

Meditech Global Limited

Meditech Global Ltd

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

| Overall rating for this location | Requires Improvement |  |
|--|----------------------|---|
| Are services safe? | Requires Improvement |  |
| Are services effective? | Requires Improvement |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Requires Improvement |  |

Summary of findings

Overall summary

The service has not been previously rated. We rated it as requires improvement because:

- The service did not always manage medicines well.
- Managers did not always assess and monitor the effectiveness of the service. The service did not measure patient outcomes against national guidance. Staff did not always receive an appraisal.
- Managers did not have oversight of all risks in the service.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, although it was not always clear how often training should be renewed. Staff understood how to protect patients from abuse. The service generally controlled infection risk well. Staff assessed risks to patients and kept good care records.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs.
- The service took account of patients' individual needs and were open to feedback.
- Leaders generally had the skills and abilities to run the service and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service

Emergency and urgent care

Requires Improvement



Rating

Summary of each main service

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Summary of findings

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Summary of this inspection

Background to Meditech Global Ltd

Meditech Global Ltd registered with CQC on 13 March 2012 and was last inspected, but not rated, in 2018. A remote monitoring call was undertaken in 2021. The service is registered for the transport services, triage and medical advice provided remotely, and treatment of disease, disorder or injury regulated activities. The service provides pre-hospital support to 4 motorsport venues around the UK, in addition to ad-hoc support at other venues. The service assesses and manages sick and injured patients before providing medical care or conveying to hospital services where required. The service also provides medical training, but this does not fall into the scope of activities regulated by CQC. The scope of our inspection focused on activity where patients were conveyed to hospital by the service, under our independent ambulance emergency and urgent care framework. The service told us that in 2022, 17 patients were conveyed to hospital.

How we carried out this inspection

During the 1 day onsite inspection we spoke with the Registered Manager and Operations Manager. We inspected the registered premises and 2 vehicles used for the regulated activities which were parked outside. We reviewed 6 staff files and 12 patient record forms of patients who had been conveyed to hospital. After the onsite inspection, we spoke with 4 members of staff via telephone interview.

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

Areas for improvement

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

Action the service **MUST** take to improve:

- The service must ensure that valid patient group directions (PGDs) are in place for the administration of medicines. The service must ensure that systems are in place to accurately account for all medicines stocked by the service (Regulation 12 (1)(2)(g)).
- The service must ensure oversight and governance systems are effective. They must have processes in place to accurately monitor, assess and where required improve the quality and safety of services provided. Arrangements must be in place to ensure all staff have undergone an appraisal (Regulation 17(1)(2)(a)(b)(f)).

Action the service **SHOULD** take to improve:

- The service should consider devising formal contractual arrangements with external services such as cleaning and clinical engineering services.

Our findings

Overview of ratings

Our ratings for this location are:

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

Emergency and urgent care

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

Is the service safe?

Requires Improvement 

The service has not been previously rated. We rated safe as requires improvement.

Mandatory training

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

Staff generally received and kept up-to-date with their mandatory training. Managers told us that they expected evidence of annual continuous professional development (CPD) training from all staff. The last CPD training day was held by the service in January 2023, and 15 of the 20 staff in the service attended. Of the 5 staff that did not attend, 4 last attended training in 2022, and 1 in 2021. During this training day staff practised clinical scenarios, many of which managers told us were based on situations that had occurred in clinical practice. They ensured that staff who had not been involved in that situation had the opportunity to undertake the training scenario.

For other training modules, managers told us that they did not expect annual renewal, but did not have formal timeframes for recompletion. Many training modules had completion rates of 100%, but some training was last renewed in 2021.

The mandatory training was comprehensive and met the needs of patients and staff. Modules included infection control, COVID safety and PPE, health and safety, conflict resolution, manual handling, consent, person centred care, data protection and equality and diversity.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers told us that although the electronic system they used to record training did not automatically alert them or staff when training was due, they checked the system and let staff know when their training needed renewal.

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.

Emergency and urgent care

Staff received training specific for their role on how to recognise and report abuse. All staff had completed safeguarding adults training to a minimum of level 2 and safeguarding children training to a minimum of level 2.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke to could give examples of where they had, or would, identified safeguarding concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. One staff member spoke about how they raised a concern with the safeguarding officer at a karting event who dealt with it, including raising it with the police. The staff member also informed managers at the service about the concern.

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, vehicles and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well-maintained. The 2 vehicles we inspected were visibly clean and tidy, in both patient and cab areas. The equipment room where equipment, medicines and stock were kept was clean and well-organised.

The service did not carry out audits on cleaning and infection control at the time of inspection.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff recorded cleaning on daily vehicle and medical equipment check sheets. Managers told us that during eventing season, which ran from February to October, deep cleaning of vehicles was carried out on a monthly basis. We saw evidence of deep cleaning with a chlorine-based disinfectant was carried out in March 2023. The service did not have a formal contractual agreement in place with the cleaning company. Managers told us they contacted the company when the deep cleaning was due.

Staff could adhere to infection control principles including the use of personal protective equipment (PPE). Although we did not see any care being provided on the day of inspection, PPE and alcohol hand sanitiser were readily available for use on vehicles.

Staff could clean equipment after patient contact. Although we did not see any patient care being provided on the day of inspection, decontamination wipes were available on vehicles. Spill kits were also available.

Environment and equipment

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

The design of the environment followed national guidance.

Staff carried out daily safety checks of specialist equipment. We saw evidence that staff consistently completed daily vehicle and medical equipment check sheets. This included the checking of equipment such as automated external defibrillators, patient monitors, trolleys and carry chairs, personal protective equipment such as gloves and masks, and other consumable items. Vehicle checks on areas such as brakes, seatbelts, screen and radiator water and blue light systems were also carried out. However, we found several expired consumable items on board both vehicles we inspected including dressings, bandages and a bag of saline. This was raised to managers on the day of inspection and

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the expired items were removed. We also found that there were no spare pads available for the automated external defibrillators, which meant that in the case of pad failure, the crew would be unable to use the defibrillator. This was also raised on the day of inspection. We saw evidence that this was addressed by managers who had ordered additional pads.

Annual servicing of clinical equipment was carried out by an external clinical engineering company. This was last carried out in February 2023.

We saw evidence of an up to date annual service for both of the vehicles inspected. Road tax and MOT testing were also in date for both vehicles.

The service generally had enough suitable equipment to help them to safely care for patients. However, we found that although the service supported karting events which children and young people participated in, the vehicles inspected did not have child restraints. This was raised to managers on the day of inspection, who started the process of acquiring child restraints.

Both of the vehicles we inspected had a satellite navigation unit, either external or built into the vehicle.

Staff disposed of clinical waste safely. Managers told us that staff disposed of all clinical waste at event venues and did not store waste on vehicles or bring waste back to the service premises. Clinical waste bags were available on vehicles. Sharps boxes on vehicles were correctly assembled.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff used a nationally recognised tool to identify deteriorating patients. Staff recorded National Early Warning Scores on patient record forms (PRFs), and well as Glasgow Coma Score.

Staff completed risk assessments for each patient using a recognised tool, and reviewed this regularly. Staff recorded up to 3 sets of patient observations on PRFs including blood pressure, respiration rate and pulse in addition to ECG results and results of concussion testing and face, arms, speech and time testing for stroke. Staff recorded pre-existing medical conditions.

Staff knew about and dealt with any specific risk issues. The service had Standard Operating Procedures (SOPs) in place for all of the motorsport venues they supported. The SOPs documented staff members' responsibilities in supporting the event, and included a site map and information on the nearest hospitals in case ambulance transfer was required, including telephone numbers to pre-alert the hospitals of their arrival.

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

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

The service had enough staff to keep patients safe. The service had 20 members of staff available to cover events and were onboarding an additional paramedic at the time of the inspection. This number included the Operations Manager

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and Registered Manager who worked clinically as a paramedic and an emergency care assistant, respectively. Staff roles included paramedics, emergency care assistants, an emergency first responder, and a doctor who was the medical lead for the service. Aside from the Registered Manager and Operations Manager, staff worked on a self-employed, ad hoc basis.

We reviewed 6 staff files and found evidence of safe recruitment practices. All files contained copies of photographic identification, an application form listing skills, qualifications and previous experience, 2 references, a health questionnaire, evidence of COVID-19 vaccination, and a professional registration check where applicable. Role specific checks such as driving licence checks were also evident. We saw that files contained copies of enhanced disclosure and barring service (DBS) certificates, generally carried out by the staff members' substantive employers. Managers told us that they did not have a formal policy or rule in place for the renewal of DBS checks, but worked to guidelines of renewing checks every 2 to 3 years. Managers told us that were working through DBS check renewals at the times of the inspection and were encouraging staff members to sign up to the DBS electronic update service. We saw evidence that some updates had been performed in March 2023 prior to the inspection.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift. Managers used an electronic management system to offer event shifts to staff. They selected the number of staff and the skill sets they required for an event. Managers told us this was typically a double crew of a paramedic and an emergency care assistant. An email was sent via the system only to the staff with the skill sets required offering them the shift, which they could then assign themselves to. Managers told us that they rarely struggled to cover shifts, but reminded staff of any vacancies via a mobile application based group chat they ran for the service.

The service did not use agency staff.

Records

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

Patient notes were comprehensive and all staff could access them easily. Blank patient record forms (PRFs) were available on both of the vehicles inspected in 2 formats, a longer A3 and a shorter A4 form which was intended for less serious presentations. The PRFs we reviewed were comprehensively filled, although on some of the forms where the A4 form was used, the writing was condensed into a small space, making it more difficult to read. Managers told us that they recognised that staff tended to default to using the shorter form, and that they were considering introducing a continuation form to allow staff to comfortably add more detail to shorter records.

Records were stored securely. Staff stored completed PRFs in a folder inside vehicles for the duration of events. After events, they were transferred to a locked box in the service's premises.

Medicines

The service did not always use systems and processes to safely prescribe, administer, record and store medicines.

Staff did not always follow systems and processes to prescribe and administer medicines safely. Drug administration directive documents, which were referred to as patient group directions (PGDs) by the service, were reviewed by a CQC pharmacist specialist. The documents were generally comprehensive, outlining indications and contra-indications for all of the medicines they stocked, as well as information on dosage, administration route and the staff groups who were permitted to administer. However, PGDs require sign off by a multi-disciplinary group - a doctor, a pharmacist and a

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representative of the professional group expected to administer or supply medicines under the PGD. We did not see evidence of multi-disciplinary input in the documents reviewed. At the time of the inspection, the name of a doctor, the clinical lead, was at the bottom of the documents, however there was no signature as is a requirement for PGDs. Since the inspection, the signature of the clinical lead has been added. However, there was no named pharmacist on the documents, and although clinical staff including paramedics signed an agreement sheet, there was no named paramedic on the documents. Two of the medications listed in the directives, namely tranexamic acid and diazepam rectal tubes, required a PGD as they are a Prescription Only Medicines which are not currently covered by the paramedic exemption under schedule 17 of the Human Medicines Regulations (2012). Although the service did not have any diazepam, or any other controlled drugs, in stock at the time of the inspection as they were in the process of renewing their Home Office licence, tranexamic acid was in stock. The pharmacist specialist recommended that valid PGDs should be put in place for the service to be able to stock, and staff to administer tranexamic acid and diazepam rectal tubes.

Staff completed medicines records accurately and kept them up-to-date. We saw evidence in the patient record forms we reviewed of consistent, accurate records of drug administration including the time of administration, drug batch number and expiry date, and the signature of the staff member administering.

Staff generally stored and managed medicines and prescribing documents safely. Medicines pouches were stored in an equipment room behind a code locked door which had closed circuit television coverage and were further secured with plastic security tags. Managers transported medicines pouches to vehicles before an event. We found that stock counts of medicines in the equipment room and medicines pouches accurately matched the service's records.

However, we found a number of boxes of 'over the counter' drugs such as paracetamol, aspirin and anti-histamines loose inside drawers and bags on vehicles. Although we saw evidence of the medicines being ordered and administration of them in patient records, staff did not keep a stock count of these medicines. Therefore we could not be assured that systems were in place to account for these medicines while they were on the service's vehicles.

Oxygen cylinders were safely stored on vehicles and in the equipment room. Empty and full cylinders were segregated in the equipment room.

The service did not monitor the temperature of the room where medicines were stored.

Incidents

The service generally managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers generally investigated incidents and shared lessons learned with the whole team. When things went wrong, staff knew to apologise and give patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff we spoke to could give examples of scenarios where they had, or would, report an incident. Staff knew how to access report forms via the provider's electronic portal which could be accessed remotely by staff via their mobile phones or computers.

Staff raised concerns and reported incidents and near misses in line with provider policy.

The service had no never events.

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Staff generally understood the duty of candour. They knew to be open and transparent and give patients and families a full explanation if and when things went wrong. Although we did not see any incident reports where duty of candour needed to be applied, staff we spoke to generally understood the principles of duty of candour.

We did not see any evidence of staff meeting to discuss the outcome of an incident, but managers told us that outcomes were fed back to staff individually.

Managers generally investigated incidents thoroughly. Staff had submitted 3 incidents and near misses within the 12 months prior to the inspection. One of the reports concerned a mechanical issue with a vehicle which was resolved and did not require a thorough investigation. We saw evidence that managers had acknowledged and responded to the other incidents, and that following one of them, a memo was sent out to staff via the electronic management system informing them of the learning from the incident. Staff had to acknowledge memos before being allowed to further access to the management system. Managers told us that any clinical incidents which required further medical referral or hospitalisation were reported to Motorsport UK.

Is the service effective?

Requires Improvement 

The service has not been previously rated. We effective as requires improvement.

Evidence-based care and treatment

The service generally provided care and treatment based on national guidance and evidence-based practice. Managers did not actively check to make sure staff followed guidance.

Staff followed generally up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff could access policies and procedures remotely via the service's electronic management system. We reviewed a sample of policies including the safeguarding policy, whistleblowing policy, data protection and retention policy, equality and diversity policy and patient ambulance transfer standard operating procedure and found them to be generally comprehensive. However, not all policies had a set review date, and where there was a review date set, this had in some cases passed. For example, the safeguarding policy was last revised in 2020 and had a 2021 review date but had not been updated. Managers told us that this was an area of the service that they intended to address in the near future.

The service did not have standard operating practices or algorithms in place for specific clinical presentations such as head injury or heart attack. However, managers told us that they ensured all paramedics had the Joint Royal Colleges Ambulance Liaison Committee application installed on their mobile devices for reference.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. On the patient record forms reviewed, staff recorded a patient pain score out of 10.

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Staff prescribed, administered and recorded pain relief accurately. On the patient record forms viewed we saw consistent, accurate records of pain relief administration including the time of administration, drug batch number and expiry date, and the signature of the staff member administering.

Response times

The service did not monitor response times given the nature of the service provided.

Patient outcomes

Staff did not always monitor the effectiveness of care and treatment and use the findings to make improvements and achieved good outcomes for patients

The service did not participate in any relevant national clinical audits at the time of the inspection.

Managers and staff did not carry out repeated audits to check improvement over time. At the time of inspection, the service did not carry out any formalised local audits. The Operations Manager told us that they reviewed patient record forms for quality assurance on a weekly basis but did not audit against any measures of clinical outcomes such as ambulance clinical quality indicators.

Managers shared and made sure staff understood information from the audits. Managers told us that they verbally fed back any points of learning to individual staff members after reviewing patient record forms.

Competent staff

The service generally made sure staff were competent for their roles. Managers did not routinely appraise staff's work performance or hold supervision meetings with them to provide support and development at the time of inspection.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients, and managers ensured this at recruitment. All emergency care assistants held a minimum of First Response Emergency Care Level 3, with some holding Level 4 and some also achieving the Safe Administration of Lifesaving Medication qualification.

Managers did not give new staff a formal induction before they started work. However, they told us that new staff shadowed an experienced staff member at each new venue before being expected to work independently. Managers provided new staff with an induction leaflet outlining service rules and expectations, and how to access further information to support their role.

Managers did not always support staff to develop through yearly appraisals of their work. At the time of inspection, managers told us that they had not conducted staff appraisals for the last 2 years, but intended to recommence the appraisal process in the near future. The service had a comprehensive template for appraisals in place through their use of an external human resources company.

Managers did not hold formal team meetings with all staff. However, they told us that staff were kept up to date via memos on the electronic management system which they needed to acknowledge before proceeding further into the system.

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Staff had the opportunity to discuss training needs with managers and were supported to develop their skills and knowledge. All of the staff we spoke to described managers as being very supportive to their training needs. One staff member talked about how the service had provided funding for an additional training course for them, and another spoke about how managers allowed staff to sit in on and contribute to medical training courses they were providing for their own development.

Managers generally made sure staff received any specialist training for their role.

Although it was not a mandatory requirement, all paramedics had undertaken specialist training to become Motorsport UK licence holders.

In addition to the annual motorsport continuous professional development (CPD) day, managers told us that they were about to introduce weekly 'micro' CPD days on events, focusing on kit familiarisation.

Staff members did not receive any specific driving training or assessment through the service. Managers told us that only staff holding an Institute of Health and Care Development Business and Technology Education Council or Level 3 Certificate in Emergency Response Ambulance Driving Course qualification were permitted to drive under blue light conditions.

Managers would identify poor staff performance promptly and support staff to improve. Managers told us that they had not had to deal with any performance related issues with staff, but had an issue with a staff member in the past that required human resources input. Managers told us that they referred the issue to their external human resources partner, and it was successfully resolved.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff with varying roles in the service understood their responsibilities and worked well together as a team to care for patients. The service worked well with partners in Motorsport UK including referring concerns to their safeguarding officer, and reporting incidents where required.

Health Promotion

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

The service gave relevant information and aftercare advice after being discharged from their care.

Staff gave patients a post incident advice and feedback leaflet after being discharged for their care including symptoms to seek further medical advice on, and factors that can assist with recovery after an injury.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All staff had completed mandatory training on consent.

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Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff clearly recorded consent in the patients' records.

Staff received and generally kept up to date with training in the Mental Capacity Act. At the time of the inspection, all staff had received mental capacity training. Although there was no formal guideline in place for renewal of training, some staff had last completed this training in 2021.

Is the service caring?

Good 

The service has not been previously rated. We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We did not see any care being delivered on the day of inspection. However, we saw several examples of positive feedback from people who had used the service in the 12 months prior to the inspection. The service kept a folder of emails, comments made on social media, and a newspaper article praising staff for their kindness and the service given. One email stated that the service had gone "above and beyond" in their treatment of a spectator at an event.

Staff followed policy to keep patient care and treatment confidential.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked to patients in a way they could understand. The staff we spoke with talked about adapting the way they talked to some of their patients who were paediatrics, some of whom had a learning disability.

Patients and their families could give feedback on the service and their treatment.

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Is the service responsive?

Good 

The service has not been previously rated. We rated responsive 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 local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs of the local population. Managers recognised their role in reducing pressure on the NHS and wider healthcare economy. Managers told us by offering medical cover at events and transfers to hospital when required, they provided healthcare to the public who would have normally required assistance from NHS ambulance services or gone straight to hospital.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff covering events had pre-alert telephone numbers to enable them transport patients to the appropriate service based on their needs.

The service relieved pressure on other departments when they could treat patients. By treating casualties who did not require hospital treatment at the scene of events, the service relieved pressure on accident and emergency and other urgent care departments. Furthermore, by conveying patients who did require hospital care, they relieved pressure on NHS ambulance services.

Meeting people's individual needs

The service was generally inclusive and took account of patients' individual needs and preferences, but did not always have specific tools available to help meet those needs.

The service did not have information leaflets available in languages spoken by the patients and local community.

Managers did not make sure staff, and patients, loved ones and carers could get help from professional interpreters or signers when needed. However, managers told us that on the rare occasions where a patient did not speak English, staff would use online translation applications to communicate with them, or use friends and family.

Staff did not have access to communication aids to help patients become partners in their care and treatment. However, managers and staff gave examples of how they had adapted their practice to care for patients with communication barriers. For example, when a deaf patient had a collision on the track which resulted in their car being overturned, the staff member treating them ensured that their face could be seen by the patient at all times so that they could lip read. Another staff member spoke about how they adapted their communication style for autistic paediatric patients.

Access and flow

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

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Staff supported patients when they were transferred to hospital. Most patients received care and treatment at events avoiding the need to transfer to hospital. However, patients were transferred immediately to hospital if their condition required it.

Learning from complaints and concerns

The service had not received any complaints or concerns in the 12 months prior to the inspection but staff and managers told us they would treat concerns and complaints seriously, investigate them and share lessons learned with all staff, including those in partner organisations.

The service clearly displayed information about how to raise a concern. Staff gave patients a post incident advice and feedback leaflet when discharging them from their care. The leaflet indicated that the service welcomed all feedback on services and provided contact details for the service. The leaflet stated that the service would address issues directly and in confidence, working towards a resolution and that any concerns would be escalated to applicable governing bodies where required.

Staff understood the policy on complaints and knew how to handle them. Staff told us that they would inform managers if they received a complaint. One staff member said that they would direct complainants to the service's website for them to make a complaint.

Is the service well-led?

The service has not been previously rated. We rated well-led as requires improvement.

Leadership

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

The Registered Manager founded the service having previous experience in confined space rescue. The Operations Manager joined the service on a part time basis approximately 6 months prior to the inspection, and had extensive clinical experience as a paramedic. Both managers were visible for staff and worked alongside them clinically, which staff positively remarked upon. All of the staff we spoke to described managers as approachable, easy going and well liked. Managers recognised areas where the service had improved since the last inspection and remote monitoring call, such as the completion of mandatory training. They were open and honest about areas of the service they felt required attention, such as the development of a risk register or other risk management system, which had been completed since the inspection, and restarting staff appraisals.

Staff told us they were supported to develop their skills. One staff member we spoke to had worked at the service first as a first aider, then alongside paramedic training, and then as a paramedic. They spoke about how they had been supported to take on new responsibilities, such as acting as Chief Medical Officer at events, which had helped them to develop professionally and build confidence.

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Vision and Strategy

The service generally had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

Although managers did not have a formally documented vision and strategy, they told us that their vision for the service was not just to provide medical support to motorsports, but to have the expertise to understand the motorsports sector inside out. Managers had plans for the development of the service, and told us that they not only wanted to develop further into karting events in the UK, but also expand the service overseas. Managers told us that in order to facilitate overseas expansion led by the Registered Manager, the Operations Manager would take over the day to day running of the service.

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, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

All of the staff we spoke with spoke highly of the culture of the service. Several staff members commented that they felt that the culture was caring, supportive, and without pressure. One member of staff said that they felt the service was patient focused, another commented that they felt standards of care were high, expressing pride at working for the service. Managers told us that they were in the process of reintroducing a clinical mentorship programme, whereby more experienced staff could help to develop junior staff in their roles. All the staff we spoke with felt they could raise concerns without fear of retribution, and that managers were open to challenge. Managers were open to feedback from patients and their families.

Governance

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities, but did not always have regular opportunities to meet, discuss and learn from the performance of the service.

Standard Operating Procedures were in place for all the venues the service regularly supported, and we were assured that staff members were aware of their roles their responsibilities.

However, the service did not regularly meet to discuss the performance of the service. We reviewed minutes of the latest medical operations review meeting which took place in January 2023 with the Registered Manager, Operations Manager and Medical Lead in attendance. Managers told us that this was an annual meeting, unless there was specific concern which would warrant an additional meeting. Items on the agenda included patient record form and incident form audit, ambulance and vehicle review, operational activities including clinical governance review and medications review. Minutes of the meeting were limited. There was no discussion of incidents or an incident form audit, and little evidence of a clinical governance review.

The service did not have contracts in place with external partners such as those carrying out equipment servicing and deep cleaning.

Management of risk, issues and performance

Leaders and staff did not always use systems to manage performance effectively. They identified and escalated some, but not all, relevant risks and issues to identify actions and reduce their impact.

Emergency and urgent care

We were assured that some systems which were in place to monitor risk and performance, such as stock control of medicines in the equipment room, were effective. However, we could not be assured that other systems, such as the completion of daily vehicle and equipment checks, were as effective due the presence of several expired items on vehicles on the day of inspection despite staff completing check forms. Since the inspection, managers introduced monthly vehicle and vehicle equipment audits which included audit of the daily checks to remedy this issue.

At the time of the inspection, managers reviewed patient record forms (PRFs) for quality assurance, although patient outcomes were not measured against national guidance, and learning from the review process was not documented. Since the inspection, managers introduced a monthly PRF audit sheet to record the review process and accompanying learning.

At the time of the inspection, managers told us that risk assessments were carried out by the venues they supported, but the service did not have its own risk register or similar risk management system. The lack of risk assessments, and scenarios where they could be useful, such as an ambulance theft while stored overnight, medicines being stolen from the ambulance, and more general risks such as staff slips, trips or falls, were discussed during the remote monitoring call held in 2021. Since the inspection, managers have developed an operations risk assessment document which covers such risks. We saw evidence that major incident plans were in place for the venues regularly supported by the service.

Information Management

The service collected some data and reviewed it. The information systems were integrated and secure. Managers were aware of their responsibilities to submit data or notifications to external organisations as required.

Staff collected patient information via patient record forms. Records, which contained personal identifiable data, were stored in a locked cabinet. Managers told us that they were considering moving to electronic records in the near future. Processes were in place to submit notifications to other services. The service had not had any notifiable incidents to report in the 12 months prior to the inspection.

Engagement

Leaders and staff generally engaged with staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

At the time of inspection, the service had not conducted a staff survey since 2014. However, staff told us they felt able to offer any ideas for improvements. Since the inspection managers told us that they had redeveloped and sent out a staff survey to formally gain staff feedback on the service.

The service actively collaborated with partners in the motorsport sector. Managers told us that they had developed and delivered a training programme for karting marshals who would be the first people on scene after an incident on the circuit. The programme included ensuring stabilisation of the patient's neck and assessment of consciousness levels, and managers told us that having this training in place improved the efficiency of assessment and treatment of patients from the time of the incident occurring.

However, we did not see evidence of formal engagement with external organisations such as the company providing deep cleaning services, and the clinical engineering service to assess performance of their services at the time of inspection.

Emergency and urgent care

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Managers generally understood quality improvement methods.

Managers were committed to improving the service. Managers were receptive to feedback from the inspection team both during and following our inspection and provided some assurance of immediate actions they were taking. For example, managers took immediate action to address concerns about the lack of child restraints and spare defibrillator pads on vehicles, and have also conducted a staff survey since the inspection.