

UniClinic Limited

# Uniclinic Limited

## Inspection report






635b Cranbrook Road  
Ilford  
Essex  
Tel: 020 3002 7795  
Website: [www.uniclinic.co.uk](http://www.uniclinic.co.uk)

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### Ratings

#### Overall rating for this service

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

### Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Uniclinic Limited. This inspection was undertaken as part of our programme of inspecting independent doctor services registered with the Commission. This inspection was the first rated inspection of this service.

We conducted an unrated inspection of this provider in February 2018. At this time, we advised the provider that improvements should be made to establish effective systems and processes to ensure continued good

# Summary of findings

governance of the service, with reference to the service developing a fire evacuation plan and to review the arrangements at the service for the provision of registered staff to receive safety alerts from relevant authorities.

Uniclinic Limited is a private doctor's practice located near Gants Hill, which is within the London Borough of Redbridge. It offers general medical services to the whole community, in particular to those from Eastern European communities such as Lithuanian, Polish and Russian.

The service manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 12 feedback cards during our inspection of the service. On the day of inspection, the service did not have any patients and as a result we did not speak with any patients.

## Our key findings were:

- Staff had been trained with the skills and knowledge to deliver care and treatment. Clinical staff were aware of current evidence-based guidance.
- Information about services and how to complain was available. Information about the range of services and fees were available.
- The service conducted quality improvement activity to improve patient outcomes.
- There was a system in place to receive safety alerts issued by relevant government departments.
- The service shared clinical information with colleagues based in the NHS (subject to patient consent).
- The service had good clean facilities and was equipped to treat patients.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were reviewed regularly

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Uniclinic Limited

## Detailed findings

### Background to this inspection

Uniclinic Limited is a private doctor's practice located near Gants Hill, which is within the London Borough of Redbridge. It offers services to the whole community, in particular those from Eastern European communities such as Lithuanian, Polish and Russian.

The service is situated in a rented single floor building, which has two consultation rooms, a patient waiting area, the service manager's office and a unisex toilet. There is limited parking outside the service, although there is available parking in the roads nearest to the service.

The service offers general medical services to adults and children, between 9am and 8pm on Mondays to Fridays. There is one full-time doctor at the service, who is supported by a full-time service manager. There are two assistant managers (one female and one male) at the service who work a nominal amount of hours when requested by the service manager.

The service manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Uniclinic Limited is registered to conduct the following regulated activities:-

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures

#### How we inspected this service

During our visit we:

- Spoke with staff (one doctor, one registered/service manager and one assistant service manager).

In addition, we reviewed information sent to us from the provider prior to the inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### We rated safe as Good because:

- The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe.

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed and viewed by the service manager and the assistant service manager. Staff received safety information for the practice as part of their induction and on-going training. The service had systems to safeguard vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Patients were advised that a chaperone was available if they required one.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. The GP clinician at the service was the safeguarding lead.
- There was an effective system to manage infection prevention and control. The most recent infection and

prevention control audit had been completed by the service in January 2019, with no outstanding actions. The last Legionella risk assessment had been completed in January 2018 with no action required.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. We were informed by the service that when they required disposal of healthcare waste, they would contact an authorised local specialised service to collect the waste. The collection would usually occur within 24 hours.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

#### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

## Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was subject to patient consent.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

#### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. The service did not keep any medicines on site with exception of emergency medicines. These were held in a secure area of the building. We noted of the medicines that we checked that they were all stored according to the manufacturer's guidance and were within date. The practice also had oxygen on site.
- The service carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff who prescribed and administered medicines to patients, gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children. New users of the service were asked to bring proof of ID when attending the service for their first appointment.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The service did not have any significant events over the past 12 months, and therefore was not able to show us any. The service was able to talk with us about how the service would react in the event of different types of significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

- The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles.

### Effective needs assessment, care and treatment

#### The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The service had systems to keep clinical staff up to date with current evidence-based practice. We saw (through patient notes that we viewed) that the GP clinician assessed needs and delivered care and treatment in accordance with current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information based on conversation held with patient to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. If a patient required a follow-up appointment, this was made and agreed with the patient whilst on site following a consultation.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

#### The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We viewed an

audit conducted by the service which looked at whether the service was complying with NICE guidelines requirements for hypertension. The first cycle of the audit revealed that not all relevant tests such as presence of protein in urine, an examination for the presence of hypertensive retinopathy or appropriate guidance and written materials to promote lifestyle changes were being offered to patients with hypertension. From the 90 patients identified by the service with hypertension, the highest number of patients recorded receiving at least one of the recommended tests was 79. As a result of the first audit, the service introduced a checklist of recommended tests to be undertaken by patients with suspected and known hypertension. A second audit undertaken showed that this intervention meant that out of 92 patients, the highest number of patients recorded receiving at least one of the recommended tests was 91.

### Effective staffing

#### Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

#### Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw evidence of this by viewing a letter sent by the service to a patient's regular National Health Service GP informing the GP that the patient had been to the service and detailing the treatment given. The patient consented to allowing the service to share details of treatment received at the

# Are services effective?

(for example, treatment is effective)

service with their regular NHS GP. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

### Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. We saw evidence of through posters that the service had put in their waiting room on how to treat minor illness such as sore throats and colds.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

### The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

### We rated caring as Good because:

- The service sought to treat service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care.

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We received 12 feedback cards about the service, all of which were positive about the care provided by the service.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service

was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. We were informed that the service also asked patients whose first language was not English, if possible, to bring along a family member who could speak English along to the consultation (if both parties were happy to do so).

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

- The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place and it used service users' feedback to tailor services to meet user needs and improve the service provided.

### Responding to and meeting people's needs

#### The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. Initial consultation appointments for patients were booked for up to 30 minutes as a minimum.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service is located on the ground floor and has a ramp to allow wheelchair users easy access to the premises.

### Timely access to the service

#### Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

The service was open between 9am and 8pm, Monday-Saturday. This was to allow patients who could not attend the service during normal working hours the opportunity to do so. Clinical times varied according to demand.

Some comment cards commented on how quickly they were seen by the service and how they were able to get appointments when they required one.

The service conducted a quarterly patient survey to gather the views of patients on the service provided. We were told that the survey results analysed to identify any themes where service could be improved.

### Listening and learning from concerns and complaints

#### The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service told us they had not received any written complaints over the past 12 months, however they were able to tell us about an interaction with a patient who was not happy because they were asked to produce ID for a child they had registered with the service. The service asked the guardian of the child patient for proof of ID to be shown at the service when attending the appointment. The guardian did not bring along proof of ID at the time of appointment and was asked to produce it before the consultation could take place. The guardian of the child was not happy to have to return home to collect ID but did so for the practice to assure themselves that the adult who registered the child with the service was the child's legal guardian and to allow the consultation to go ahead.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### We rated well-led as Good because:

- The service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care that the service could provide. The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place and it used service users' feedback to tailor services to meet user needs and improve the service provided.

### Leadership capacity and capability;

#### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

#### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The service primary aim was to ensure that care provided was high-quality and that service users were satisfied with the care and treatment they received. The registered manager told us there were plans to expand the service in the future with the recruitment of another clinician.
- The service developed its vision, values and strategy jointly with staff. We saw evidence by way of meeting minutes that formal meetings to discuss the operational and clinical running of the service occurred.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

### The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Although the service had no examples of incidents which had occurred to show us, they were able to discuss what the service would do should either a clinical or non-clinical incident occur. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were given protected time for professional time for professional development. Clinical staff had an evaluation of their clinical work from both internal and external colleagues.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff.

### Governance arrangements

#### There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed on average annually by the service manager. We were told that if a change to

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

procedure occurred before the stated review of policy, the policy in question would be updated to reflect the change. The service had a business continuity plan which would be put into action in the event if the practice not being able to operate as normal.

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. This was evidence through the clinical audits undertaken by the service.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service had a bespoke, encrypted online system to store patient records. The system was regularly backed-up to an external server.

## Engagement with patients, the public, staff and external partners

### The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service had a suggestions and comments box for patients in the waiting area.
- Staff could describe to us the systems in place to give feedback. This usually occurred at staff meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Both the service manager and the clinical GP have undertaken relevant training for their roles. In addition, we viewed colleague feedback and appraisals for staff at the service.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.