

# The Unicare Group - Derby

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall. (Service not previously inspected)**

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 The Unicare Group - Derby as part of our inspection programme.

The Unicare Group offers a private GP service which includes consultations, home visits to existing patients, minor surgery and aesthetic procedures.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Unicare Group - Derby provides a range of non-surgical cosmetic interventions, for example, laser hair removal, laser tattoo removal and injections of Botox and fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The Unicare Group - Derby is registered with CQC to provide the following regulated activities: treatment of disease, disorder or injury and surgical procedures and is registered as an Independent Healthcare Company. As a provider of Independent Healthcare, the practice is able to offer its surgical services to patients from a much wider area than the NHS practice list at the same site. The service also has a registered practice in Burton.

The GP Dr Vamsee Bammidi is the registered manager. A registered manager is a person who is registered with CQC 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.

In preparation for the inspection, the practice had been sent blank comment cards and a small collection box from CQC. The team had encouraged patients who used the service to fill these in before the inspection. We received a total of three completed comment cards, however two were completed by patients who had undergone treatment outside of the scope of registration. The remaining comment card was positive about the service and care received. Staff we spoke with told us they were well supported in their work and were proud to be part of a team which provided a high-quality service.

## **Our key findings were :**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The service had a structured programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- There was effective leadership, management and governance arrangements in place that assured the delivery of high-quality care and treatment.
- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision.
- All staff received up-to-date safeguarding and safety training appropriate to their role.
- Patients were offered convenient, timely and flexible appointments at a location of their choice.
- We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

# Overall summary

- Staff helped patients to be involved in decisions about their care. Patients were provided with information packs containing relevant information about the treatment.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- There were effective procedures in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.

The areas where the provider **should** make improvements are:

- Continue to embed the revised legionella check procedure.
- Update their statement of purpose and advise CQC of relevant changes.
- Formalise the management of infection prevention and control of infection.
- Consider recording any errors and complaints as significant events to maximise learning.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a CQC GP specialist adviser.

## Background to The Unicare Group - Derby

The Unicare Group – Derby is an organisation registered with the Care Quality Commission (CQC) based at 15 Handyside Street, Derby DE1 3BY. This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 for treatment of disease, disorder or injury and surgical procedures and is registered as an Independent Healthcare Company. As a provider of Independent Healthcare, the practice is able to offer its surgical services to patients from a much wider area than the NHS practice list at the same site. The Unicare Group is managed from the Burton site and one of the directors of the company is also the GP partner at the practice.

The Unicare Group provides a private GP and minor surgery service which includes some HGV assessment in line with requirements of local and neighbouring local authority rules. The service also provides aesthetic procedures which include a range of laser hair and tattoo removal, injections of Botox and fillers which are not within CQC scope of registration. The staff team consists of one GP who is one of the four directors (one of whom is a silent partner) and seven receptionist and administrative staff. Several of these seven staff have undergone additional specific training to deliver the cosmetic treatments.

The website for The Unicare Group is:

The service also has a CQC registered practice in Burton. This was inspected by a separate CQC team within the same working week.

The service is open at Derby on a Monday from 9:30am to 1:30pm, Tuesday 2pm to 7pm, Wednesday 1pm to 7pm, Friday 10am to 4pm and Saturday 9am to 2pm.

### How we inspected this service

We inspected the Unicare Group - Derby on 02 August 2019 as part of our inspection programme. Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser. Before visiting we reviewed a range of information we hold about the service and asked the service to send us a range of information. This included information about the complaints received in the last 12 months and the details of their staff members, their qualifications and training. The Unicare Group - Derby provided information on the day of the inspection which included audits and policies.

We sent patient comment cards two weeks prior to the inspection to gain feedback from service users. We spoke with staff from the service including the GP, one of the directors, and reception and administration staff.

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?

## We rated safe as Good because:

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. The policies outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Following the inspection, the provider updated their policy to reflect they would document parental responsibility for any child seen by the service.
- 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.
- 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 for all staff as required by Unicare's own policy. (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.
- There was an effective system to manage infection prevention and control (IPC). The practice had suitable risk assessments in place supported by a policy and detailed cleaning schedules. There were a variety of audits which supported effective management of IPC however, there was no overall formalised IPC audit with a supporting action plan in place. The service was small, and all areas were covered with actions taken following audits but not recorded.
- The provider had support from an external company to ensure that all suitable monitoring and testing for Legionella (a specific water borne bacterium) was managed and monitored appropriately. We saw the

service kept up to date records of testing and when the testing was next due. In order to reduce risk, the hot water temperature was required to be measured at 55 degrees centigrade or above at all outlets. The records showed temperatures were below this level and the provider had not taken any action. When this was discussed with the provider, they had believed the temperature should be 50 degrees or higher. They contacted the external company who confirmed the hot water temperature at their location should be 55 degrees centigrade and the temperature should be recorded once the tap had been run for 60 seconds. The provider told us they had not been running the tap for this period of time and had taken the temperature as soon as it was running hot. Temperatures at all outlets were taken on the day of the inspection using the correct instruction and all outlets recorded a temperature above 55 degrees centigrade.

- 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.
- The provider carried out daily room checks as part of safely setting up the clinical rooms and clearing down.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- The provider had undertaken risk assessments for the Derby site. These included a health and safety, fire and emergency drugs risk assessment. All electrical equipment was checked to ensure that equipment was safe to use, and clinical equipment was checked to ensure it was working properly. Fire checks and drills were carried out and recorded.

### Risks to patients

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

- 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.
- The provider had arrangements in place to respond to emergencies. Clinical and support staff had completed

# Are services safe?

training in emergency resuscitation and life support to ensure they were able to respond appropriately to any changing risks to patients' health and well-being during their treatment.

- Emergency medicines and equipment were easily accessible to staff during clinic times and stored in a secure area. All staff we spoke with knew of their location. The clinic had emergency resuscitation equipment available including an automatic external defibrillator (AED). The clinic also had medicines for use in the event of an emergency.
- Records completed showed regular checks were carried out to ensure the equipment and emergency medicine was safe to use.
- Staffing levels and the skill mix of staff were planned and reviewed to ensure patients received safe care and treatment. Arrangements were in place to cover holidays.
- The service had professional indemnity arrangements in place for the GP who conducted minor surgery. The clinical staff were up to date with their professional registration and revalidation.
- There were arrangements for planning and monitoring the number and mix of staff

needed.

## 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 service maintained electronic records for patients. Following the inspection, the provider updated their policy to reflect future identity checks would be more rigorous.
- Any medicine administered was only done with an accompanying prescription by the doctor.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service shared information with the patient's GP when the patient consented. The GP documented that they had explained when it was best practice to share information and when some prescriptions could not be issued without sharing information with the patients GP, for example, some medicines for the control of pain.

## 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. However, it had not yet audited its antibiotic prescribing.
- Staff prescribed, administered or supplied medicines to patients and 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.

## 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

## Are services safe?

### **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. However, an audit showed administration errors which could have been recorded as significant events and provided further opportunities for shared learning. We saw the provider had corrected the error and ensured staff had been reminded to take care with the task involved.
- 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. For example, the provider had revised its daily set up checklists to include the bolts on the couch back after a bolt had fallen out during a clinic.

- 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.
- The provider had a system for receiving and dealing with safety alerts. At the time of our inspection the provider was considering how to ensure that the other working directors had access and oversight of the system.

# Are services effective?

## We rated effective as Good because:

### 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.**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Following the inspection, the provider updated their guidance to show the need to document if any action was taken.
- The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- 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 to make or confirm a diagnosis for most patients and were in the process of refining their process for HGV assessments so that patients would bring the free print out from their GP of their summary notes with them.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The practice had been adding medication prescribed to records they kept as a document rather than as medicine on the system. This would make audit of prescribing more difficult. The practice discussed with us that they would be revisiting this.

### 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 practice carried out audits on minor surgery and infection rates and shared these with peer group colleagues to maximise learning. The

service made improvements through the use of audits, although the second cycle had not yet been completed. Clinical audit had a positive impact on quality of care and outcomes for patients. The service had not yet completed an audit on antibiotic prescribing. There was no forward audit plan to help the service plan its audit activity.

### 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 (medical) 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 there were referral letters to consultants and comprehensive feedback to the patients' GP once the episode of care was completed.
- Before providing treatment, the GP 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.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines 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

## Are services effective?

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.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, a patient who was on a medicine liable to be misused was supported through a dedicated withdrawal and their GP was advised. The patient was made aware of other support services should they choose to use them.
- Patient information was shared appropriately (this included when patients moved to other professional services). 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

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

- Feedback from patients was positive about the way staff treated people. Patients left feedback on social media platforms and a discount service which showed high levels of satisfaction. Patients praised the staff both clinical and reception, the level of information provided and the ease of the procedures. Patient feedback praised the service and recommended to others.
- 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.

### **Involvement in decisions about care and treatment**

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

- Interpretation services were not available for patients who did not have English as a first language. However, the GP spoke a variety of languages which supported a large number of patients who used the service.
- Patients told us through service feedback, 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 were available.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- The practice complied with the General Data Protection Regulation 2018. All confidential information was stored securely.
- Staff told us patient privacy and dignity was maintained at all times.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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. The practice offered 30-minute GP appointments and ensured there was a short gap between patients to minimise waiting time.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. The service offered flat and level access. A hearing loop was available within the waiting area.

## **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 reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The GP had a network of appropriate consultants they could refer patients onto.

## **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 provider contacted patients quickly to follow up on complaints and to try to resolve any dissatisfaction. Complaints records were detailed and reflected the provider's aim to provide a compassionate, caring service.
- At the time of the inspection the service policy stated that there was an onward referral route. However, the response templates did not reflect the policy with the appropriate information. Immediately after the inspection the provider sent us an updated response template and a revised complaints policy. Both the revised policy and the letter template advised patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a late blood test result had been the subject of a complaint. The service reviewed the provision of blood tests and made changes to ensure blood test results would not be delayed in future.

# Are services well-led?

## We rated well-led as Good because:

### 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. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others 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 developed its vision, values and strategy with its diverse range of directors and shared this with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### 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. Staff we spoke with told us the service fostered a family culture for its staff.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw that the service had taken appropriate steps for staff that did not act consistently with values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

- 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 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. Whilst appraisal documents were within staff files, the files were not well organised and essential documents were not always easy to find.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

### 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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. Following the inspection, the provider amended their policy review guidelines to reflect policies were jointly reviewed by relevant directors.

### 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.

## Are services well-led?

- 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 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.

### 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 service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required. However, the service had recently changed some of its services and not updated its statement of purpose (SOP). We discussed this with the practice and they were updating their SOP after the inspection.

- 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.

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

#### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture. The practice had introduced WhatsApp groups to share information with staff. One of the apps was dedicated to social events only.
- Staff could describe to us the systems in place to give feedback for example via WhatsApp, in person or using a form. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.