

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Omega Healthcare Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Omega Healthcare
Registered Manager	Dr. Jacob Drotske
Overview of the service	Omega Healthcare provides a service to Queensbury Boxing. The provider is a registered general practitioner who evaluates the assessment of fitness to any participants prior to events and provides primary diagnosis to injuries sustained during. The treatment to injuries are delivered by UK Specialist ambulance service who are not employed by the provider but by the boxing promoters. However, they do work in partnership.
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p> <p>Mobile doctors service</p> <p>Remote clinical advice service</p> <p>Urgent care services</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Transport services, triage and medical advice provided remotely</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 March 2013, talked with people who use the service and talked with staff.

What people told us and what we found

The provider delivers medical assessments to the people who use the service. The individuals pre fight vitals are evaluated prior to any event and any injuries sustained are well recorded, treated and are passed to a secondary service if needed. People were treated with dignity and respect.

We saw that the provider has a effective working partnership with UK Specialist Ambulance service and the local accident and emergency department. Systems were in place to ensure effective communication between the provider of the service and the other treating bodies.

The provider is appropriately qualified, skilled and experienced to carry out the regulated activity to a high standard. There are systems in place to assess areas such as infection control and health and safety. This ensures the assessing and monitoring of the quality of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

The people who use the service are treated by UK specialist ambulance service. The provider acts as a primary diagnosis service and then refers people for further medical treatment if needed. The provider treats injuries to the boxers taking part at the event but can also provide treatment to the referee or spectators if needed. However, to date it is only the boxing participants that have used the service. There is a complaints policy in place but this has not been accessed by anyone in the entirety of the service. There have been no complaints made to the boxing club that organises the events.

Due to the nature of the service and the fact that the provider deals with injuries sustained during the fight, the people who use the service can only be given a verbal description of the treatment they will receive after the injury is sustained. The provider does this verbally. Any other treatment that is required is explained prior to the individual being transported for secondary care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

All people who use the service are given pre-fight checks by UK Specialist Ambulance Service which is evaluated by the practitioner and this covers different areas. This evaluation includes vital information, blood pressure, pulse, pupil dilation time, chest and rib examination, past medical history, allergies, any operations in the past four years and blood group. The provider ensures that he is satisfied with the physical health of any participants prior to any fight commencing.

We looked at the notes from the practitioner, who is a general practitioner, and saw that each individual fighter and fight has its own detailed notes. Each boxer has a picture taken before the fight and this then generates a place to accurately record injuries to the fighter's face. There are also body maps for each individual and any body injuries are recorded here. This enables the practitioner to keep an accurate logged recording of all injuries sustained for each participant. These maps can also be sent to secondary treatment professionals to clearly display the areas that need treatment.

We also saw where the practitioner keeps a log of all the treatment that is provided by the UK ambulance service during the events. The provider only assesses the health of the participants and the UK ambulance service provides the treatment. However, keeping detailed notes on diagnosis, treatment and secondary treatment enables the provider to keep detailed medical histories on all the participants for future use.

We saw that the provider has made referrals for participants to the local accident and emergency service. The participants are transported by the NHS or UK Specialists ambulance service and we saw that the provider provides a referral letter to the department with detailed medical history, recorded observations and injuries sustained. This means that people received care that meets their needs.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The UK ambulance service provides the first line treatment to participants. The provider told us that all equipment is sterile and kept in sealed packs. The ambulance service also holds equipment such as oxygen cylinders, trauma packs, personal protective equipment and airway equipment.

The provider checks the equipment prior to the fights and event. The provider not only provides the care but checks equipment to ensure that it is all present for the UK ambulance service to deliver the right level of treatment. Lifesaving equipment is checked to ensure that it is in place.

All personal protective equipment is in place and sterile. All used equipment is disposed of through the correct procedure and any clinical waste is disposed of through the UK ambulance service. We saw that there is a policy for regular hand washing and liquid sanitizer is carried by the practitioner at all times to ensure that hands are free from bacteria and not a mode to transmit infection

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider does not employ any staff for the service. The provider is a trained general practitioner and undertakes full medical training on a regular basis. We saw that to ensure that he sustains his medical membership he needs to provide the registration body with detailed accounts of hours in practise. We saw the training that the provider has attended over the past year and this ranges in medical and clinical training. The membership body assesses this as enough for the practitioner to have his professional membership renewed.

There is a individual that has been indentified as a 'bank' worker who is in place in case of the fact that the provider is unable to attend the event for any reason we saw that all necessary checks had been completed including CRB and two references from medical practitioners. We also saw a list of all the training that has been completed by this individual. To date this person has worked any hours for the provider but we saw that everything as in place if the need did present itself.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider carried out a recent audit to see how quickly they could obtain the medical notes for any individual member of the boxing club. We saw the result of this and saw that all information was 'in hand' within a few hours.

All auditing on infection control is carried out by the UK ambulance service and we saw that the provider has copies of these audits stored. Health and safety audits and risk assessments are carried out by the owners of the establishment and the provider has access to these too.

The provider may like to note that it would be good practice to obtain information on satisfaction by the people who use the service. This could be done through the form of questionnaires and would enable to the provider to assess the quality of the service from the people who have accessed it.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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