

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 26 October 2015, to review Omni Healthcare's arrangements for the safe transport and treatment of patients following the suspension of their service.

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 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 a recruitment processes in place which ensured all staff were of good character and had the required competence to carry out their roles. However, it was not followed.

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 was a new system in place to ensure staff were suitably appraised or received clinical supervision which had not been implemented.

There was an induction policy, which was new, but was planned to be used within the service.

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

This was a responsive inspection carried out during the service's suspension period and we did not consider this as part of the inspection.

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

This was a responsive inspection carried out during the service's suspension period 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.

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

We identified areas of poor practice and we informed the provider that they needed to make urgent improvements in order that their suspension could be lifted.

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

- Inadequate governance to monitor and assess the quality of service provided in carrying on the regulated activities.

# Summary of findings

- Recruitment processes were not followed to ensure all staff were 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 maintenance of vehicles.
- Lack of effective risk assessments, including fire safety.

The service must take action to ensure that:

- Effective 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 followed so all staff employed have the experience and competence required for their role, together with 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.
- Effective 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 continuing suspension its registration until 25 November 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 had 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. However, this was not always followed.

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.

Essential information for road staff that was kept within each vehicle was out of date and did not reflect current practice.

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.

## Summary of findings

Effective infection control procedures were not evident.  
Deep clean procedures were not always timely.

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# OMNI Healthcare Limited

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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### Detailed findings from this inspection

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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.

We undertook the announced inspection on 26 October 2015 following suspension of the service on 16 September 2015.

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 comprised of one inspection manager and one inspector.

## How we carried out this inspection

We undertook an unannounced focused inspection on 26 October 2015.

We spoke with four members of staff, three of whom were managers during the inspection; there were no road staff available for us to speak to. We looked at four vehicles and reviewed a range of documents including staff

employment records and policies relating to safeguarding and infection control. We also requested a range of documents pre inspection, including policies and procedures, risk assessments and service records for equipment and vehicles.

## 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 four vehicles to transport patients to and from a variety of settings including NHS hospitals.

# Detailed findings

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

The Registered Manager is a Health and Care Professions Council registered paramedic. The employed operations manager was on long term leave and was not present during our inspection.

## Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

### Notes



# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
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. 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.

We carried out a focused unannounced inspection on 26 October 2015 following suspension of the service.

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 and applied in practice to ensure 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 had a new recruitment procedure 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. However, this had not been followed.

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.

# Patient transport services (PTS)

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.

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, when we visited the vehicles were visibly dirty. 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.

Equipment was managed to ensure it was accurate and safe for use; however 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 the vehicles. There were no records of deep cleans being carried out and vehicles were visibly dirty. Suitable waste disposal measures were not in place and not in line with national guidance.

Vehicles and the equipment which were inside were not always secure.

### Incidents

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

### Mandatory training

- We were provided with a training record to show that all staff employed had attended training on mandatory subjects, including safeguarding and manual handling. However, there were no road staff to speak with on the day of the inspection, so we were unable to talk to staff about their training.

### Safeguarding

- The service had policies for safeguarding children and for protecting vulnerable adults from abuse. However

# Patient transport services (PTS)

these policies were complicated to navigate, had references to other services and 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 if required.
- There was no evidence that any staff had attended appropriate training for safeguarding children and vulnerable adults.

## Cleanliness, infection control and hygiene

- We inspected four vehicles during our visit and found some of them to be visibly unclean. Floors were dirty and equipment including suction units and trolleys were dusty. There was no evidence of when the vehicles had been deep cleaned. The registered manager told us that the vehicles had not been cleaned since the suspension of the service as they were not being used. Deep cleans were not formally documented anywhere. This meant there was no evidence of regular deep cleans of the vehicles.
- There should have been 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).
- The provider's infection control policy was complex and difficult to navigate. It did not contain sufficient basic guidance to staff, for example with regards to protective equipment and information to ensure waste was appropriately disposed of in line with best practice. We raised this with the provider who was unsure where to locate guidance in relation to infection control and segregation of clinical waste.
- Hand sanitizing gel was available on all vehicles inspected.
- There was no personal protective equipment, including aprons, masks and sleeve protectors, available on vehicles.

- Infection control audits were not being carried out to ensure infection control measures were safe, effective and reduced risk to patients and staff.

## Environment and equipment

- Two of the four vehicles inspected were not in a suitable condition to be used for transporting patients. Both had electrical cables exposed in wing mirrors and one had a flat tyre. We were not informed that any of the vehicles were off the road or had any defects.
- One vehicle we inspected was unlocked and two of the doors had broken locking mechanisms which meant that it could not be secured.
- Oxygen cylinders were not safely stored on the vehicles. One vehicle had an oxygen cylinder stored in a cupboard that rolled out on opening, this placed staff and patients at risk of injury.
- One vehicle used by the service appeared to be C1 category, meaning for staff to legally drive this vehicle they would have needed to be competent to drive it and have this category displayed on their driving licence. Managers within the service were unsure whether the vehicle was C1 category. They told us they would ascertain if the vehicle was C1, then only staff with the correct licence would drive it.
- We found all equipment on vehicles had recently been serviced by an external company and records were available to support their suitability for use.
- We found that all vehicles contained a fire extinguisher that had been serviced.
- The seatbelts and trolley straps were all in working order in all vehicles.
- All keys for vehicles were stored within a locked cabinet to ensure they could only be accessed by staff within the service.
- Oxygen cylinders were stored within a secure cage in the garage. However some cylinders were lying on their sides which was not in line with the service's policy. There was not sufficient signage within the area to ensure people knew that compressed and flammable gases were being stored.

# Patient transport services (PTS)

- During our inspection of the store room we found out of date defibrillator pads along with cans of alcohol being stored. This was raised immediately with the service who were unsure why or how these items were in the store room.

## Medicines

- The registered 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. On one vehicle we found confidential information stored in an overhead compartment. These contained names and addresses of six patients, some dating back to March 2015.
- During inspection of the store room, we found 12 large boxes of previous journey histories and records of patient transfers. This meant that any staff accessing the store room could read confidential information relating to patients.

## 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.

## 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 had new recruitment procedures in place to ensure that all staff were appointed following a check of

their suitability and experience for their role. However, we found that pre-employment checks including Disclosure and Barring Checks (DBS) and references were not always in place.

An induction process was in place, however, there was no evidence of its contents, or staff learning from it.

There was a new no appraisal system in place, which had not been implemented.

## 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 looked at four staff files which we were told were complete. All files contained Disclosure and Barring Service (DBS) checks; however two of the files did not contain references. None of the files contained contracts or records of appraisals.
- There was an appraisal policy in place; however, it had not been implemented. There was no 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 were supported to improve and develop new skills.

## Coordination with other providers

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

## Multidisciplinary working

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

# Patient transport services (PTS)

## 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 caring?

This was a responsive inspection and we did not gather evidence for this domain.

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

This was a responsive inspection and we did not gather evidence for this domain.

### Are patient transport services well-led?

We have not rated the patient transport service for being well-led. This was a responsive inspection.

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 so that 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 registered manager and managing director were not aware of the contents of staff training. There were no records, for example, course content or certificates to ascertain what had been taught during training. This meant that we were not assured 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.
- We were told that there was a clinical governance structure; however, there were no terms of reference or minutes of these meetings, so we could not see evidence of these happening or items being discussed.
- We saw a risk register relating to environmental and clinical risks within the service. However not all of these were relevant to the service and names of other ambulance services were present within the document.
- 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.
- Paper copies of policies and procedures stored on vehicles were outdated and not always in line with national guidance. We were advised that these policies had been reviewed but vehicle packs were still being updated with the most recent copies.

## Leadership and Culture

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

# Patient transport services (PTS)

## **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:

- Effective 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 followed so all staff employed have the experience and competence required for their role, together with 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.
- Effective safeguarding adults and children procedures are in place and understood by all staff.

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 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.



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 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.

### 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 follow its recruitment policy or procedure, 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.