

Universal Medical Centre Ltd

# Universal Medical Centre Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 6 March 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.

This service is registered with CQC under the Health and Social Care Act 2008 to provide the regulated activity of Treatment of Disease, Disorder or Injury. During the inspection, it was determined that the provider was currently providing services which are not regulated by CQC and was not carrying out the regulated activity for which they were registered. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Universal Medical Centre Limited occupational health services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Universal Medical Centre Limited, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

The Occupational Health Nurse who is also the majority shareholder, director and the sole employee of the organisation 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.

Universal Medical Centre Limited is registered to provide the regulated activity of Treatment of Disease, Disorder or Injury service to adults and children. The Registered Manager told us the service had registered to provide this regulated activity because it planned to employ a GP in order to provide a private consulting doctor service. However at the time of this inspection, the service had not followed through with this plan and had not yet undertaken the regulated activity. The service team consists of an Occupational Health Nurse who is also a registered nurse. There are no other staff employed by the service.

On the day of inspection we collected nine CQC comment cards filled in by people who had used the service under arrangements made by their employer. This information gave us a positive view of the service.

During the inspection we spoke with the director of the organisation. We looked at service policies and procedures and other records about how the service is managed.

## Our key findings were:

- The service had arrangements in place for safeguarding which reflected relevant legislation and local requirements.
- The service kept stocks of vaccines on the premises and had systems for monitoring the temperature of the medicine fridge used for storing vaccinations.
- The provider had made arrangements to receive peer support from an occupational health professional who worked in an NHS organisation, although this was an informal arrangement.
- The person delivering the service was conscious of high levels of anxiety and would help to put people at their ease.
- The service had a complaint policy and procedure in place and these were in line with recognised guidance although the service told us they had not received any complaints to date.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems including during transport.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- The provider was aware of and complied with the requirements of the duty of candour.

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

- Review current registration arrangements and consider de-registering as a provider if plans to provide a regulated activity are not followed through.
- Consider the timing around when to undertake an audit to prevent and control the risks associated with infection prevention and control and fire safety to ensure these are completed prior to providing services at the registered premises.

# 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.

- Arrangements for safeguarding reflected relevant legislation and local requirements.
- Although there was only a single employee at the time of the inspection, the service had a protocol in place to carry out appropriate checks at the time of recruitment, on staff who may be employed in the future.
- Arrangements were in place and implemented to ensure the professional revalidation the sole employee.
- The service kept stocks of vaccines on the premises and had systems for monitoring the temperature of the medicine fridge used for storing vaccinations.

### **Are services effective?**

The provider had not yet commenced providing a regulated activity at this location which meant we were unable to assess whether the service was providing effective care in accordance with the relevant regulations. However, we noted:

- The provider had made arrangements to receive peer support from an occupational health professional who worked in an NHS organisation, although this was an informal arrangement.
- The sole employee of the service had the skills, knowledge and experience to carry out the services currently being provided.
- People using the service were provided with information and advice following their appointment; for instance, patients receiving vaccinations were given details of possible allergic reactions and details of who to contact in the event of any concerns.

### **Are services caring?**

The provider had not yet commenced providing a regulated activity at this location which meant we were unable to assess whether the service was providing caring services in accordance with the relevant regulations. However, we noted:

- The person delivering the service was sensitive to patients' personal, cultural, social and religious needs. We discussed positive examples of care provided to people using the service and were told that many people receiving occupational health advice were nervous, particularly if outcomes could affect employment status. The person delivering the service was conscious of high levels of anxiety and would help to put people at their ease.
- The provider told us they would always ensure that a suitable, private room was made available when delivering services at client's premises. This included ensuring that conversations could be held in confidence and that windows were obscured.

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

The provider had not yet commenced providing a regulated activity at this location which meant we were unable to assess whether the service was providing responsive services in accordance with the relevant regulations. However, we noted:

# Summary of findings

- The provider made reasonable adjustments to its premises so that future patients could access services. For example, the premises were accessible to patients with mobility difficulties. There was a portable ramp for ease of entrance into the premises and parking facilities for patients with who had the use of a disability blue badge. All consulting rooms were located on the ground floor.
- The service had a complaint policy and procedure in place and these were in line with recognised guidance although the service told us they had not received any complaints to date.

## Are services well-led?

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

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider had established proper policies and procedures to ensure safety was able to describe how policies would be made available to any staff that might be employed in the future. Some policies were now overdue, for instance, the policy to govern the management of vaccines.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems including during transport.

Although the provider did not currently consult with patients at the registered premises, we found areas where improvements should be made before commencing the provision of regulated activities at the premises. For instance, the provider had not followed its own policy in regard of infection prevention and control in that it had not carried out an infection prevention and control audit, had not carried out a fire risk assessment and had not undertaken fire safety drills. However, risks to people using the service were minimal as no regulated activities were carried out at the premises.

# Universal Medical Centre Ltd

## Detailed findings

### Background to this inspection

Universal Medical Centre Ltd carries out occupational health assessments and medicals for patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). Services provided under these arrangements include occupational health advice, sickness absence intervention guidance and diagnostic and health screening and a range of travel health services and vaccinations. These types of arrangements are exempt by law from CQC regulation.

The service is also registered to provide the regulated activity of Treatment of disease, disorder or injury. At the time of this inspection, the service had not yet commenced providing this service. The Registered Manager told us they planned to employ a GP with a view to providing a private consulting doctor service but this plan had not yet been realised.

The service employs one Occupational Health Nurse who is also the majority shareholder and a director of the provider organisation.

The service is located on the ground floor of a property previously used as a GP surgery in the Tottenham area of the London Borough of Haringey. With a very small number of exceptions, patients are seen at the premises of their employers and the registered location is currently used for administrative and storage purposes only. The registered manager told us that the only exceptions were a small number of patients who had self-referred for occupational health advice.

The sole employee, an Occupational Health Nurse, 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine completed comment cards where people who had used the service shared their views and experiences of the service. Patients spoke highly of the service, which they described as professional, helpful and friendly.

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.

Our inspection team consisted of a CQC Lead Inspector, a practice nurse Specialist Advisor and a second inspector.

The inspection team:-

- Carried out an announced inspection at Universal Medical Centre on 6 March 2018.
- Spoke with staff.
- Reviewed patient feedback from the completed CQC comment cards.
- Reviewed the service's policies and procedures and other documentation made available by the provider in relation to the running of 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?

# Detailed findings

- Is it well-led?

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

# Are services safe?

## Our findings

### Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Although there was currently only a single employee at the service, policies were managed in a way which mean that access could be easily arranged with other staff should the service recruit additional employees in the future. There were separate safeguarding policies for adults and children and these clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The registered manager, who was the sole employee, was the lead for safeguarding. The service had not yet commenced providing services to the general public which meant there were no documented examples of the service engaging with safeguarding activity.
- The registered manager demonstrated they understood their responsibilities regarding safeguarding and had received training to level 3 on safeguarding children and as well as training on vulnerable adults to a level relevant to their role.
- Although the service only had a single employee providing occupational health services at employer's premises, we were told that the service intended to provide private GP services from the location in the future and had a policy in place to provide chaperoning services for people attending appointments. The service told us that staff who would be employed in the future would act as chaperones and would undergo a DBS check and training in chaperoning. 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 service had a protocol in place to carry out appropriate staff checks at the time of recruitment. It was the services policy to request DBS checks for all staff. At the time of the inspection, the registered manager was the only employee of the service.
- Although the service had not yet provided regulated activities at the location, it had registered to do so and we found that systems to manage infection prevention

and control (IPC) were not effective and would not keep people safe. The provider had not carried out an IPC audit and had not identified areas where improvements were needed. For instance, when we looked in the room that we were told would be a consulting room, we saw that the couch was covered in a fabric blanket instead of disposable paper couch roll. We also noted that handwashing facilities in this room did not conform to best practice because the taps were hand operated and the sink was of a type which included an overflow and the bin which had been designated for clinical waste was not foot pedal operated. We also found that this room was used to store equipment and supplies which meant that there was a risk that cleaning would not be effective in preventing the spread of infection.

- We saw evidence that electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- The provider had not carried out a fire risk assessment and there no records in relation to fire alarm testing or fire drills being carried out. The provider told us they had not carried out any fire drills as they were usually alone on the premises. Fire equipment was tested regularly and maintenance issues were logged and monitored and general health and safety risk assessments were undertaken in relation to the premises which included aspects of fire safety and infection control, legionella and the control of substances hazardous to health (COSHH).
- Arrangements were in place and implemented to ensure the professional revalidation the sole employee.

### Risks to patients

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

- Although there was only a single employee at the service, there was a process in place to ensure that staff employed in the future would receive an induction to the service, have access to policies and procedures and would receive suitable training.
- The sole employee at the service understood their responsibilities to manage emergencies on the premises. The provider had a supply of adrenaline which was the only emergency medicine it had assessed



# Are services safe?

as being required and equipment including a defibrillator and oxygen were available. These were monitored to ensure they were in date and ready for use.

## Information to deliver safe care and treatment

Universal Medical Centre Limited services were provided to patients under arrangements made by their employer. Under these arrangements, patient notes were retained by the employer. These types of arrangements are exempt by law from CQC regulation. The service told us that these notes were updated every time a patient had contact with the service and details of risk assessments carried out before every vaccination and details of vaccinations given were added to the notes. Patients were also provided with a completed vaccination record and were advised to take this to their GP.

The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. For instance, we saw an example of a referral letter template which the provider told us they had developed to share information with a patient's GP and this would be used with the patient's consent, if the service identified a health concern whilst providing their services.

## Safe and appropriate use of medicines

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

- The service kept stocks of vaccines on the premises and had systems for monitoring the temperature of the medicine fridge used for storing vaccinations. We saw that detailed weekly downloads of the fridge temperatures were checked. There was a fridge failure protocol which detailed action staff should take if fridge temperatures fell out of range. The service used a portable fridge to transport vaccines to client's premises for the purposes of administering to patients. We saw evidence that the fridge used to transport vaccines was fit for purpose and had recently been calibrated to ensure it was safe to use.
- The provider did not administer vaccines on the premises and did not provide an emergency service. The service had carried out an assessment to determine

whether emergency medicines needed to be held on the premises and had concluded that only adrenaline was required and this was always available when vaccines were administered. All the vaccines and adrenaline we checked were in date and stored securely.

- The service had processes in place to ensure that vaccinations which required a number of courses were followed up on appropriately. The service told us they send text reminders for follow-up doses and would not provide final certification of vaccination until all required courses had been administered.
- The service administered vaccinations in line with legal requirements and current national guidance. Access to the British National Formulary and Green Book for information on vaccinations was available. Patients receiving vaccinations were given an information leaflet which provided details of potential side effects as well as advice of actions to take in the event of experiencing side effects, including details of emergency services.

## Track record on safety

The service had systems for monitoring safety in the practice.

- The service had systems for recording, investigating and learning from incidents and complaints; however no incidents had yet been recorded.
- There were policies and protocols in place for the management of accidents, injuries and near misses and incidents. These included details of agencies for reporting notifiable incidents to.

## Lessons learned and improvements made

The services had processes in place to learn and make improvements when things went wrong.

- The registered manager understood their duty to raise concerns and report incidents and near misses. There was a standard reporting form for this and systems for reviewing and investigating when things went wrong.
- There was a system for receiving and acting on safety alerts. Alerts received were reviewed by the registered manager.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

The provider provided occupational health services to patients under arrangements made by their employer with whom the service user holds a policy. These types of arrangements are exempt by law from CQC regulation which means we did not inspect these services.

However, the provider told us they used a form which was completed by patients unknown to the service which enabled them to obtain relevant details about patients past medical history, medicines and allergies to ensure services provided were delivered safely.

### **Monitoring care and treatment**

The provider had made arrangements to receive peer support from an occupational health professional who worked in an NHS organisation, although this was an informal arrangement.

The provider had not yet undertaken quality improvement activity.

### **Effective staffing**

The sole employee of the service had the skills, knowledge and experience to carry out the services provided.

- They had undertaken training in immunisations and had access to on-line resources to support them and keep up to date.
- They had access to a range of on-line training. The provider had clearly identified core training requirements and had effective systems to stay up to date with training.

### **Coordinating patient care and information sharing**

The provider worked together with other health and social care professionals to deliver effective care and treatment.

- The practice accessed client's arrangements for managing samples taken.

### **Supporting patients to live healthier lives**

People using the service were provided with information and advice following their appointment; for instance, patients receiving vaccinations were given details of possible allergic reactions and details of who to contact in the event of any concerns.

### **Consent to care and treatment**

Patient notes were retained by their employers; however, we were told that written consent was obtained where necessary. The person delivering the service understood the requirements of legislation and guidance when considering consent and decision making for patients who may lack mental capacity and for children and young people.

# Are services caring?

## Our findings

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

The service treated patients with kindness, respect and compassion.

- The person delivering the service was sensitive to patients' personal, cultural, social and religious needs. We discussed positive examples of care provided to people using the service and were told that many people receiving occupational health advice were nervous, particularly if outcomes could affect employment status. The person delivering the service was conscious of high levels of anxiety and would help to put people at their ease, for instance by explaining about and providing information about the processes being followed.
- Although the service did not yet provide treatments to patients at the location, it had developed a policy to provide people with access to chaperones during consultations and treatments in the event that this service commenced.
- We were told that people using the service were given time to ask questions and were helped to understand the processes being followed.

As part of the inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received nine completed comment cards, all were positive about the service experienced. Patients said they found the service to be professional and that they were treated with care, dignity and respect.

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

The provider helped people who used the service to be involved in decisions about their care.

- We asked about facilities available to help patients be involved in decisions about services where they may otherwise experience difficulties. They told us that they would arrange for an interpreter if requested but had not had a situation where language had been a barrier.
- The person providing the services was aware of how they could obtain accessible information for example, easy read or information for patients who were visually impaired.

### **Privacy and Dignity**

- The provider told us they would always ensure that a suitable, private room was made available when delivering services at client's premises. This included ensuring that conversations could be held in confidence and that windows were obscured.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

The service had not yet commenced providing regulated activities. However, we looked at arrangements in place to organise and deliver services to meet patients' needs if and when regulated activities were carried out.

- The provider made reasonable adjustments when patients found it hard to access services. For example, the premises were accessible to patients with mobility

difficulties. There was a portable ramp for ease of entrance into the premises and parking facilities for patients with who had use of a disability blue badge. All consulting rooms were located on the ground floor.

### **Timely access to the service**

The provider had not yet commenced providing regulated activities at the location.

### **Listening and learning from concerns and complaints**

The service had a complaint policy and procedure in place and these were in line with recognised guidance. The service told us they had not received any complaints to date.

# 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;

As the service had not yet commenced the provision of the regulated activity for which it was registered, it was not possible to assess whether the sole employee of the provider organisation had the capacity or skills to deliver high quality, sustainable care for this regulated activity.

### Vision and strategy

Since registering with the CQC, the provider had only provided occupational health services to people through schemes organised by their employers, where these were for the benefit of the employee only. Such occupational health schemes are exempt from regulation by CQC as they relate to particular types of exempted service as set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider registered to carry out the regulated activity of treating disease, disorder or injury when it had first registered with the CQC in October 2016. We noted that during an inspection undertaken as part of the CQC registration process, the provider was advised that if it intended to undertake private GP consultations, it should consider registering for the regulated activity of Diagnostic and Screening Procedures. The provider had not applied to add this regulated activity to their registration. When we asked about the service's vision and strategy we were told that it had registered to provide this regulated activity because it had planned to employ a sessional GP to undertake private GP consultations. We were also told that the plan had not yet been implemented because the volume of work involved in the provision of occupational health services available had been greater than anticipated and this had impacted on the amount of time available to realise the plan to provide private GP services.

### Culture

The service had single employee who was able to describe their aim to create a culture of high-quality sustainable care.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- The service had a whistleblowing policy available and told us this would be shared with any staff employed in the future.
- The provider was aware of the benefits of ensuring any staff employed in the future had access to annual appraisals and had researched how e-learning modules could be accessed.

### Governance arrangements

Because there was only a single employee, all responsibilities, roles and systems of accountability to support good governance and management were currently invested in this person. We found that they had established proper policies and procedures to ensure safety although some were now overdue for review whilst others were not relevant to the services being provided. For instance, the policy to govern the management of vaccines had not been reviewed since 2016 and we found a policy used to govern radiography even though the provider was not registered to provide the regulated activity of diagnostic and screening procedures. The provider was able to describe how policies would be made available to any staff that might be employed in the future.

### Managing risks, issues and performance

The provider did not currently undertake regulated activities and did not consult with patients at its registered premises. However we were told that the service was considering plans to provide a private GP service at the premises. We found that some processes in place for managing risks needed to be reviewed before regulated activities were carried out at this location.

- The provider had not carried out a fire risk assessment and there no records in relation to fire alarm testing or fire drills being carried out.
- Although the provider had an Infection Prevention and Control Policy, we found that it had not undertaken an infection control audit and had not identified areas where improvements were needed. For instance, we looked at facilities in the room which we were told would be used as a consulting room and saw that the examination couch was covered in a fabric blanket instead of disposable paper couch roll and handwashing facilities did not conform to best practice because the taps were hand operated and the sink was of a type which included an overflow. We asked the

# Are services well-led?

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

provider about this and were told that the room was only used for storage and arrangements would be reviewed in the event that services were to be provided at the premises.

## **Appropriate and accurate information**

Although patient notes were normally retained by their employers, there were occasions when the provider transported these to their registered premises for the purposes of planning or evaluation. We saw that there were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems including during transport.

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

The provider was currently involved in the provision of workplace occupational health services to people through schemes organised by their employers which meant that most engagement was at a business to business level with the employer. There was no evidence of engagement with other stakeholders.

## **Continuous improvement and innovation**

The provider had not yet carried out the regulated activity for which they were registered which meant there were no areas of innovation in the delivery of services or evidence of clinical quality improvement activity.