

Uniclinic Limited

# Uniclinic Limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 7 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

#### **Background**

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 Saturdays. 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 pharmacist) 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

# Summary of findings

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

Nineteen people provided feedback about the service by completing comments cards. The feedback received was positive about the practice, its staff and the care and treatment received. We also spoke with one patient during our inspection, who also gave positive feedback about the practice.

## **Our key findings were:**

- Staff had been trained with the skills and knowledge to deliver care and treatment. However, clinical staff were aware not always aware of current evidence based guidance.
- The service conducted quality improvement activity to improve patient outcomes.
- Feedback from the CQC patient comment cards and service survey results showed patients were very satisfied with their care.

- The service shared (where applicable) clinical information with colleagues based in the NHS.
- Information about services and how to complain was available. Information about the range of services and fees were available.
- There was no system in place for the registered manager to receive safety alerts issued by relevant government departments.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were reviewed regularly.
- The service had good clean facilities and was equipped to treat patients.

There were areas where the provider could make improvements and should:

- Establish effective systems and processes to ensure continued good governance of the service, with particular reference to the service developing a fire evacuation plan.
- Review the arrangements at the service for the provision of all registered staff to receive safety alerts from relevant authorities.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded from abuse.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- The service operated safe and effective recruitment procedures to ensure staff were suitable for their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Prescriptions issued by the service were held in a safe place.
- We observed the premises and equipment to be visibly clean and tidy. There were adequate arrangements in place for the management of infection prevention and control, as well as effective arrangements in place to respond to emergencies and major incidents.
- The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- The service did not always carry out assessments and treatment in line with relevant and current evidence based guidance and standards.
- There was a program of quality improvement and audits were used to drive service improvement.
- The GP had arrangements in place for facilitation and support for their revalidation.
- There was no record of annual appraisals for the service manager.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centered approach to their work. In addition, completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

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# Summary of findings

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- The service opening times ensured that patients who could not attend the service during normal working hours had the opportunity to do so outside of these times.
  - Patients had a choice of time and day when booking their appointment. Same day appointments were also available.
  - The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.
  - The service listened to suggestions from patients and acted accordingly.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- Governance arrangements were actively reviewed..
  - There were clear staffing structures in place.
  - Staff we spoke with during our inspection were aware of their responsibilities as well as the responsibilities of their colleague.
  - There was a focus on continuous learning and improvement at all levels within the service.
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# Uniclinic Limited

## Detailed findings

### Background to this inspection

We carried out an announced visit to this service on 7 February 2018.

The visit was led by CQC inspector and included a GP specialist advisor and Lithuanian/ Russian translator.

During our visit we:

- Spoke with staff (one doctor and one registered/service manager)
- Spoke with one patient who used the service
- Received feedback from 19 patients from Care Quality Commission comment cards

- Reviewed personnel files, practice policies and procedures and other records concerned with running the service

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

The practice had some clear systems, processes and practices to keep patients safe.

- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed and viewed by the GP and service provider. 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 a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The service had systems to safeguard children and vulnerable adults from abuse. The GP was the safeguarding lead for the service. Staff received up-to-date safeguarding and safety training appropriate to their role and they knew how to identify and report concerns. Safeguarding policies were reviewed and were accessible to all staff. The policy outlined who to go to for further guidance. The policy did contain contact numbers to make referrals regarding safeguarding concerns. Patients were advised that a chaperone was available if they required one.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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). The GP who worked at the practice had been DBS checked as well as the registered/service manager. The practice had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.

There was a system to manage infection prevention and control.

- The service conducted infection control audits and we saw evidence of the latest one conducted. This audit

was conducted by the assistant service manager along with the service manager. We observed treatment rooms used by the service were clean, had hand washing facilities and had taken appropriate measures for the disposal of clinical waste.

- The service had processes to ensure that equipment were safe to use. We saw the most recent certificates for the annual calibration of clinical equipment used within the service. There were systems for safely managing healthcare waste.

### Risks to patients

- There were systems to assess, monitor and manage risks to patient safety. For example, there were verbal arrangements for planning and monitoring the number and mix of staff needed. The staff at the service took minimal holidays at the same time. When this occurred, the service would alert patients in advance by not booking appointments during the leave period. In addition, the service website would be updated to let patients know when the service would be closed and when it would resume.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Files we checked showed that clinical staff working at the practice had medical indemnity insurance in place.
- The service did not have an up to date fire risk assessment and did not carry out regular fire drills. There were no designated fire marshals within the service or a fire evacuation plan. We noted that the fire extinguishers at the service were out of date. When we spoke to the service regarding their plans for what to do in the event of a fire, they told us that they would exit the building via the nearest exit which was the front door, but could not tell us what they would do if that entrance was blocked. Subsequent to our inspection, we received copy of an invoice from the service which showed that the day following our inspection; an external fire safety company had been to the service and serviced the fire extinguishers on site.

### Information to deliver safe care and treatment

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

# Are services safe?

- 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 care and treatment was available to relevant staff in an accessible way.
- The inspection team looked a sample of patient records and found that these had been completed to a satisfactory standard.
- The service asked new patients to provide information to verify their identity (such as a driving licence, passport or identity card).
- We noted that there was no system in place for the registered manager to receive safety alerts issued by relevant government departments. The service was unable to assure itself and its patients that they received the most up-to-date information regarding medicines validity within the UK as it did not receive alerts from relevant government organisations. We were told that the GP regularly checked guidance online from NICE and the GMC. Subsequent to the inspection we received evidence of clinical staff subscription to the central alerting system which notifies subscribers to notifications issued by a number of organizations including the MHRA.
- There were no medicines held at the practice, with the exception of emergency medicines for use in a medical emergency. 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.
- Prescriptions were held in a safe place by the GP. The GP had a separate stamp with the service details which was served as verification that a prescription had come from the service.

## Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report and discuss incidents and near misses. The service did not have any significant events or incidents recorded to show us on the day of inspection.
- The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

## Safe and appropriate use of medicines

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- The service told us that they had systems to keep clinical staff up to date with current evidence-based practice. We saw that the GP assessed needs and delivered care and treatment, but this was not always in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We viewed a set of patient notes and noted that a child had been prescribed with an antibiotic, to which national guidance had stated was not as effective as other antibiotics available. When we spoke the GP regarding his prescribing of this medicine and his knowledge of current guidelines, he responded that he did keep up-to-date with national guidance and had prescribed the medicine according to his diagnosis of the condition presented to him.
- In addition, we saw no evidence that clinical staff attended external professional meetings and/or training events where the latest best practices was discussed. However, subsequent to the day of inspection, we received evidence from the service to show that clinical staff did attend GP update training events.

### Monitoring care and treatment

We noted that the service followed up on patients following attendance at the service to ensure that medicines were being used safely and correctly. This was done by booking a following up appointment following the initial consultation between the patient and doctor.

We saw evidence that the service reviewed the effectiveness and appropriateness of the care provided. We saw that they carried out clinical audits and improvements were made as a result.

- One of the audits we viewed focused on antibiotic prescribing for acute bronchitis against NICE guidelines. During the first cycle of the audit, the service identified that 57 out of 100 patients identified had received antibiotics in line with current antibiotic prescribing. Following this first cycle, the service referred back to current NICE guidelines of acute bronchitis management to increase their awareness of the need

for stringent antibiotic prescribing by the service. A re-audit conducted by the service showed that of 78 out of 100 patients received antibiotics in line with current antibiotic prescribing. The improvement on the re-audit has meant that the service will continue to monitor antibiotic prescribing with a view to improving the accuracy in which antibiotic as prescribed.

### Effective staffing

Evidence reviewed showed that clinical staff had skills and knowledge to deliver effective care and treatment.

- We saw evidence that whilst the GP had arrangements in place for facilitation and support for their revalidation.
- There was no formal system of appraisal or review of development needs for the service manager.
- Staff meetings were held and we saw meeting minutes to confirm this.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. However, information was not routinely shared with external organisations where necessary.

- Patients received coordinated and person-centred care. The patient we spoke with on the day confirmed this.
- The practice had systems in place for sharing information with other agencies to enable them to deliver safe care and treatment.

### Supporting patients to live healthier lives

The service encouraged and supported patients to be involved in monitoring and managing their health. This was evidenced through a leaflet the service provided to patients regarding self-care for minor illnesses such as sore throats, colds and sinusitis.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.



# Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP told us they would assess the patient's capacity and record the outcome of the assessment on the patient's record.

# Are services caring?

## Our findings

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

During our inspection we observed that members of staff were courteous and helpful, and treated patients with respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- All 19 of the patient Care Quality Commission comment cards we received were positive about the service experienced. Comments received said the service and staff was professional and good.

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

We were told by the one patient we spoke with that they felt involved with decisions about the care and treatment

they received. The patient also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the treatment available to them.

Patient feedback from the comments cards we received was also positive and aligned with these views.

### **Privacy and Dignity**

Staff we spoke with during the inspection understood and respected people's privacy and dignity needs.

- The practice had arrangements in place to provide a chaperone to patients who needed one during consultations.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Information about people was treated confidentially. All papers containing sensitive information was stored in secure lockable cabinets.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs and access to the service

Clinical services were tailored in response to patient need.

- Initial consultation appointments for patients were booked for up to 30 minutes as a minimum.
- Appointments at the service were made in advance through contacting the service by telephone.
- Same day appointments were available. These could be obtained by telephoning the practice on the day.
- The service was located in premises which were clean and accessible by all. All clinical rooms were located on the ground floor.
- The service had a website which listed all clinical services available, as well as opening times and prices of consultations. The website which was in English, could be translated into Lithuanian.
- Members of staff spoke English, Lithuanian and Russian.

The practice 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.

- Some comment cards commented on how quickly they were seen by the service and the patient we spoke with on the day of the inspection told us that they were able to get appointments when they required one.

- The service conducted an annual 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 practice had a system for handling complaints and concerns.

- It had a complaints policy and procedures in place and there was a designated person who handled all complaints relating to the service.
- We saw that information was available to help patients understand the complaints system. This included staff being able to signpost patients to the complaints process.

We were unable to view any complaints as the service had not received any complaints in the last 12 months.

The service manager told us about a change to the service following some feedback received from a patient. The patient had enquired why the service did not have a water dispenser for patients. The service manager verbally responded to patient stating that low usage of the dispenser meant that it was not cost effective to have a dispenser at the service. Following the enquiry, the service now keeps a supply of small bottles of water should a patient request some water to drink.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

- The service manager was the nominated individual and responsible for the day to day running of the service. The service manager told us that the service was always committed to providing the best care for their patients. Although the service had a limited number of staff, the service manager and the GP told us they enjoyed working together at the service.
- We noted that there were arrangements in place if the service manager or GP was unavailable.
- Whilst the service manager had identified learning and professional development goals, there was no formal system in place to ensure staff were provided with the processes and guidance to carry out their responsibilities, for example through annual appraisals.

### Vision and strategy

- The service manager stated the vision of the service was to provide the best possible clinical care to their current patients and to any potential patients. The service had systems in place to assess patient satisfaction.
- We saw evidence by way of meeting minutes that formal meetings to discuss the operational and clinical running of the service occurred.

### Culture

The service had a supportive culture towards staff and patients.

- Staff told us they supported and valued the work each other did. They told us they were comfortable discussing matters of concern with each other.
- The GP at the service told us that they were supported to meet the requirements of professional revalidation where necessary.
- The service had processes for providing non-clinical staff with the development they need, however this process was not formal. In addition, the service manager did not receive regular annual appraisals.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

### Governance arrangements

The service had a number of governance arrangements in place.

- The provider had suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This was evidenced through the service's business continuity plan.
- The practice had a range of policies and procedures in place and were known and implemented by the service manager and GP. These policies included a complaints policy, recruitment policy and safeguarding policy.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

### Managing risks, issues and performance

- The service business continuity plan was in place and reviewed annually by the service manager. It contained details how the service would be able to continue to deliver essential patient care in the event of a major incident.
- The service conducted both clinical and non-clinical audits to have a positive impact on quality of care and outcomes for patients. We viewed an audit undertaken by the service last year which reviewed the waiting time for patients to see the doctor once they had arrived on site.

### Appropriate and accurate information

- The service manager was the information governance lead, with responsibility for ensuring confidentiality, integrity and availability of data. There was a formal protocol in place for the management of patient data, and the service manager and GP were able to describe how they would ensure patient data was kept secure.
- Medical records were generally handwritten and all patient hand records were stored in a fire-proof cabinet which was locked. All information stored on information technology systems were password protected and the service kept a back-up of records on a separate external drive.

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

- Although there was no formal system in place to periodically engage with patients and staff, we saw evidence that the service undertook annual patient surveys and quality improvement audits for the quality of care provided.

# Are services well-led?

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

## **Continuous improvement and innovation.**

- The service identified that engagement with regulatory bodies was an important component in improving and adding to the standards of the care the service provided. The service however did not have any evidence of what they were doing to improve their engagement with regulatory organisations.

The service manager was pro-active in identifying training which enhances their ability to provide good management of the service and its patients. Recent training undertaken included conflict resolution and first aid.