

OMNI Healthcare Limited

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Quality Report

Omni Healthcare
Unit 3
Mundells Industrial Centre,
Welwyn Garden City
AL7 1EW

Date of inspection visit: 16th November 2015
Date of publication: 04/08/2016

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 16 November 2015, to review Omni Healthcare's arrangements for the safe transport and treatment of patients following the suspension of their service on 16 September 2015.

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

Arrangements for safeguarding vulnerable adults and children had improved, with evidence of staff completing safeguarding training to ensure competency in recognising potential safeguarding concerns.

Risk assessments in relation to building and fire safety had been completed.

Security arrangements for equipment and vehicles were suitable and ensured that emergency equipment and compressed gas was not accessible to anyone not employed by the service or at risk of being tampered with.

All equipment had been serviced and safety checked to ensure its suitability for use.

Are services effective at this service

We did not consider this as part of the inspection.

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

A range of policies and procedures had been introduced by the provider to ensure safe working practices were in place.

Staff were aware of these policies and where to locate them if needed. Governance arrangements to monitor and ensure quality had been introduced; due to the short timescale since previous inspections we could not see the longevity of these quality measures.

We found that the service had introduced more effective recruitment procedures to ensure that all staff were appointed following a check of their suitability and experience for their role.

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 recently introduced systems regarding the management of risks and quality of patient care and treatment in the service. There were governance arrangements in place to evaluate the safety and quality of the service and improve delivery. However, these had recently been introduced and as the service had been suspended since 16 September 2015 there had been no opportunity for most of these systems to be utilised.

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 some oversight of the risks to patient safety and the quality of services delivered.

The service had implemented recruitment procedures to ensure that all staff were appointed following a check of their suitability and experience for their role, together with pre-employment checks. However, as the service had been suspended and very few staff were currently employed, there had been limited opportunities to put the recruitment procedures into practice.

We found that staff training systems and records had been put into place. There was evidence that all casual staff had attended appropriate training for safeguarding children and vulnerable adults. There were no substantive, front line staff in employment at the time of our inspection. The only frontline staff were on a bank of staff used on an as needed basis.

Policies, risk management and control systems, including audit plans, were in place, but had not been tested as the service was not in operation.

There were plans to implement appraisals and clinical supervision.

Equipment was managed to ensure it was accurate and safe for use. Security of vehicles and the storage of equipment inside had improved.

Summary of findings

Infection control procedures had improved, with personal protective equipment (PPE) and spill kits available on all vehicles and regular deep cleans scheduled. Some practices including disposal of clinical waste were not in line with national guidance.

Equipment was managed to ensure it was accurate and safe for use. Security of vehicles and the storage of equipment inside had improved.

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; has been with the company since April 2014.

We undertook the inspection on 16 November 2015 following suspension of the service on 16 September 2016.

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 two inspection managers and one inspector.

How we carried out this inspection

We undertook an unannounced focused inspection on 16 November 2015.

We spoke with four managers and four ambulance staff during the inspection. 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 before our inspection, including policies and procedures 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 is provided remotely.

The service has a fleet of four vehicles to transport patients to and from a variety of settings including NHS hospitals.

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. There was no operations manager in place during our inspection.

Detailed findings

Our ratings for this service

Our ratings for this service 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

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 transport services. On occasions, Omni Healthcare has provided ambulance cover for sporting games and community events.

We carried out a focused unannounced inspection on 16 November 2015 following suspension of the service on September 16 2015.

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 recently introduced systems regarding the management of risks and quality of patient care and treatment in the service. There were governance arrangements in place to evaluate the safety and quality of the service and improve delivery. However, these had recently been introduced and as the service had been suspended since 16 September 2015 there had been no opportunity for most of these systems to be utilised.

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 some oversight of the risks to patient safety and the quality of services delivered.

The service had implemented recruitment procedures to ensure that all staff were appointed following a check of their suitability and experience for their role, together with pre-employment checks. However, as the service had been suspended and very few staff were currently employed, there had been limited opportunities to put the recruitment procedures into practice.

We found that staff training systems and records had been put into place. There was evidence that all casual staff had attended appropriate training for safeguarding children and vulnerable adults. There were no substantive, front line staff in employment at the time of our inspection. The only frontline staff were on a bank of staff used on an as needed basis.

Patient transport services (PTS)

Policies, risk management and control systems, including audit plans, were in place, but had not been tested as the service was not in operation.

There were plans to implement appraisals and clinical supervision.

Equipment was managed to ensure it was accurate and safe for use. Security of vehicles and the storage of equipment inside had improved.

Infection control procedures had improved, with personal protective equipment (PPE) and spill kits available on all vehicles and regular deep cleans scheduled. Some practices including disposal of clinical waste were not in line with national guidance.

Equipment was managed to ensure it was accurate and safe for use. Security of vehicles and the storage of equipment inside had improved.

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 in place. Staff in post had attended some training.

There was evidence that staff had attended appropriate training for safeguarding children and vulnerable adults. The safeguarding children and protecting vulnerable adults from abuse policy had been reviewed and contained guidance for staff with regard to reporting of safeguarding concerns.

Equipment was managed to ensure it was accurate and safe, with all medical supplies in date and suitable for use.

Records were stored confidentially within the service.

Effective procedures were in place for regular cleaning of vehicles, however not all infection control procedures were in line with national guidance.

Vehicles and the equipment security had been improved and could only be accessed by authorised staff.

Incidents

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

Mandatory training

- We were provided with a training table to show that all staff employed had attended training on mandatory subjects, including safeguarding and manual handling.

Safeguarding

- There were systems, processes and practices in place to keep people safe, which had been identified, put in place and communicated to staff.
- The service had policies for safeguarding children and for protecting vulnerable adults from abuse; which had been recently updated. There was guidance for staff how to report concerns urgently and outside of normal office hours.
- There was evidence that all staff had attended appropriate training for safeguarding children and vulnerable adults.

Patient transport services (PTS)

- The safeguarding policy provided contact information for local authority safeguarding children and adult's teams, so that staff could make an urgent referral to them when required.
- Staff we spoke with said that they had undergone safeguarding adults and children training and were able to demonstrate an effective understanding of safeguarding procedures.

Cleanliness, infection control and hygiene

- There were some systems in place to prevent and protect people from a healthcare associated infection.
- We inspected four vehicles during our visit and found them to be visibly clean. We were provided with evidence to show when each vehicle had last been cleaned. In addition, we were shown future deep clean schedules that were intended to take place once the service resumed.
- Segregation of clinical waste was not carried out in line with national guidance on hazardous waste regulations (Department of Health HTM 07-01). Only one type of clinical waste bag was used by the service opposed to a mixture of bags used to allow separation of offensive, clinical/infectious and highly infectious waste.
- The provider's infection control policy did not contain sufficient information to ensure clinical waste was appropriately disposed of in line with national guidance. We raised this with the provider who advised us that they would review the guidance and update their policy accordingly.
- Hand sanitising gel was available on all vehicles inspected.
- All vehicles contained personal protective equipment including gloves, aprons and sleeve protectors.
- Infection control audits were scheduled to commence once the service resumed, therefore findings of completed audits could not be reviewed.

Environment and equipment

- Maintenance of equipment was adequate to keep people safe.
- One vehicle had been appropriately identified as off the road due to a defect. The three remaining vehicles were in a suitable and roadworthy condition to carry out patient transport activities.
- The three vehicles ready for use had secure locking mechanisms and were not accessible without the vehicle keys.

- Oxygen and equipment was stored securely on all vehicles to avoid injury to staff and patients.
- Equipment had been standardised across all vehicles, with oxygen, a medical kit bag and either an electrocardiography (ECG) machine or automatic defibrillator. All equipment inspected was suitable for its intended use and all disposable items of equipment were within their expiry date.
- 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 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 laid flat which was not in line with the services policy. Signage around the area of oxygen storage had been improved to ensure staff and visitors could be made aware that compressed gases were being stored.
- During our inspection of the store room we found all items of equipment to be within their expiry date.

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 we saw that all patient confidential information and records were stored securely with only authorised staff having access to them.

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

Patient transport services (PTS)

- 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 effectiveness. This was a responsive inspection and elements of this standard were not inspected.

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.

There was an induction process within the service. However, as the service had not been working, no new staff had been employed, so the induction process had not been tested.

There were new appraisal and clinical supervision systems in place; however, these had not been implemented or tested at the time of the inspection.

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

- There was an adequate recruitment procedure 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. This included an interview selection process. This meant that the provider had planned to take appropriate steps to ensure that effective pre-employment checks, including a Disclosure and Barring Service (DBS) check, full work history and two satisfactory references, were in place for all staff before they started working with patients.

- All the staff who were in employment at the time of our inspection had undergone DBS checks.
- We saw that there was an induction in place for new staff to ensure they were suitably accustomed to the service and their role within it. However, as the service was not working at the time of the inspection, no new staff had been employed and the system had not been tested.

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.

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.

Compassionate care

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

Understanding and involvement of patients and those close to them

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

Emotional support

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

Supporting people to manage their own health

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

Patient transport services (PTS)

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.

Service planning and delivery to meet the needs of local people

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

Meeting people's individual needs

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

Access and flow

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

Learning from complaints and concerns

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

Vision and strategy for this service

- There was no clear vision or written service development plan within the service although the statement of purpose did give details about the type of services provided.

Governance, risk management and quality measurement

- At our previous inspections, we found that there were inadequate systems regarding the management of risks

and quality of patient care and treatment in the service. There were few policies regarding health and safety and fire safety available at the time of inspection. Those that were in place did not reflect the service and its work. However, we saw that this had improved and policies and procedures were in place, ready for the service to recommence.

- The service had established recruitment procedures to ensure staff were of good character and had the necessary level of competencies to work with patients. The service did not carry out any audits of staff files or training records, however, this was planned.
- We were told that clinical governance meetings took place within the service, however minutes of these meetings were not taken so we could not see evidence of these occurring or items being discussed.
- We saw a risk register relating to environmental and clinical risks within the service. At the time of the inspection, there were plans to update this regularly.
- There was a new general building risk assessment in place, and a risk assessment of the risks posed by chemicals hazardous to health. There was a new fire safety risk assessment of the building. We saw an audit tool in place so that regular audits of the safety and suitability of the premises and equipment could be undertaken once the service started operating.
- Paper copies of policies and procedures stored on vehicles had been updated with the most current versions; however they were not always in line with national guidance. We were advised that work was still in progress to update all policies and procedures.

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