

OMNI Healthcare Limited

# OMNI Healthcare Limited

## Quality Report

Omni Healthcare  
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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this ambulance location

Patient transport services (PTS)	
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# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out a focused unannounced inspection on 09 September 2015, to review Omni Healthcare's arrangements for the safe transport and treatment of patients, because we had received information of concern about this service.

The Care Quality Commission had received information, from several different sources, which stated that Disclosure and Barring Service (DBS) checks had not been routinely carried out on employees and that some staff were working without these checks in place.

As this was a focused inspection, we did not inspect every key line of enquiry under the five key questions.

### **Are services safe at this service**

There were serious concerns that care and treatment was not being provided in a safe way for patients.

We found inadequate recruitment processes in place which did not ensure all staff were of good character and had the required competence to carry out their roles.

We found inadequate arrangements for safeguarding vulnerable adults and children, with a lack of safeguarding training to ensure staff were aware of their responsibilities.

There was a lack of effective risk assessments being carried out, including fire safety to ensure the safety of patients and staff.

We found inadequate security arrangements for equipment and vehicles. We found vehicles open and unlocked and that equipment, including defibrillators, oxygen cylinders and, airways equipment and first aid were all accessible and at risk of being tampered with.

There was a risk of harm to patient safety due to insufficient equipment maintenance. We found a number of items of equipment throughout the service where the servicing had lapsed. We found equipment that had not been calibrated to ensure its safe and accurate use.

We found inadequate governance processes in place which did not monitor and assess the quality of service provided in carrying on the regulated activities.

### **Are services effective at this service**

There were no systems in place to ensure staff were suitably appraised or received clinical supervision.

There was no evidence of an induction policy or process was being used within the service.

### **Are services caring at this service**

This was a responsive inspection and we did not consider this as part of the inspection.

### **Are services responsive at this service**

This was a responsive inspection and we did not consider this as part of the inspection.

### **Are services well led at this service**

We did not see any evidence of effective governance arrangements in place to evaluate the quality of the service and improve delivery.

During the inspection we were not provided with evidence of effective policies and risk management and control systems, including audits.

# Summary of findings

The management team had not taken sufficient measures to identify, assess and manage risks through any aspect of the service.

On the day of the inspection, we found that the service did not have robust recruitment procedures in place to ensure that all staff were appointed following a check of their suitability and experience for their role, together with robust pre-employment checks carried out.

We identified areas of poor practice and we informed the provider that they needed to make urgent improvements.

In summary, we consider that people may be exposed to the risk of harm due to:

- Insufficient equipment maintenance.
- Inadequate governance to monitor and assess the quality of service provided in carrying on the regulated activities.
- Inadequate recruitment processes to ensure all staff are of good character and have the required competence to carry out their roles.
- Inadequate procedures for ensuring the safety of children and vulnerable adults.
- Inadequate security of premises, equipment and vehicles.
- Lack of effective risk assessments carried out, including fire safety.

The service must take action to ensure that:

- Robust governance and risk management systems including fire safety are in place and understood by all staff.
- The service has effective and current policies in place that are understood by all staff.
- Recruitment processes are in place so all staff employed have the experience and competence required for their role, together with robust pre-employment checks.
- Staff are supported in their roles by effective supervision, appraisal systems and ongoing training.
- All equipment is fit for use and required checks and maintenance is carried out.
- Vehicles and premises security must be maintained.
- Robust safeguarding vulnerable adults and children procedures are in place and understood by all staff.

Importantly, the provider must take urgent action to ensure compliance with regulations 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment), 15 (Premises and equipment), 17 (Good governance), 18 (Staffing), and 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this basis, the registered provider was subject to a Notice of Decision issued by CQC suspending its registration until 28 October 2015 and was not permitted to carry on any regulated activities until that time.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating Why have we given this rating?

We found that there were inadequate systems regarding the management of risks and quality of patient care and treatment in the service. There were no effective governance arrangements in place to evaluate the safety and quality of the service and improve delivery. Essential risk assessments, including fire safety, had not been completed.

A lack of monitoring and audits meant that the quality and performance of services were not assessed to ensure correct processes were understood by staff, applied in practice and patients were not put at risk. Senior managers had no oversight of the risks to patient safety and the quality of services delivered.

The service did not have robust recruitment procedures in place to ensure that all staff were appointed following a check of their suitability and experience for their role, together with pre-employment checks.

We found that staff training systems and records were not adequate. There were no structures in place to ensure staff completed required training. There was no evidence that all staff had attended appropriate training for safeguarding children and vulnerable adults.

The safeguarding children and protecting vulnerable adults from abuse policy did not contain any clear guidance for staff with regard to reporting of safeguarding concerns. The policy did not give clear guidance for staff as to how to report an urgent safeguarding concern so that staff could make an urgent referral when required.

Effective policies, risk management and control systems, including audits, were not in place.

There were no appraisal or clinical supervision systems in place, and recruitment and induction processes were insufficient. Records were not always stored confidentially within the service.

Equipment was not managed to ensure it was accurate and safe for use. Vehicles and the equipment which was inside were not secure.

## Summary of findings

Effective infection control procedures were not always evident within vehicles, as biohazard spill kits were not present on all vehicles and we found clinical waste in an unsealed bag on one vehicle. Deep clean procedures were not always timely.

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# OMNI Healthcare Limited

## Detailed findings

**Patient transport services (PTS)**

# Detailed findings

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## Background to OMNI Healthcare Limited

Omni Healthcare is an independent ambulance service providing patient transport services and medical cover for public and private events. Omni Healthcare is based in Hertfordshire.

The Registered Manager is Mr Peter Thorpe; he has been with the company since April 2014.

The nominated individual is the Operations Manager who has been with the company since May 2014. We undertook the inspection in response to concerns which were raised with the Care Quality Commission (CQC).

We inspected, but have not rated, elements of three of the five core standards including, safety, effectiveness and well-led.

## Our inspection team

This inspection was led by an Inspection Manager and two Inspectors

## How we carried out this inspection

We undertook an unannounced focused inspection on 09 September 2015.

We spoke with six members of staff and one manager during the inspection. We looked at 11 vehicles and reviewed a range of documents including staff records, training records, daily vehicle checklists used by staff and policies.

## Facts and data about OMNI Healthcare Limited

Omni Healthcare is registered to provide treatment for disease, disorder and injury and transport services, triage and medical advice provided remotely.

The service has a fleet of 11 vehicles (one car and 10 ambulances) to transport patients to and from a variety of settings including NHS hospitals. Four of the ambulances are owned by Omni Healthcare, six are leased through a specialist vehicle hire company.

## Detailed findings

Omni Healthcare also provides medical cover for sports games, festivals and community events.

The service employs 26 staff, five had permanent contracts, and 11 had zero hours contracts.

The Registered Manager is a Health and Care Professions Council registered paramedic, and the Operations Manager is an ambulance technician. A high dependency (HD) technician is a high dependency (HD) technician; all other staff employed are ambulance care assistants.



# Patient transport services (PTS)

Safe	
Effective	
Well-led	
Overall	

## Information about the service

Omni Healthcare is an independent ambulance service providing patient transport services and medical cover for events throughout the country. Transport cover is provided by HD technicians and ambulance care assistants. If high dependency transfers are required, this is provided by Registered Manager supported by either Operations Manager or a high dependency (HD) technician. The majority of the work is providing patient transport for other patient transport provider services. On occasions, Omni Healthcare has provided ambulance cover for sporting games and community events.

The service works 23 hours a day the only hour not covered is 5am to 6am.

We were informed the last time the vehicles were on the road was 26 August 2015 due to contractual issues with their main provider.

We carried out a focused unannounced inspection on 9 September 2015 to review Omni Healthcare's arrangements for the safe transport and treatment of patients. We had received information of concern from several different sources which stated that Disclosure and Barring Service (DBS) checks had not been routinely carried out on employees and some staff were working without these checks in place.

As this was a focused inspection, we did not inspect every key line of enquiry under the five key questions.

## Summary of findings

We found that there were inadequate systems regarding the management of risks and quality of patient care and treatment in the service. There were no effective governance arrangements in place to evaluate the safety and quality of the service and improve delivery. Essential risk assessments, including fire safety, had not been completed.

A lack of monitoring and audits meant that the quality and performance of services were not assessed to ensure correct processes were understood by staff, applied in practice and patients were not put at risk. Senior managers had no oversight of the risks to patient safety and the quality of services delivered.

The service did not have robust recruitment procedures in place to ensure that all staff were appointed following a check of their suitability and experience for their role, together with pre-employment checks.

We found that staff training systems and records were not adequate. There were no structures in place to ensure staff completed required training. There was no evidence that all staff had attended appropriate training for safeguarding children and vulnerable adults.

The safeguarding children and protecting vulnerable adults from abuse policy did not contain any clear guidance for staff with regard to reporting of safeguarding concerns. The policy did not give clear guidance for staff as to how to report an urgent safeguarding concern so that staff could make an urgent referral when required.

Effective policies, risk management and control systems, including audits, were not in place.

# Patient transport services (PTS)

There were no appraisal or clinical supervision systems in place, and recruitment and induction processes were insufficient. Records were not always stored confidentially within the service.

Equipment was not managed to ensure it was accurate and safe for use. Vehicles and the equipment which was inside were not secure.

Effective infection control procedures were not always evident within vehicles, as biohazard spill kits were not present on all vehicles and we found clinical waste in an unsealed bag on one vehicle. Deep clean procedures were not always timely.

## Are patient transport services safe?

We have not rated the patient transport service for safety. This was a responsive inspection and elements of this standard were not inspected.

We found that staff training systems and records were not adequate. There were no systems in place to ensure staff had completed required training.

There was no evidence that all staff had attended appropriate training for safeguarding children and vulnerable adults. The safeguarding children and protecting vulnerable adults from abuse policy did not contain any clear guidance for staff with regard to reporting of safeguarding concerns.

Effective policies, risk management and control systems, including audits, were not in place.

Equipment was not managed to ensure it was accurate and safe for use. Some medical supplies were out of date and therefore not safe for use.

Records were not always stored confidentially within the service.

Effective infection control procedures were not always evident within vehicles, biohazard spill kits were not present on all vehicles and we found clinical waste in an unsealed bag on one vehicle. Deep clean procedures were not always timely.

Vehicles and the equipment which were inside were not secure.

### Incidents

- We did not gather evidence for this as part of the inspection.

### Mandatory training

- The provider had no system in place governing mandatory training and was not able to confirm which training was a requirement for all staff employed by the service.
- There was a lack of evidence that all staff had received training including moving and handling, infection control, cardio pulmonary resuscitation (CPR) and administration of medicines including oxygen.

# Patient transport services (PTS)

- The training matrix provided during the inspection was dated 17 November 2014, and was not current. 15 new staff members were not included on it. There was no evidence of training certificates or courses undertaken by staff in 13 out of the 14 staff files that we looked at. This meant there we were not assured that staff had received appropriate training to ensure they had the correct skills and competencies to carry out their role.

## Safeguarding

- The service had policies for safeguarding children and for protecting vulnerable adults from abuse; however these policies did not give clear guidance to staff as to how to report concerns urgently and outside of normal office hours.
- The policy did not provide contact information for local authority safeguarding children or adult's teams, so that staff could make an urgent referral to when required.
- There was no evidence that any staff had attended appropriate training for safeguarding children and vulnerable adults.
- Staff we spoke to said that they had not had safeguarding vulnerable adults and children training and were not able to demonstrate an effective understanding of safeguarding procedures. We were not assured that staff had the training or knowledge to recognise abuse or to appropriately report it.

## Cleanliness, infection control and hygiene

- We inspected 11 vehicles during our visit and found some of them to be visibly unclean. Dust was visible on some of the equipment, including underneath the patient trolleys and telecommunication devices. There was no evidence of when the vehicles had been deep cleaned. Staff told us that vehicles should be deep cleaned monthly and this was to be carried out by the staff that were on duty for that day. In the main office we saw a deep clean schedule written on the office whiteboard; however, this was not fully up to date and permanent records were not maintained. This meant there was no evidence of regular deep cleans of the vehicles.
- Staff told us that at the beginning and end of each shift it was the crew members' responsibility to ensure the vehicles were swept and cleaned. The provider was not maintaining any records of these vehicles being cleaned so it was not possible to establish when each vehicle had last been cleaned.

- Unclean linen was on trolleys in three of the vehicles inspected. There were no arrangements in place for the appropriate storage of dirty linen.
- There should be a mixture of clinical waste bags used to allow separation of offensive, clinical/infectious and highly infectious waste. Only one type of clinical waste bag was used by the service, which meant segregation of clinical waste could not be carried out in line with Hazardous Waste Regulations and Department of Health guidance (HTM 07-01).
- Sharps bins (for safe disposal of needles) were not correctly labelled and temporary safety closures had not been used. This meant that there was an increased risk of sharps injury, with potential exposure to blood-borne viruses, to staff and patients. Clinical waste risks were discussed with the operations manager who stated contact would be made with their waste disposal service to ensure correct practice was followed.
- Hand gel was not available on all vehicles. Staff told us they carried small bottles of hand gel with them during duty.
- We did not see sufficient cleaning supplies, including disinfectant wipes, on two vehicles to ensure the trolley would be appropriately cleaned between patients. There was no clear infection control guidance in place to support staff.
- On one vehicle, we also found that essential airways equipment and a maternity pack was not stored in sterile packaging presenting a risk of cross contamination.
- Infection control audits were not being carried out to ensure infection control measures were safe, effective and reduced risk to patients and staff. Infection control measures were not supported by any audits.
- We observed tears in the fabric of some of the seats in the rear of the ambulances. There was also slight damage to one arm rest. This meant that seats could not be cleaned effectively after use and increased the risk of infection.

## Environment and equipment

- Five vehicles were in poor state of repair. External damage was present including wear and tear of internal fixtures posed risks to patients. This included the plastic on seat belt clips, three of which were sharp where the plastic was broken and could potentially cause damage to a patient.

# Patient transport services (PTS)

- The manager informed us that two vehicles were currently off the road. One vehicle was off the road because it required a front support replacement. The second vehicle was off the road because it was waiting for replacement brakes. We were informed that six of the vehicles were not currently insured due to the contractual issues with the main provider. The operations manager stated that the insurance could be reinstated on any of the vehicles within short notice.
- We found serious concerns in relation to the safety, availability and suitability of equipment on vehicles and in the stockroom. These included problems with equipment which was used for emergency and life-saving interventions such as eight defibrillators, which had not been serviced by the due date of June 2015 and replacements were not available. Oxygen cylinders on vehicles were beyond their expiry date (June 2015), airways equipment, including airway devices were also beyond their expiry date (May 2015).
- The operations manager told us that daily vehicle checklists were completed for before any vehicle was used. On reviewing the vehicle inspection checklists, we found for one vehicle that for the months of July and August 2015, there was only recorded evidence of daily vehicle and equipment checks being carried out on six days out of 62. There was no evidence that any regular audits of the completion of these checklists had been carried out.
- We could not see any evidence of stretchers being serviced. We requested to see the service contract; however this was not available at the time of the inspection.
- Oxygen cylinders were not safely stored on the vehicles. We found oxygen cylinders on the unlocked ambulances and not all were securely stored inside the vehicles. In one vehicle we found oxygen in the foot well in the front of the ambulance and in another vehicle we found oxygen stored in an overhead locker above the stretcher.
- During our inspection we found that six vehicles were unlocked. These vehicles contained equipment including electrocardiograph machines (ECG), automated external defibrillators (AED), oxygen cylinders and airways equipment were accessible and at risk of being tampered with.
- We found that on the majority of vehicles there was no evidence that the firefighting equipment had been appropriately tested to ensure its safety and

effectiveness. A number of fire extinguishers had no clear dates of the last service, or when the next service was due, so it was not possible to know whether these extinguishers were fit for use.

- We saw evidence that the equipment was usually serviced by a contractor and that this had been due in June 2015. The operations manager acknowledged testing had been missed and that this was the result of an oversight.
- The taping used as a grip measure on carry chairs was coming away from the hand grab areas. When we raised this with the operations manager, and we were informed that new tape had been purchased but had not yet been used to replace worn taping on these chairs. This presented a risk that staff would not be able to use the chairs safely when transporting patients.
- The seatbelts and trolley straps were all in working order in all vehicles.

## Medicines

- The operations manager informed us that the service did not keep any medicines on the premises. We did not see any medicines on the premises during our inspection.

## Records

- During our inspection of the vehicles used to transport patients, we found confidential patient records were not always stored securely. A do not attempt cardiopulmonary resuscitation (DNACPR) form for a patient was found in one vehicle stored in the overhead locker above the driver's seat. We also found three journey sheets in another vehicle in the overhead locker above the passenger's seat. These sheets contained names and addresses of 14 patients.
- During inspection of the store room, we found staff application forms containing personal information in an open, unsecured box that were accessible to all staff using the store room. This was a risk to confidentiality.

## Assessing and responding to patient risk

- We did not gather evidence for this as part of the inspection.

## Staffing

- We did not gather evidence for this as part of the inspection.

# Patient transport services (PTS)

## Major incident awareness and training

- We did not gather evidence for this as part of the inspection.

## Are patient transport services effective?

We have not rated the patient transport service for effective. This was a responsive inspection and elements of this standard were not inspected.

The service did not have robust recruitment procedures in place to ensure that all staff were appointed following a check of their suitability and experience for their role. Pre-employment checks including Disclosure and Barring Checks (DBS) and references were not adequate.

There was no evidence of an induction process within the service. Most staff had not had an induction before working with patients.

There was no appraisal or clinical supervision systems in place to support staff.

## Evidence-based care and treatment

- We did not gather evidence for this as part of the inspection.

## Assessment and planning of care

- We did not gather evidence for this as part of the inspection.

## Nutrition and hydration

- We did not gather evidence for this as part of the inspection.

## Patient outcomes

- We did not gather evidence for this as part of the inspection.

## Competent staff

- We found that the service did not have adequate recruitment procedures in place to ensure that all staff were appointed following a robust check of their suitability and experience for the role, including pre-employment checks.
- There was no evidence of an interview selection process in 11 out of the 14 files we looked at. We found that 10 staff did not have an employment contract and four did not contain photographic identification. The application

forms that staff had completed did not give a full work history and there were not two references on file in all 14 files we looked at. The operations manager told us the company's human resources department took up references. The provider was not able to give us satisfactory evidence that references had been taken up in all 14 staff files we looked at.

- The provider could not provide evidence that eight members of staff out of the 14 staff files we looked at had had Disclosure and Barring Service (DBS) checks completed. The operations manager stated that all staff had had DBS checks applied for and confirmed that all 14 staff had worked for the service to transport patients, some of whom were frail and elderly. There was no evidence of any risk assessments having been completed whilst a DBS check was not in place having been carried out. The operations manager confirmed that the service did not carry out any such risk assessments.
- There was no record of staffs' prior training and qualifications to work for the service in 12 out of the 14 files we looked at.
- This meant that the provider had not taken appropriate steps to ensure that robust pre-employment checks, including a DBS check, full work history and two satisfactory references, were in place for all staff before they started working with patients. This meant that the provider had not taken appropriate steps to ensure all staff were of good character and had the appropriate level of competency to carry out safe care and treatment for patients.
- There was no record of an induction process having been carried out for 12 out of the 14 staff files we looked at. There were no effective induction arrangements in place for new staff to ensure they were suitably accustomed to the service and their role within it. Staff told us that they worked alongside experienced staff members for a short period of time.
- There was no effective appraisal or clinical supervision system in place. This meant that we could not be assured staff were competent in their role. There was no effective system in place to identify any learning needs for staff or how staff are supported to improve and develop new skills.

## Coordination with other providers

- We did not gather evidence for this as part of the inspection.

# Patient transport services (PTS)

## Multidisciplinary working

- We did not gather evidence for this as part of the inspection.

## Access to information

- We did not gather evidence for this as part of the inspection.

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

- We did not gather evidence on consent during the inspection.

## Are patient transport services well-led?

We have not rated the patient transport service for being well-led. This was a responsive inspection and elements of this standard were not inspected.

We found that there were inadequate systems regarding the management of risks and quality of patient care and treatment in the service. There were no effective governance arrangements in place to evaluate the safety and quality of the service and improve delivery. Essential risk assessments, including fire safety, had not been completed.

A lack of monitoring and audits meant that the quality and performance of services were not assessed to ensure correct processes were understood by staff, applied in practice and patients were not put at risk. Senior managers had no oversight of the risks to patient safety and the quality of services delivered.

## Vision and strategy for this service

- There was no clear vision or written service development plan within the service. The statement of purpose did not give clear details about the type of services provided.

## Governance, risk management and quality measurement

- We found that there were inadequate systems regarding the management of risks and quality of patient care and treatment in the service. There were no policies

regarding health and safety and fire safety available at the time of inspection. The operations manager was not able to locate these policies. There was not a recruitment policy in place at the time of inspection, but a flowchart was being used.

- The service had not established robust recruitment procedures to ensure staff were of good character and had the necessary level of competency to work with patients. Staff training was not robust and there were not robust records that all staff had had the required training to undertake work with patients. The service did not carry out any audits of staff files or training records.
- There was no general building risk assessment in place, and there had not been a risk assessment of the risks posed by chemicals hazardous to health, nor was there any fire safety risk assessment of the building. Regular audits of the safety and suitability of the premises and equipment had not been carried out. There was no oversight from the senior managers in the service as to the level of potential risks in the premises so no actions to minimise the potential harm to staff and visitors had been put in place. Also, we found significant concerns regarding the safety and suitability of some of the vehicles and equipment, including lifesaving equipment (defibrillators) that the service had not recognised or monitored.
- All policies we looked at were due for review in July 2015 but this had not taken place. There was no evidence of an effective policy review process in place.
- We asked the provider to take urgent action regarding the concerns we had around governance processes and the provider subsequently told us that they were taking a series of actions regarding the good governance of the service and that all risk assessments were being completed.

## Leadership and Culture

- We did not gather evidence for this as part of the inspection.

## Innovation, improvement and sustainability

- We did not gather evidence for this as part of the inspection



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

The service must take action to ensure that:

- Robust governance and risk management systems including fire safety are in place and understood by all staff.
- The service has effective and current policies in place that are understood by all staff.
- Recruitment processes are in place so all staff employed have the experience and competence required for their role, together with robust pre-employment checks.
- Staff are supported in their roles by effective supervision, appraisal systems and on-going training.

- All equipment is fit for use and required checks and maintenance is carried out.
- Vehicles and premises security must be maintained.
- Robust safeguarding adults and children procedures are in place and understood by all staff.

Importantly, the provider must take urgent action to ensure compliance with regulations 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment), 15 (Premises and equipment), 17 (Good governance), 18 (Staffing), and 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this basis, the registered provider was subject to a Notice of Decision issued by CQC suspending its registration until 28 October 2015 and was not permitted to carry on any regulated activities until that time.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### **Safe care and treatment**

Omni Healthcare failed to ensure that safe care and treatment was provided at all times as we found serious concerns in relation to the safety, availability and suitability of equipment on vehicles and in the stockroom

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

##### **Safeguarding service users from abuse and improper treatment**

Omni Healthcare did not comply with this regulation because staff had not had appropriate training and were not aware of the risks of abuse and how to report it effectively.

#### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

##### **Good governance**

Omni Healthcare failed to meet this regulation because effective policies, risk management and control systems, including audits, were not in place.



This section is primarily information for the provider

## Requirement notices

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **Staffing**

Omni Healthcare were failing to meet this regulation because not all staff were qualified, experienced or competent to carry out their role and had not had effective training to deliver safe patient care.

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **Fit and proper persons employed**

Omni Healthcare did not comply with this regulation because the service did not have robust recruitment procedures in place to ensure that all staff were appointed following a check of their suitability and experience for the role, together with pre-employment checks. There was not an effective recruitment procedure in place.

### Regulated activity

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### **Premises and equipment**

Omni Healthcare were not meeting this regulation because vehicles and equipment were not secure and some equipment had not been maintained appropriately.