# Motorsport Vision - Brands Hatch Circuit

## Quality Report

Brands Hatch Road
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Date of inspection visit: 11 December 2019
Date of publication: 04/03/2020

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Motorsport Vision is operated by Motorsport Vision Limited. In England, Motorsport Vision Limited operate six motor racing circuits including Brands Hatch.

We inspected the service at Brands Hatch motor racing circuit in Fawkham, Kent which comprises a medical centre and ambulance service.

The service primarily serves people who participate in motor racing experience events called 'track days', which are offered to people including accompanied children from the age of 14 upwards. Event medical cover which is out of the cope of CQC regulation, is also provided for corporate hospitality functions along with car and motorcycle racing events.

The service provides emergency and urgent care and a patient transport service for motor sports professionals and track experience participants who are injured and require conveyance to hospital. A helipad sited next to the medical centre is also available to transport casualties to hospital.

We inspected this service using our comprehensive inspection methodology. This was the service's first inspection since registration in 2018.

We carried out an unannounced inspection on 11 December 2019.

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?

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 service was emergency care and treatment within an event setting. Patient transport services were a small proportion of activity which is regulated by the Care Quality Commission. This report focuses on the provision of urgent and emergency services for those patients conveyed to hospital via the patient transport service ambulance.

We rated it as **Good** overall.

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Standards of hygiene and cleanliness were maintained. Staff carried out comprehensive daily cleaning, equipment and vehicle checks.
- The service had a strong, visible person-centred culture, which focused on helping others to express their view, so they could understand things from their point of view. All staff were fully committed to this approach.
- The provider participated in research and development, run by a large university, to measure the effectiveness of an assessment tool.
- The service was inclusive and took account of patients' individual needs. The service made reasonable adjustments to help patients access services.

# Summary of findings

- The provider worked well with the wider community. Children with various disabilities were invited to tour around the track and visit to the medical centre.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

However:

- However, staff were self-employed which meant there was a risk that they could cancel their shift at short notice. Although a revised recruitment program was currently underway.
- The registered manager was trained at level 2 safeguarding and not currently trained at level 3 safeguarding in line with national guidelines.
- Staff meetings were infrequent as most staff were self-employed and staff told us that meetings were difficult to co-ordinate.

**Nigel Acheson**

Deputy Chief Inspector of Hospitals (London and South), on behalf of the Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Emergency and urgent care** | Good | Urgent care and treatment was provided to drivers using the Brands Hatch race track, during public, corporate and sporting events.<br>An ambulance and helipad were available to transport injured drivers to hospital when required from the Brands Hatch race track.<br>The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.<br>Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.<br>The provider participated in research and development, to measure the effectiveness of a concussion assessment tool.<br>The service organised a yearly open day for a local mixed ability school. Children with various disabilities were given a tour around the track, a visit to the medical centre and they were encouraged to bandage their teacher up during a first aid demonstration.<br>The service had a strong, visible person-centred culture, which focused on helping others to express their view, so they could understand things from their point of view. All staff were fully committed to this approach.<br>However:<br>Staff were self-employed which meant there was a risk that they could cancel their shift at short notice. Although the organisation was currently revising its recruitment process.<br>Staff meetings were infrequent as staff were employed on a self employed basis and meetings were difficult to arrange. |

# Summary of findings

## Contents

Good

# Location name here

**Services we looked at**
Emergency and urgent care

# Summary of this inspection

## Background to Motorsport Vision - Brands Hatch Circuit

Motorsport Vision is part of the Motorsport Vision Limited group and registered with the CQC on 3 September 2018. They are based at Brands Hatch motor racing circuit. The service primarily serves the public who buy track days, corporate events with users from the world of motoring world and professional motorsport track drivers at Brands Hatch race track events. The medical centre treats patients on the event site and is therefore outside the scope of CQC regulation.

Motorsport vision at Brands Hatch is registered with the CQC for the following regulated activities:

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

Motorsport Vision opened in 2004. We have not inspected this service before because events locations do not fall under our regulation. However, the provider invested in an ambulance in 2018 to convey injured patients to hospital locations, this meant they now provided a regulated activity that requires them to register with the Care Quality Commission. It is an independent emergency medical centre and private ambulance service within Brands Hatch race track in Fawkham, Kent. An ambulance and helipad are available to transport injured drivers to hospital when required from the Brands Hatch race track.

The service has had a registered manager in post since 11 September 2018 who was present on the day of the inspection.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one CQC assistant inspector, and a specialist advisor with expertise in emergency care and treatment. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

Good

# Emergency and urgent care

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

## Information about the service

Motorsport Vision is part of the Motorsport Vision Limited company that has six motor racing tracks across the United Kingdom. The main service is the provision of competitive large racing events at each location. The Brands Hatch location ran 28 major motorsport events during the reporting period December 2018 to November 2019 along with numerous public track day events for cars, bikes and vehicle training. The service provided a private ambulance to take injured people to hospital if required. This meant that the transportation of people to hospital was in the scope of regulation by the CQC.

On the day of our unannounced inspection there were no track events and the provider's ambulance was being serviced, although we were able to inspect the ambulance at a later date.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited Brands Hatch race track and inspected the provision of urgent and emergency care and treatment services. We spoke with four staff including; registered paramedics, patient transport drivers and the registered manager. After the inspection we spoke with two patients and one relative via telephone. We reviewed five staff records. During our inspection, we reviewed 10 sets of patient records.

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 not been inspected before.

Activity December 2018 to November 2019

- In the reporting period December 2018 to November 2019; 362 patients were treated by staff on the circuit or within the medical centre. 313 incidents were out of the scope of this inspection because they were treated within the medical centre.
- There were 49 patients transported to hospital in the providers ambulance which are in the scope of this inspection.

Eight registered paramedics, four paramedic technicians and 12 medics worked at the service on a self-employed basis. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety within the medical centre

- No never events or clinical incidents
- No complaints

Good

# Emergency and urgent care

## Summary of findings

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- There were systems and processes that protected people from abuse, and neglect or breaches to their dignity and respect.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Standards of hygiene and cleanliness were maintained. Staff carried out comprehensive daily cleaning, equipment and vehicle checks.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
- The provider participated in a research and development program run by a large organisation. The program was to study the effectiveness of a national, 'level of consciousness' assessment tool.
- The providers incident investigation and reporting procedure was safe.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff truly treated patients with compassion and kindness and respected their privacy and dignity.
- The service had a strong, visible person-centred culture, which focused on helping others to express their view, so they could understand things from their point of view. All staff were fully committed to this approach.
- The service was inclusive and took account of patients' individual needs. The service made reasonable adjustments to help patients access services.
- Staff organised an annual event called 'Villagers day' and a yearly open day for a local mixed ability school. The service supported children with various disabilities who could tour around the track and visit to the medical centre, they were assisted in taking part in first aid simulated training.

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

- Staff had access to an out of date child protection policy which needed reviewing in line with.
- Staff were self-employed which meant there was a risk of last minute staff shortages, if staff cancelled their shift at short notice. The organisation was currently revising its recruitment process as a result.
- The registered manager was trained at level 2 safeguarding and not currently trained at level 3 safeguarding in line with national guidelines.
- Staff meetings were infrequent, so staff may not be immediately aware of updates in practice.

Good

# Emergency and urgent care

## Are emergency and urgent care services safe?

Good

We rated safety as **good**.

**Mandatory training**

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

There were monitoring systems that made sure all staff undertook their mandatory training annually. The registered manager told us staff completed their training at the same time of year and the provider target was a 100% completion rate and five staff training records we viewed confirmed this.

Staff were recruited on a self-employed basis. Which meant that they undertook some aspects of mandatory training via alternative providers. For example, medics and paramedics undertook their advanced life support training via third party providers. Staff records confirmed these aspects of training had been completed, photocopied and added to staff records and were in date.

The service provided e-learning mandatory training for infection prevention control, safeguarding vulnerable people, and moving and handling, all staff had completed this.

The provider made sure that all staff attended a practical skills medical training day annually. The day included major incident simulated training using mannequins, in planned scenarios on the track. Staff updated their skills in airway management, resuscitation and multidisciplinary management of clinical incidents.

Relevant staff undertook a track driver awareness training course which was provided at the location annually. This included working with the rescue team to move patients from vehicles.

All paramedics including the registered manager had hazardous area response training (HART) as part of their NHS mandatory training and the registered manager kept a record of this in staff files.

As part of the recruitment process all new starters provided the service with their professional registration certificates and evidence of ongoing mandatory training. The registered manager photocopied these. We were shown five staff records that contained mandatory and "blue light" training.

**Safeguarding**

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. However, the registered manager was not trained to level 3 safeguarding.**

There were systems and processes that protected people from abuse, and neglect or breaches to their dignity and respect.

The service had a safeguarding adult's policy which conformed with national guidelines and had recently been reviewed. The safeguarding vulnerable adults' policy and procedures was in line with the national intercollegiate safeguarding guidelines and the manager provided us with evidence of this. It included sections on female genital mutilation and PREVENT awareness which informs staff about the potential for radicalisation in vulnerable people.

However, the child protection policy was out of date. We highlighted this to the registered manager who immediately took action and informed their manager. A review was performed after our inspection and the provider responded with a plan to review the child protection policy in March 2020 prior to the start of race season.

Safeguarding vulnerable adults and safeguarding children training was provided online to all staff annually at level 2; records showed that 100% of staff had completed this. Staff records also contained copies of paramedic level 3 safeguarding training certificates awarded as part of their NHS roles.

During the reporting period December 2018 to November 2019 there were no reported safeguarding concerns.

Staff had a good understanding of situations that may highlight potential abuse and could give us examples. Staff knew how to report concerns of abuse. However,

staff were not aware of the providers duty to inform the CQC of any reported safeguarding concerns in accordance with the Care Quality Commission (registrations) regulation 2009 regulation 18; Notifications of other incidents. The registered manager was asked to notify the governance team that this information should be included in the revised safeguarding policies.

We spoke with two staff who described what situations could be classified as suspected abuse and how to raise concerns if abuse had been suspected. Staff told us that if they suspected abuse they would call the police and inform the overall manager for Motorsports Vision at Brands Hatch.

All staff could access information regarding safeguarding via shared folder's kept in the registered managers office. Information included contact details of the local and neighbouring local authority safeguarding teams.

The service did not have an appointed safeguarding lead as the registered manager would oversee any concerns. However, they had been trained at level 2 which falls outside national guidelines Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019. These make it clear that all clinical staff working with children, young people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns should have level 3 safeguarding training.

**Cleanliness, infection control and hygiene**

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Standards of hygiene and cleanliness were well maintained. Staff carried out comprehensive daily cleaning, equipment and vehicle checks.

The premises were visibly clean and well maintained. The provider had an infection prevention control policy. This contained information for staff on the processes for hand decontamination, using protective clothing at the point of care, cleaning of equipment and the environment.

Decontamination alcohol-based hand sanitiser and soaps were available in all clinical areas, and staff had access to protective clothing including latex free gloves. We did not view patient care on the day of our inspection so were unable to assess whether these were used correctly.

The duty paramedic and technicians were responsible for overseeing the cleaning of the medical centre. The cleaning log was comprehensive, and records demonstrated that checks were done every time the service was open for business.

Colour coded buckets were provided with clear signs to inform staff of which bucket should be used for cleaning or spillages.

Cleaning audits were undertaken by the registered manager, who made sure all areas were prepared and ready for use in the event of urgent patient care.

There were clear cleaning directions displayed in all areas including nationally recognised hand hygiene cleaning instructions. All signs had been laminated to reduce environmental contamination.

Linen was stored in a closed cupboard. The service employed a third-party laundry service who collected and cleaned linen weekly.

**Environment and equipment**

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.**

The provider made sure the service had two defibrillators available for use inside the medical centre and one automatic external defibrillator that was stored on the vehicles. These were checked during activity days, and all consumable stock was in date and easily accessible to staff.

There were three vehicles used by the service, one was the site ambulance and there was also two rapid response cars. Records showed that all vehicles had regular servicing and up-to-date Ministry of Transport (MOT) certificates. We were shown safety vehicle checks records were kept by the registered manager.

Good

# Emergency and urgent care

The ambulance we inspected was available to transport people who had sustained injuries that impaired their mobility to hospital. The vehicle was situated outside the medical centre and had direct access to the track.

The ambulance was serviced during our inspection process. It was clean, fit for purpose and all the equipment, including, a defibrillator and electrocardiogram (ECG) were in good working order. Storage units were clearly labelled, gases could be stored safely, and sharps bins were stored in a locked unit within vehicle. The ambulance had a lockable safe to store controlled drugs during patient transportation. The trolley and chair had the capacity to carry 200 kilograms, both had been recently checked. Personal protective equipment was easily accessible within the vehicle. We were shown records of the stock list. Fracture and burns packs were sealed with registerable tags, and all stock had its expiry date listed.

Staff had access to trolleys, a wheel chair, patient hoist and patient sliding equipment to aid the safe moving and handling of all patients. Blood taking equipment, intravenous giving sets and fluids were stored in clean clearly labelled trolleys. Sharps bins were clearly labelled and had been signed and dated.

Grab bags used by medics, contained vital emergency resuscitation equipment. Records showed that grab bags were checked daily, and all the equipment was in date and fit for purpose.

The registered manager created a detailed equipment and consumable medical stock log, which highlighted when equipment was due for service or consumable medical stock had expired and needed to be replaced.

All medical stock used on the ambulance was clearly labelled, clean and in date. Equipment audits were created from the log, the registered manager was able to make regular reviews to replenish or replace equipment. He told us that the provider was responsive to providing suitable and safe medical equipment.

The provider made sure the service protected staff and the public in line with health and safety national guidelines by complying to the control of substances hazardous to health (COSHH) national standards. All cleaning products were stored safely in the sluice room in a clearly labelled locked fire retardant cabinet.

Fire exits were clearly marked, and fire extinguishers were clearly labelled and in date

Circuit checks were carried out by the motorsport vision maintenance and estates departments. The health and safety lead undertook an annual health and safety risk assessment of the medical centre and this had been carried out the day before our visit.

**Assessing and responding to patient risk**

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

The service had a risk management policy to support staff manage and assess risk. All staff followed their professional standards to assess and respond to patient risk.

Medical staff and paramedics were trained in advanced adult and paediatric life support and followed their professional standards for emergency and critical care.

Patients were assessed using the national Joint Royal College of Ambulance Liaison Committee (JRCALC) paramedic staff clinical guidelines 2017. JRCALC combines expert advice with practical guidance to help paramedics in their challenging roles and supports them in providing patient care.

People who used Brands Hatch were either sports professionals who had medical assessments within their own organisations; or members of the public who bought “track day” tickets. When people arrived for track day events, they completed a consent form at the race track reception office and provided details of their medical history. In the event of an accident the medical team could access this information.

On the dates of track events staff met in the mornings to discuss workload and responsibilities and distribute their workload.

Staff used dynamic risk assessment methodology to assess patient risk when respond to motorsports accidents on the motor circuit. Dynamic risk assessment is the practice of mentally observing, assessing and examining an environment when responding to an

emergency call, to identify and remove risk. This process allowed staff to identify hazards on the spot and make quick decisions regarding their own and the patients' safety.

Staff used a kilo coding system to protect patient identity when they informed the control tower of the patients' injuries if any. This was to protect patient confidentiality over the radio and phone.

Patients could be stabilised on the track and transferred either via the rapid response cars or in the event of serious accidents the ambulance was deployed to take patients back to the medical centre.

Staff used the national recognised trauma decision tree assessment tool, to assess, identify and plan actions including the transfer of patients to hospital. The tree included a neurological assessment, vital signs, anatomy and mechanism of injury assessment and escalation process.

Staff we spoke to described how they took preventative action at the point of care to keep people in good health and protected from further harm. When concerns were highlighted, or the patient condition deteriorated medical staff stabilised patients and prepared them for transfer to local NHS hospitals for further care. Doctors telephoned the designated hospital to provide hospital staff with a handover and inform them that a patient was on their way.

All patients would be accompanied by an appropriate member of the medical team, either a paramedic or a technician.

Patients were given a courtesy call 48 hours after discharge from the service to check their wellbeing and a debrief is offered. However, if patients did not respond they were not followed up.

**Staffing**

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

There were processes in place for managers to review staffing levels and plan rosters that ensured people received safe care and treatment on track event days.

Eight registered paramedics, four emergency medical technicians and 12 medical staff worked with motorsport vision as Brands Hatch. All staff were recruited on a self-employed basis because events were seasonal. Track events were planned up to a year in advance and healthcare professionals submitted their availability to the service. The registered manager was responsible for creating rotas that were aligned to the needs of the service.

The service had to comply with the requirements of their insurance policies which made sure there were adequate staff on duty to attend to accidents if required.

The location manager provided a medical resource planner for the whole year. This was extracted from the duty manager manual, which informed the medical centres registered manager on how many staff needed to roster for each event. Staff were emailed and asked to submit their availability so that rosters could be planned.

British superbikes, supercars, truck events had a standard staffing requirement each year. The circuit manager advised when ticket sales showed increased demand and asked the medical centre to provide extra cover. The service had an ongoing risk assessment for planned events which included an assessment of staffing requirements.

For example, on public journey car track day (people used their own cars), one paramedic and one technician would cover the track on the Indy circuit on super- bike track days, one paramedic under the tower, one paramedic at the medical centre, with the services fully equipped ambulance stationed at the medical centre. Sports professionals bought their own medical team, supported by the in house Motorsport Vision staff, which included two paramedics, two technicians and the service ambulance.

The registered manager made sure shift patterns conformed to The Working Time Regulations 1998 which imposes limits on workers' hours of work and makes sure staff have adequate breaks between shift. Staff were expected to take a nine hour break prior to their shift with the service.

Annual leave was planned, and sickness was rare, although this was managed by the registered manager who told us he rung other staff to find cover. The service did not use bank or agency staff.

However, because staff were self-employed there was a risk that they could cancel their shift at short notice, which meant the registered manager would have to ring people last minute and hope somebody would cover the shift. Records of recent minutes demonstrated that the registered manager had identified this as a risk and escalated it to the leadership team. A revised recruitment program was currently underway

**Records**

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

Record management followed JRCALC national guidelines. The 10 patient records we viewed were clear and complete. Documents were timed, dated and legible and each one had a patient identifiable number.

Patient records were filed in date order and kept in a large folder in a locked cabinet in the registered managers locked office. Patient records, which were all clearly documented and mirrored NHS ambulance service documentation.

The registered manager was responsible for filing and auditing patient information and kept scanned copies in folders on their office computer. The computer was locked by security passwords that were accessible to them.

Staff attending accidents did not have access to the patient's previous medical records, although they could access the patients track day consent form, which contained information on pre-existing medical conditions. Staff made sure they documented allergies and pre-existing medical conditions on the patient record.

Patients who were discharged from the service or transferred to hospital were given a copy of their patient records to take with them to make sure other healthcare professionals were informed about the care provided within the service.

Records were only shared on a need to know basis. Patients and healthcare professionals could request their patient records by contacting the head office of motorsport vision.

The registered manager used a shredder for destroying outdated patient information and this was disposed of via head office.

**Medicines**

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

The medicines management policy conformed to best practice and included clear guidance on which medicines staff in different roles were able to administer.

All medication was safely and appropriately managed within the service. Medication used for emergency care was stored safely in a locked cupboard within the resuscitation of the medical centre. Medicines were in date; all stock was accounted for on the day of our inspection.

In accordance with schedule 17 of the Human Medicines Regulations 2012, paramedics can purchase and possess several controlled and prescription-only medication for parenteral administration. The service had a controlled drugs license that was in date and clearly displayed in the registered manager's office.

Individual controlled drugs registers were kept by the service. Daily controlled drugs checks were documented within the register and included stock checks, expiry dates and two staff signatures.

Daily medicine audits were carried out on the days that the service was in operation for all medicines kept on the premises. Staff used a medicine checklist, which was clearly filled out with staff names, dates, trolley numbers and medicines checked in an out.

The registered manager kept a log of all stock and ordered according to service requirements.

Medical grab bags were stocked with appropriate medicines prior to the day's activities and records showed that controlled drugs were appropriately signed in and out by paramedics.

Good

# Emergency and urgent care

Emergency medicines administration was clearly documented on patient records and staff had access to best practice medicines calculation charts, which provided information on people's weight and height and the required dose.

Medical gases were stored safely within the unit in a designated area. The gases on the vehicles were strapped in and fed into the vehicles built in oxygen and nitrous oxide dispensers.

Staff demonstrated how they would safely dispose of controlled drugs and they would inform the police and home office if these drugs went unaccounted for. There had not been any incidence of controlled drugs missing at this location.

**Incidents**

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**

The incident investigation and reporting procedure**,** which guaranteed that the company's reporting obligation under its insurance and health and safety regulations was complied with had been reviewed and was available to all staff.

There were processes to report and manage incidents to the services health and safety officer who carried out a full investigation. Staff reported incidents immediately to determine whether activities or working methods needed revising and improving.

Staff used an accident investigation form and relevant information was gathered by the duty track manager, who liaised with the medical department's registered manager and the provider's health and safety officer.

Serious incidents were reportable to the senior leadership team including the chief executive office within one hour of the incident.

Staff advised us of one serious track accident that resulted in the death of a service user who was under the care of a third-party medical team on a large motorsport biking event. The incident was reported to the police and a full investigation was undertaken by the coroner; this incident was not reported to the CQC as the person was under the authority of the third-party medical team.

Records were kept of all incidents. These were clear and easily accessible. Patient information was input onto a spreadsheet, records included patient details, date of accident, where the accident occurred, the injury sustained, and the treatment given. Information was used to inform the management team in decisions regarding track safety.

The provider's health and safety officer was responsible for producing root cause analysis and action plans of incidents. They liaised with the medical centre manager and the chief medical officer in the event of a serious incident. The registered manager would report the findings to staff if required.

The provider had a duty of candour policy which referred to the statutory requirements of staff in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. Staff we spoke to understood that they needed to treat patients with integrity and be open and honest about the care and treatment they provided, although on the day of our inspection we did not witness patient care.

Staff within the medical centre did not have formal risk meetings, outcomes of incidents were shared via staff briefings at the beginning of shifts.

## Are emergency and urgent care services effective?

(for example, treatment is effective)

Good

We rated effectiveness as **good.**

**Evidence-based care and treatment**

**The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.**

Good

# Emergency and urgent care

The policies we reviewed covered the needs of the service. Staff had access to policies via folders kept within the registered manager's office. There was a process for updating staff of policy changes where the manager sent out notifications via emails.

The resuscitation area contained various national assessment tools which reflected best practice. These included a sepsis bundle, a cardiac arrest and a cardio pulmonary resuscitation flowchart and checklist. Patients seen by staff with trauma or onset of neurological symptoms, were assessed using nationally recognised screening tools. For example, staff used the Glasgow Coma Scale (GCS) common assessment tool scoring system to assess the level of consciousness in a person following a traumatic brain injury.

Third party organisations who used the premises told us that resuscitation area was extremely well organised and provided the right environment to deliver evidence based care and treatment.

People using the service were not subject to the Mental Health Act 1983 (MHA) although staff were aware that trauma could cause patient confusion. During assessments medical staff acted in the best interest of the patient in line with their professional registration. Furthermore, they liaised with colleagues, friends and relatives to help with consent or cognitive understanding to make sure people's rights were protected.

**Pain relief**

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**

Staff used pain scoring charts to make sure that people received the correct therapeutic dose. If patients required transfer to hospital, medication was reviewed to make sure they were comfortable for transfer. Records showed staff used a pain scoring assessment tool to assess and manage patients' pain.

Staff told us that pain relief was made available in the grab bags that were taken to the site of the incident so that pain relief can be administered during the on track assessments of injured people.

**Response times**

**The service monitored and met, agreed response times so that they could facilitate good outcomes for patients.**

The service had an 80 second response rate for rapid response to track clinical incidents which was clearly documented on the incident reporting form, which were monitored monthly by the registered manager.

One of the service's two cars would be deployed for minor accidents. The service also provided "alpha unit" which was the ambulance parked at medical centre ready to be deployed if required.

Patients were assessed, stabilised and prepared for transportation to a local NHS unit using their own ambulance vehicle. Staff would make sure the hospitals were contacted and prepared to receive patients and were given a thorough handover.

**Patient outcomes**

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Records were kept of all circuit incidents, which were clear and demonstrated any sustained injuries, where they occurred and what treatment was administered. Patient information was available on a spreadsheet, so that the chief medical officer and the health and safety officer could review this information to inform future safety on the race track.

The provider's records showed the proportion of patients discharged after treatment at the scene or following onward referral to an alternative care pathway. The 2019 track incident log showed there were 49 patients transported to hospital.

Service performance was measured by the incidents that were referred on to external care providers; during the reporting period this was 3.9%.Information relating to patient outcomes following onward referral to an alternative care pathway are not available as the alternative care providers did not provide it.

Patient outcomes were not formally monitored by the service as this was an events location and patients moved through the system quickly. There was a transient nature to operations. Therefore patients often wanted to immediately return to their sporting activity.

Staff told us that historical attempts to glean patient feedback had been to hand them a small feedback slip to return to them. However, response rates were extremely poor (<1%). Re-attendance rates were minimal which suggested patients' needs were being met.

As part of a clinical trial staff used the sports concussion assessment (SCAT 5) tool which was a standardised tool for evaluating concussions designed for the use of physicians and licensed healthcare professional. The tool includes an initial on field patient assessment, cognitive screening and decision tree. Staff collected the data and the information was sent back to Cambridge University to help improve head injury patient outcomes

**Competent staff**

**The service made sure staff were competent for their roles. Managers appraised staff's work performance**.

The provider made sure that the needs of people were consistently met by competent staff who had the right knowledge, skills, attitudes, experience and behaviours.

We were shown evidence that safety was promoted during the recruitment process, which included two reference checks per applicant, and mandatory disclosure and barring service (DBS), medical fitness and driving license checks.

All staff had to provide evidence of their professional qualifications including professional updates. Staff records confirmed that staff had their appropriate professional registration checked, all the required documentation had been photocopied and stored within their staff records.

Paramedics had evidence of their "blue light" training which meant they could transfer critically ill patients in emergency situations. Records showed that all medics and paramedics were trained in advanced life support of adults and children.

The service made sure all staff had a comprehensive formal induction programme, which covered all mandatory training, driver awareness, and medical training days. All new starters were given their own induction folder that contained the training requirements of the service and contained the policies they would be working with.

Staff we spoke with felt the induction program had provided them with the confidence to undertake their role effectively. Staff were clear about their roles within the service. Staff felt that the registered manager gave clear guidance, organised their mandatory training and provided effective handovers before the start of all shifts.

We reviewed five staff records which demonstrated that staff had up to date performance reviews. Records contained development plans and review dates for training, DBS and professional registration reviews.

Paramedics who worked for the service were required to work in accordance with the JRCALC guidelines for patient care. Medical staff who worked for the service conformed to the requirements of their professional registration and the National Institute of Care and Excellence (NICE) quality standards for emergency care.

**Multidisciplinary working**

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

Although the provider was a sports events organisation, the registered manager made sure he had built effective relationships with the NHS trusts that his organisation would transport patients to.

The service engaged pro-actively with two NHS trauma units and within the reporting period had invited them to attend the track medical centre to see what the service provides. One local NHS trust had attended on two occasions. This has meant that the NHS trusts had an awareness of what safety measures had been put in place to reduce incidents, and how motorsports was a high risk sport.

Handovers with the two NHS trusts had improved because of this relationship. The registered manager told us they felt this led to better outcomes for service users, but we were unable to verify this.

Good

# Emergency and urgent care

Within the service, paramedics, technicians worked side by side medics from within the service and third-party organisations. One third party organisation consultant we spoke with highly praised the medical team at Brands Hatch for their professionalism and team work.

**Health promotion**

**Staff gave patients practical support and advice to lead healthier lives.**

Staff involved people in the monitoring of their own health prior to discharge. Leaflets were provided regarding the common injuries sustained at one of the events. Staff provided aftercare advice to people discharged from the service.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

**All staff understood the relevant information regarding consent and the decision making requirements under current Mental Health Act 2005 legislation.**

As this service provided track events for members of the public the provider would ask people to fill in a health questionnaire at the point of entry to Brands Hatch. People who lacked capacity to make informed consent could only use the track with the support of carers or families. People who lacked mental capacity prior to use of the track were not allowed to drive on the circuit.

Healthcare professionals at all levels attended accidents during track events, unconscious patients were treated using national guidelines. We were told all staff made decisions in the best interest of patients flowing national guidance; for example, , the British Medical Associate and General Medical Council guidance which stated, “doctors should presume a patient has capacity to consent to treatment unless there is evidence to the contrary”.

Children aged 14 to 16 could be treated by the service. Staff told us how they would act in the best interest of the patient and use the Gillick competence principles to gain consent.

The staff did not care for or transport people experiencing mental health crisis, although staff understood the principles.

## Are emergency and urgent care services caring?

Good

We rated caring as **good.**

**Compassionate care**

**Staff truly treated patients with compassion and kindness and respected their privacy and dignity.**

The service had a strong, visible person-centred culture, which focused on helping others to express their view, so they could understand things from their point of view. All staff were fully committed to this approach.

Staff we spoke with understood the personal, social and cultural needs of people in relation to the care they provided on site.

Staff always protected patient’s dignity, screens and blankets were always used to make sure that dignity was maintained during treatment and care on the track. When patients were transported they were covered with clean linen.

When treating patients staff took the time to interact with patients and their families. When accidents occurred on the track, friends and relatives of the patients were called to attend as soon as possible.

Although we were unable to witness patient care, we viewed seven patient feedback forms for the service from April 2019 to November 2019 and spoke with two patients who had been conveyed and one relative on the telephone who had received treatment in the same period.

One patient we spoke with told us that staff were kind and spoke to them in a compassionate way. The staff member had made sure they were offered pain relief and were made comfortable.

Comments included “I had the misfortune to have an accident at the Brands Hatch circuit. However, this also meant I had the good fortune to be treated by the medical staff at the track. I wanted to write to thank everyone who helped me on the day. Without you, it’s possible I wouldn’t be here to race again”

Good

# Emergency and urgent care

Staff from a third-party organisation told us that staff were always caring, they acted with integrity and made sure patients were comfortable and called relatives to support them whilst they were receiving treatment.

**Emotional support**

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

Staff understood the impact that a person's care and condition had on their wellbeing both physically and emotionally and we saw examples of this.

Emotional support information was provided to patients and their families via conversations, and a follow up call 48 hours after conveyance to hospital.

Staff told us that in the event of a poor outcome, relatives would be signposted to bereavement organisations within the local community.

Feedback from one patient stated '" just to tell you how excellent all your medical and track staff they were caring and professional and comforted my friend and I during our care".

Staff cared for relatives and friends with empathy and understanding. Staff records that we reviewed also contained personal thank you letters from patients with phrases like, "you're amazing", 'you calmed me down' and "you talked things through".

**Understanding and involvement of patients and those close to them**

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

Staff communicated well with patients and relatives. Staff could demonstrate how they provided clear information about the accident, injury and the treatment they were given.

People who used the service told us that they were always kept informed and felt comfortable to raise concerns if needed. One relative told us that when her son had an accident on the track. Staff collected her from the spectator's area and took her to her injured son. They told her what treatment and investigations had been done and offered her a drink and support during her son's stay.

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

(for example, to feedback?)

Good

We rated responsiveness as **good.**

**Service delivery to meet the needs of local people**

**The service planned and provided care in a way that met the needs of clients who attended motor sporting events at the location.**

Service managers reviewed and planned services that catered for the needs of its unique population. The registered manager recognised the need to build stable relationships with the local community and surrounding NHS health providers, so that care was safe and tailored to meet the needs of people.

**Meeting people's individual needs**

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

There were arrangements to communicate with those whose first language was not English. Staff used the nationally recognised language book, or a language translation app on occasions when they transported patients for whom English was not their first language.

The service provided sports facilities for everyone including people who may have had protected characteristics under the Equality Act 2010. Staff told us they supported disabled riders and drivers who used the track for personal or professional events. There was equipment available on the ambulance for bariatric patients which could carry patients who weighed up to 200kg.

The service made reasonable adjustments to help people access care. For example staff had access to wheelchairs and hoists that aided the retrieval and transportation of people.

**Access and flow**

Good

# Emergency and urgent care

**People could access the service when they needed it, in line with national standards, and received the right care in a timely way.**

Records we viewed showed that 100% of injured track users had timely access to an initial assessment and treatment. The provider and a defined response time of 80 seconds.

This service made sure that this could be achieved by creating more than one strategy. Strategies included placing track marshals strategically around the track, having two rapid response vehicles that could be quickly deployed. Medical "grab bags" were well stocked and accessible to paramedics and medics.

Action had been taken to minimise the length of time people had to wait for care and transfer to hospital. The provider had invested in equipment to make sure the service could respond quickly. For example, the registered manager created a business plan for an ambulance, which included a clear rationale for improving patient transfers to hospital and patient care. The leadership responded with an investment in one ambulance vehicle which was introduced two years ago. This addition to the service and increased patient transfer response times, created care that is more aligned to emergency care and reduced independent and NHS patient transfer fees.

The service considered how seriously injured patients could access care rapidly. The circuit was in a semi-rural location, although it had one NHS trust within eight miles and another within 12 miles of the service. The track had built a helipad which meant the air ambulance was able to land within the circuit perimeter.

**Learning from complaints and concerns**

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and had strategies in place to investigate these.**

The service had a complaints policy which we reviewed, and this was in date. Patient feedback leaflets were available on the ambulance vehicles and within the medical centre.

There were no complaints received during the reporting period**.** People who used the service were all given a feedback form which explained how they could raise concerns or make complaints. Records we reviewed did not contain any complaints about the available medical services or the care provided.

Patients and relatives, we spoke to stated that in the event of a complaint they would have felt comfortable to raise concerns.

## Are emergency and urgent care services well-led?

Good

We rated well led as **good.**

**Leadership**

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

The provider location was one of six. Leaders had the skills, experience integrity and knowledge they needed to deliver a safe and effective service.

The registered manager reported to the chief medical officer and the service manager. There were clear lines of communication, which meant the registered manager felt well supported in overseeing the medical centre and medical staffing that supported the events. The registered manager was a registered paramedic and had an active professional registration with the health and care professions council (HCPC).

The registered manager was well respected by the team. Staff and external medical teams felt they were reliable, efficient, responsive and pro-active.

The leadership team clearly understood the challenges to providing quality and sustainable track events and regularly reviewed practices to identify themes and take actions to address any concerns and mitigate risk. For example, the chief medical office, registered manager and health and safety manager would meet quarterly with the track and area leadership team to discuss practices and procedures.

Good

# Emergency and urgent care

The management team were clearly visible and approachable and open to suggestions that improved performance and safety on and off the track. Records of minutes from leadership and governance meetings we reviewed demonstrated that leaders were approachable and inclusive.

**Vision and strategy**

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

The provider's mission statement stated, "To provide an effective ambulance service within a corporate and sporting setting". Quality and sustainability were top priorities for the service. The sporting and corporate industry is competitive; the provider recognised the need to make sure they were structed to meet the needs of the local population.

The service had a strategy for listening and responding to local and national opinions regarding motorsports emergency care and treatment.

The provider's strategies were designed to deliver high quality medical care within the motorsports industry, that were accessible, safe and responsive to the needs of the people who used the track for events.

The leadership team collaborated with their own staff and staff working for the NHS, and police to plan and deliver sporting events that were aligned to national health and safety standards for public events.

**Culture**

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.**

The culture within the service was to provide injured people with the best emergency response and care. Staff we interviewed demonstrated a passion for delivering, immediate, safe, compassionate care.

Staff we interviewed felt supported, respected and valued. One staff member was able to give examples of how the registered manager had constructively supported their induction and development.

The registered manager felt there was a positive culture within the organisation. Staff felt confident to engage with the leadership team. Any concerns about the running of the service were always taken seriously and the registered manager had been actively supported when they presented a business plan for an ambulance and the extension of the emergency helipad.

The provider recognised the importance of promoting equality and diversity within the team. Although the service did not currently employ any staff with any disabilities, there were policies to support them.

Staff were co-operative and shared the workload and care responsibilities. The team had set up a closed social media group whereby they could liaise with each other, to work collaboratively, swap shifts and if required arrange cover.

**Governance**

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

The governance lead was not available on the day of our visit as they were based at the providers' head office. They worked closely with the health and safety officer. Both were responsible for writing and reviewing policies and liaising with national organisations and executives to provide safe and sustainable care.

The provider was governed by a complex insurance scheme which made sure services demonstrated they could deliver the highest level of emergency support during track events.

The governance team met with the registered manager to review strategies and training within the circuit and on a national level. Records of minutes were available for us to view which demonstrated a clear meeting structure and actions with set time frames to upgrade policies and services.

Good

# Emergency and urgent care

Evidence provided by the service demonstrated that the service had a systematic programme of clinical and internal audits which monitored quality, operation and financial processes. The registered manager would carry out audits for training compliance, equipment availability and incidents

**Management of risks, issues and performance**

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The service had a comprehensive risk assurance system which was aligned to their risk management policy and insurance terms and conditions. The provider used strategies to reduce risk and improve outcomes.

There was evidence of continuous monitoring of safety measures and staff knew how to report incidents when required. Although, frontline staff dealing with patient care were not required to report the incident, as this was the duty of the track marshals and the registered manager who had a complete view of the track, and would consult with the teams and review CCTV footage.

The provider's indemnity insurance was based upon the service recognising and responding to the risks within this service. Staff recruited into the service had exposure to hazardous area response procedures and training. The service incident investigation and reporting procedure acknowledge that services needed to mitigate risks as much as possible and respond quickly to incidents when they occurred.

We saw records of minutes which demonstrated there were processes that oversaw, managed and reported on current and future performance, which were under regular review.

However, because staff were self-employed they could cancel their shift at short notice. Records showed that the registered manager had identified this as a risk and escalated it to the leadership team.

All staff understood their roles in major incidents, major incident training was provided for two reasons. Firstly, motorsports is a high risk sport and secondly the track was identified as a moderate terrorist target. Annual major incident training provided staff with the knowledge to manage larger track incidents and prioritise patient care.

**Information management**

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The organisation had a thorough overview of the provision and performance of the urgent and emergency medical services they provided.

Data collection was vital for the service to run efficiently and effectively and records showed that staff kept detailed accounts of incidents, and performance. This information was used to monitor, manage and report on quality and performance. Records were valid and reliable. The registered manager made sure that the incident data provided by staff in attendance reflected the evidence captured on CCTV footage and staff made sure that documentation was created quickly and was relevant to the needs of the service.

All incidents were recorded onto a large data base, records included the date and time of the event, the sustained injury and the site on the track that the incident occurred. Outcomes were limited to either, discharge or transfer to hospital, although the service had plans to rag rate incidents (using a traffic light colour coding system) and report on outcomes in 2020.

One example of effective practice was the provider had created a comprehensive stock list system. The log identified the location of the stock or equipment, the name, size, batch number and expiry date. This meant that staff could quickly find, replenish and remove stock when required and managers could monitor stock purchases.

The organisation had set targets for response times of 80 seconds and the data demonstrated that this key performance index (KPI) or achieving 90% or over had been reached.

Information was available via electronic data bases, which were safely secured on the registered managers computer within a locked office, of the locked medical centre, within the locked compound of the track. Paper records were scanned into the computer and the originals were kept in a locked fire retardant cupboard within the registered managers office. Any data they needed to be destroyed was shredded and disposed of safely in a confidential waste bin.

**Public and staff engagement**

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients**

The service collaborated with local NHS organisations to improve patient services. The registered manager told us that the service had invited local NHS trusts and the police to major incident training in the past and the team were making plans to hold a large major incident training event in 2020 that would involve NHS ambulance, NHS and police services.

The provider engaged with the public and created several public events to raise awareness on track and road safety. One was an annual event called 'Villagers day' and a yearly open day for a local mixed ability school. Activities were held, adults and children would have supervised rides around the track at a reduced rate.

The other main event was created for children with various disabilities were invited from the local community to tour around the track supported by staff, watch the races. The children were invited to the medical centre and joined in demonstrations in first aid.

Staff told us they were clear about their roles and understood what they were accountable for. However, staff meetings were infrequent as most staff were self-employed and had second jobs with other organisations. This meant staff had limited opportunities to be involved in policy reviews or organisational changes.

**Innovation, improvement and sustainability**

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

The leadership team demonstrated their commitment to making service improvements. The registered manager was able to implement two significant changes to the service to improve transfer out times. The first was the purchase of an emergency ambulance vehicle, and the other being the extension of the medical helipad which was designed to accommodate NHS emergency helicopters land to collect and transfer patients to hospital.

The leadership team met with the medical team to discuss service innovation and improvement. Staff had created a major incident medical study day, based on the principles of the hazardous area response teams (HART) that focused on shared learning and effective use of emergency resources.

The registered manager encouraged participation in research and quality improvement. For example, the medical centre participated in a clinical trial, run by a large university, to measure the effectiveness of an assessment tool. The trail called the sport concussion assessment tool – 5th edition known as the SCAT5 trial. This is a standardised tool for evaluating concussions designed to improve the effectiveness of neurological assessments and concussion diagnosis.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure that the registered has completed safeguarding level 3 training in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 13 (2) Systems and processes must be established and operated effectively to prevent abuse of service users. The registered manager had only received at level 2 safeguarding adults and children.

### Action the provider SHOULD take to improve

- Leaders should continue to monitor staffing concerns and review the process of recruitment and retention and skills mix.
- The provider should have regular meetings with all staff within the medical team.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Transport services, triage and medical advice provided remotely<br><br>Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>(Part 3)Regulation 13 (2) Systems and processes must be established and operated effectively to prevent abuse of service users. |