on best practice as directed by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2016. All staff had access to guidelines in paper format within the medical centre office.
- The service also followed other national guidance including National Institute for Health and Care Excellence (NICE) and Resuscitation Council UK. This was reflected in policies and procedure documents, which were noted to be within their review dates.
- Staff spoken with had knowledge of policies and guidelines and were aware of how to access them.

Assessment and planning of care

- The service used information provided to them through the event booking process, to ensure MSV staff on duty were aware of any potential risks of those taking part in a motorsport activity. Reported conditions were generally of a physical nature, for example a missing limb.
- When attending an accident or medical emergency, staff completed a full medical assessment, which included completing a past medical history check. Unconscious patient's medical history was taken from relatives or a responsible person present if this was possible.
- Motorsports Vision Ltd (MSV) had a protocol in place with the local acute NHS trust, which meant any patient, transferred from the circuit, following a high-speed incident, would automatically go into their resuscitation area (High dependency area). However, crews could opt to organise transfer to a specialist facility if necessary. For example, a major trauma unit or a neurosurgical centre if this was considered the most appropriate care setting for the patient.

Response times and patient outcomes

- MSV was centrally situated within the Snetterton Circuit. They were able to access any area of the circuit within two minutes of receiving a call.
- Staff had radio contact with event organisers and could hear conversations taking place on track. This meant staff were aware of developing situations prior to receiving an official call. We witnessed this when a car was involved in a minor incident, during our inspection. Staff were able see the location of the incident from outside the medical centre and were able to 'step down' when assured there was no requirement for them to attend.

Patient transport services (PTS)

- There were annual medical meetings, which included sharing information, experiences and outcomes from all three racing circuits covered by MSV Ltd.

Competent staff

- The MSV circuit manager was responsible for the lead paramedic's annual appraisal. This was recorded in the electronic staff records.
- Staff received annual one to one meetings. Annual appraisal of all staff was in progress with 75% completed and plans to complete the remaining 25% (two staff) when they were next on duty at the circuit.
- The maintenance and updating of clinical skills was considered a high priority within the Snetterton MSV ambulance service. All staff provided evidence of their own professional development, which was recorded in the staff electronic records.
- An annual clinical skills day covering a variety of key subjects took place. We saw a skills day agenda, which included practical skill stations in surgical airway skills, management of chest trauma and paediatric advanced life support. A skill station is where staff are given instruction and perform a practical activity to demonstrate their understanding of a specific skill. These were taught by visiting clinical experts in the specific skills.
- Externally commissioned rapid response (blue light) driving skills were provided for all ambulance staff by MSV Ltd. We saw evidence within staff records of completion of this course and renewal dates within five years. This meets the national guidance of JRCALC.
- There was a comprehensive induction checklist covering pre-employment checks, existing certificated skills and registrations and local specific induction competencies required. For example, health and safety measures specific to a racing circuit. These checklists were retained in the electronic staff records.
- External courses were funded by MSV. The lead paramedic was in the process of booking onto an advanced life support course whilst we were on the premises

Coordination with other providers and multi-disciplinary working

- We observed positive interaction between staff on duty at the medical centre and with the circuit manager.
- MSV had a shared protocol with the local NHS hospital and staff told us they had a good relationship with the emergency department.
- We saw emails sent to MSV ambulance staff from corporate organisations thanking them for the standard of care and treatment provided when transferring one of their staff to hospital.

Access to information

- The honorary medical director told us they were available either on site or by telephone as a source of information and advice.
- The service had established contact systems with circuit management relating to all activities within the circuit. This was through email or telephone.
- The service reported no experience of transferring patients with do not attempt to resuscitate (DNACPR) status.
- Internal communication was through hand held radio devices.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff told us they acquired consent verbally from the people they were treating, their parent or guardian as required.
- We did not witness any patient interaction during our inspection day but we read correspondence from patients and relatives, which stated staff, were professional.
- MSV did not provide Mental Capacity Act 2005 training although staff present told us they had received information on this subject through their individual substantive positions.

Are patient transport services caring?

We do not currently have a legal duty to rate independent ambulance services.

- During our inspection day at Motorsport Vision Ltd. (MSV), we did not observe patients treated under the regulated activity.
- However, we saw written acknowledgment of positive experiences received by the service from patients and their families following traumatic events at Snetterton.

Patient transport services (PTS)

- We contacted patients who had received treatment from the service and they were highly complementary about the care provided to them and their families.

Compassionate care

- During our inspection, we did not have the opportunity to observe any patients being treated and transferred to hospital.
- We were given examples of occasions when staff had provided care and transported patients to hospital. On one occasion, staff transported a patient to an alternative local hospital where the person was already receiving treatment for the condition.
- We saw five examples of letters sent to the service praising the care and treatment provided to them by the MSV ambulance staff.
- We contacted four patients and one family member by telephone following our inspection. All were extremely positive about the way in which they had been treated by Motorsports Vision Ltd (MSV) staff, stating they were extremely kind and reassuring at a difficult and frightening time. Compassionate care

Understanding and involvement of patients and those close to them

- The service demonstrated a commitment to supporting patients and those close to them following incidents, which occurred, on the circuit. For example, providing them with a contact number to discuss the incident or accident for which they had received assistance by the service.
- One family member of a patient treated by the service told us they were kept informed at all times about what was happening and staff ensured they were able to talk to their loved one prior to transfer to hospital.

Emotional support

- MSV Snetterton offers support to patients or bereaved relatives following any traumatic event.
- Family members were provided with the lead paramedics contact number who tells them they are welcome to telephone him, at any time, to discuss the traumatic event and any anxieties they have.
- Family members are welcome to visit the circuit if they wish. We were given an example of when a bereaved relative had spent time with the team and wished to see where their loved one had died.
- MSV hold a debrief sessions for all staff following any traumatic event attended at the circuit.

Are patient transport services responsive to people's needs?
(for example, to feedback?)

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service was able to plan for events at Snetterton circuit and provide an appropriate level of staff in line with the anticipated risk attached to any planned event.
- The service had access to written and pictorial aids to assist when attending patients and their families who did not speak English.
- The service was able to attend patients within two minutes of receiving a call.
- There had been no formal complaints received by the service. However, there were systems in place for managing complaints should they occur.

Service planning and delivery to meet the needs of local people

- Motorsport Vision (MSV) at Snetterton circuit was operational approximately 300 days per year depending on the booked circuit activity.
- On operational days, there was always a minimum of one paramedic plus two other members of staff, who could be ambulance technicians or paramedics depending on the planned circuit activity. For example, racing bike events would be supported by an additional paramedic crew (one paramedic and one technician), as these events were considered to be a higher risk.
- The lead paramedic planned and booked staff as required and in advance based on the programme of events published by the circuit management team.
- Some racing teams or clubs provided their own medical cover and emergency vehicles. On these occasions, MSV provided spectator and circuit staff cover only.

Meeting people's individual needs

Patient transport services (PTS)

- MSV Snetterton did not hold events specifically for people with complex needs or disability. There was no specific provision provided for the disabled. However, the ambulance was able to accommodate a wheelchair securely if required.
- Staff had access to a handbook, which had common phrases in several languages for patients, or their relatives whose first language was not English.
- Staff also had access to a book, which included pictorial representations of pain levels for patients with a cognitive impairment or for children.
- Staff told us they were aware of the needs of people living with dementia through their substantive positions. However, this was something they had never encountered in their role at Snetterton circuit.

Access and flow

- The rapid response vehicle and emergency vehicles were both based centrally within the grounds of Snetterton circuit. Vehicles were parked adjacent to the medical centre meaning access was extremely easy for the crew on duty.
- During racing events, vehicles were parked in strategic places to ensure ease of rapid response. The maximum call to arrival time was two minutes.
- Transfer to the local NHS emergency department took approximately 20 minutes.
- In the event of non-availability of a vehicle, for example whilst on transfer of a patient to hospital, MSV coordinated with local NHS ambulance providers to cover in their absence and communicated any change in provision to the circuit manager.

Learning from complaints and concerns

- The service had received no formal complaints for the period January 2016 to January 2017.
- Information on how to complain about the service was available on the two emergency vehicles and in the medical centre.
- In the event of a complaint being received about the ambulance service, contact would be through the Circuit Manager who would discuss this with the lead paramedic and carry out a preliminary investigation prior to responding to the complainant. The lead paramedic confirmed this would be the process.
- Following investigation the circuit manager would decide if further action was required. If this were the case, it would be escalated to the group operations manager and/or company chief executive.
- Motor sport vision had access to a health and safety officer and legal department, if required.

Are patient transport services well-led?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service had a corporate mission statement and a strategy, which outlined the service intention to maintain the clinical expertise and standards of all staff.
- There was corporate oversight of governance with quarterly meetings chaired by the circuit manager.
- The registered manager had the skills, knowledge and experience required to lead the service effectively.
- Staff expressed pride in working within MSV Ltd and felt empowered to raise concerns with the paramedic lead for the service.

Vision and strategy for this this core service

- The registered manager / lead paramedic had the skills; knowledge and experience required to lead the service effectively and was respected by staff and management within MSV. He was qualified as an advanced paramedic and actively participated in clinical duties, alongside all staff working for the service.
- The circuit manager spoke very positively about the ambulance staff and the service they provided. He stated some visiting clubs chose to use the MSV ambulance service in place of their own. This was testament to the skills and ability provided.
- Staff spoken with told us they were proud of working for the service and were passionate about performing their role to a high standard. A member of staff told us, “I do this because I enjoy the role and can put my specialist skills to use in a different environment”.
- The lead paramedic was available at all circuit events and was open and supportive to the professional and personal needs of all staff.
- Staff talked about being a close-knit team and felt valued by the company.

Patient transport services (PTS)

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The circuit manager chaired quarterly circuit governance meetings, which included medical centre and ambulance service staff. We saw meeting minutes, reflecting the discussions, which included general circuit management, and any clinical interventions, which had taken place and their outcome.
- The honorary medical director told us they were actively involved in staff recruitment processes and attended circuit governance meetings.
- The medical centre and ambulance service held an annual meeting, which reviewed all activity outcomes over the previous year.
- Locally, within the medical centre informal meetings and debriefs took place. However, there were no minutes recorded. Therefore, we were not confident all staff had the opportunity to take part or benefit from internal discussions.
- There was no formal risk register held by the ambulance service at Snetterton Circuit. On request, we were provided with information that an MSV Ltd health and safety officer carried out regular inspections and audits for health and safety, documenting findings on a corporate database.
- We did not find evidence of a formal system or process in place to manage risk.

Leadership / culture of service related to this core service

- The registered manager had the skills, knowledge and experience required to lead the service effectively. He was an advanced paramedic who completed clinical duties alongside both the employed zero hour contracted staff and those who are self-employed.
- The circuit manager spoke very positively about the medical centre staff and the service they provided. He stated that some visiting clubs chose to utilise the MSV service in place of their own. This was testament to the skills and ability provided.
- Staff spoken with told us they were proud of working for the service and were passionate about performing their role to a high standard. Stating 'I do this because I enjoy the role and can put my specialist skills to use in a different environment'.
- The lead paramedic was available at all circuit events and was open and supportive to the professional and personal needs of all staff. He is passionate about ensuring staff have the right skills to be able to perform their duties effectively.
- Staff talked about being a close-knit team and felt valued by the company.
- MSV held debrief sessions for all staff following any traumatic event they had attended at the circuit

Public and staff engagement (local and service level if this is the main core service)

- MSV had attempted to get formal feedback from service users through questionnaires but had been unsuccessful. However, there was evidence of positive feedback in the form of letters and emails, which we were able to read during the inspection.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- There was an enthusiasm for achieving continued training to meet best practice requirements. Local annual training was attended by employees of other circuits.
- The service were investigating the possibility of replacing their ambulance for a more modern one.

Outstanding practice and areas for improvement

Outstanding practice

We did not have the opportunity to observe the transfer of a patient to hospital during our visit.

However, we saw there were systems and processes in place to ensure patient safety when transferring patients to hospital.

This included:

- The monitoring and maintenance of all required skills to undertake safe patient transfer.
- Maintenance of vehicles and equipment to an acceptable standard.

Areas for improvement

Action the hospital MUST take to improve

- Provide policies and procedures to support a culture of openness and transparency, and ensure all staff follow them in order to meet the required regulation for duty of candour.

Action the hospital SHOULD take to improve

- Ensure the controlled drug register is stored in a locked cabinet.
- Check controlled drug stock levels more frequently.
- Provide hand-cleansing gel for use at the entrance to the medical Centre.
- Hand hygiene audits should be completed to monitor and ensure staff adhere to best practice.
- Provide a method of recording staff communication to ensure all staff receive important messages and event feedback.
- Provide duty of candour, safeguarding and mental capacity awareness training as part of annual updates.
- Record the level of safeguarding training for all staff.
- Consider the development of a risk register specific to the ambulance service within Motorsport Vision Ltd.
- Develop systems and processes for identifying and managing risk.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour 20(1) Providers should have policies and procedures in place to support a culture of openness and transparency, and ensure that all staff follow them. **How the regulation was not being met:** The provider does not have a policy in place to describe the policy and procedure to followed for Duty of Candour.