

Tooting Med Centre Ltd

# Doctors and Dentists of South London

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 17 and 18 July 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. We also planned the inspection to check on concerns raised which we had received.

Tooting Med Centre Ltd provides private medical, dental and aesthetic services at Doctors and Dentists of South London in Clapham, in the London Borough of Wandsworth. Services are provided to both adults and children.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical or dental practitioner, including the prescribing of medicines. At Tooting Med Centre Ltd the aesthetic treatments that are provided by therapists are exempt from CQC regulation.

We received feedback from three people about the service, including comment cards, all of which were very positive about the service and indicated that patients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

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

# Summary of findings

- The practice was clean and well maintained.
- There were safe systems for the management of medicines and infection control.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had a number of systems to help them manage risk.
- There was a system for recording and acting on adverse events, incidents and safety alerts.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Doctors and dentists were carrying out assessment and treatment in line with current evidence based guidance and standards.
- There was evidence of some quality improvement measures.
- The practice had effective systems for induction, supervision, training and appraisals for all staff.
- Consent policies were in place but consent was not consistently recorded in some cases.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice dealt with complaints positively and efficiently.

- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The practice reviewed feedback from patients and staff about the services they provided.

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

- Review the current health and safety risk assessments to ensure that all risks have been considered.
- Review the systems for recording vaccinations for clinical staff.
- Review the processes for sharing information with patients' GPs.
- Review the quality improvement systems to ensure that medical assessments and treatments are monitored and are in line with relevant and current evidence based guidance and standards.
- Review the systems for ensuring staff understand the requirements of legislation and guidance when considering consent and decision making in relation to children under 16 and review the systems for monitoring the recording of consent.

# 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.

- Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.
- Staff were qualified for their roles and the practice completed essential recruitment checks.
- The premises and equipment were clean and equipment was adequately maintained. The practice followed national guidance for cleaning, sterilising and storing dental and medical instruments.
- Health and safety and premises risks were mostly assessed and well-managed.
- The management of medicines including prescribing was safe.
- The practice had suitable arrangements for dealing with medical and other emergencies.
- There was a system for recording and acting on adverse events, incidents and safety alerts.
- Systems for managing information were safe; although the system for communicating with patients' GPs was not always clear.

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### **Are services effective?**

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

- The dentist understood the needs of patients and provided care and treatment as best they could in line with recognised guidance.
- Doctors were carrying out assessment and treatment in line with current evidence based guidance and standards.
- We found evidence of some quality improvement measures including records audits.
- The practice had effective systems for induction, supervision, training and appraisals for all staff.
- Consent policies were in place but consent for joint injections was not consistently recorded in some cases.
- The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.
- The practice had arrangements in place when patients needed to be referred to other dental or health care professionals.

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### **Are services caring?**

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

- We received feedback from three patients including Care Quality Commission comment cards. Patients were positive about all aspects of the service the practice provided.
- Patients reported staff were professional and caring. They said that they were given information about dental and medical treatment, and staff listened to them.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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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.

- The facilities and premises were appropriate for the services delivered.

# Summary of findings

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- The practice's appointment system was efficient and met patients' needs. Patients could get a dental appointment quickly if they were in pain.
  - The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively to improve the quality of care.
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## **Are services well-led?**

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

- There was a clearly defined management structure and staff felt supported and appreciated.
  - 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.
  - The practice had clear arrangements to ensure the smooth running of the service. These included systems for cascading information to all staff about the quality and safety of the service.
  - There were systems for managing risks, issues and performance, however some areas were identified for improvement.
  - The practice had a number of systems to monitor clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff, however clinical audits were not clearly used to improve quality.
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# Doctors and Dentists of South London

## Detailed findings

### Background to this inspection

Tooting Med Centre Ltd is an independent provider of medical, dental and aesthetic services and treats both adults and children. The address of the registered provider is 5 London Road, London, SW17 9JR. Tooting Med Centre Ltd is registered with the Care Quality Commission to provide the regulated activity diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury. They are also registered to provide termination of pregnancies at the provider's other location. Regulated activities are provided at two clinic locations in South London; we inspected the location Doctors and Dentists of South London based in Clapham.

The organisation is run by the nominated individual for the provider. There is a registered manager, who is the general manager of the service in Clapham. 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.

The clinic is housed over two floors in newly refurbished premises. The premises consist of a patient waiting and reception area, three consultation rooms, two aesthetic treatment rooms, a dental surgery and a patient toilet on the ground floor. One consultation room is accessible at street level for patients with restricted mobility. The basement level is accessed by stairs and consists of a minor surgery room, a dental surgery, a dental x-ray room, decontamination room, and three consultation rooms plus a staff area and patient toilet.

The clinic is open between 9am and 8pm Monday to Friday and 10am to 6pm Saturday and Sunday. Services are available to people on a pre-bookable appointment basis and their clientele is primarily patients of Polish origin.

Regulated services offered at the clinic include proctology, dermatology, paediatric, orthopaedic and gynaecological consultations, minor surgery including joint injections, varicose veins treatment and and routine and emergency dental services. The clinic were also able to provide adult male circumcision services, however no circumcisions had yet been carried out so this was not inspected or reported on. At Tooting Med Centre Ltd the aesthetic treatments that are provided by therapists are exempt from CQC regulation and as such were not inspected or reported on.

The service has been operating for just over a year. Aesthetic and dental services were provided initially and the provider slowly introduced medical services; minor surgery commenced two months previously. For June 2018, there were 1126 appointments in total. Of these, 49% were for regulated activities; 368 were for dental services and 185 were for medical services including minor surgery.

Practice staff providing dental services consists of six dentists, one dental nurse and three trainee dental nurses and a practice manager. Medical services are provided by 10 part time doctors, who are specialists across a range of medical fields. Five doctors reside in Poland and regularly travel to England to provide services for the provider. The medical team also consists of a nurse. Other health care staff include beauty therapists and a physiotherapist. Administrative support for the medical and dental teams is provided by four reception staff members and two service managers.

### How we inspected the service:

# Detailed findings

Our inspection team on 17 July 2018 was led by a CQC Lead Inspector and included a GP Specialist Advisor. The inspection team on 18 July 2018 was led by a CQC Lead Inspector and included a dental Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with three doctors.
- Spoke with the nurse.
- Spoke with one dentist.
- Spoke with the qualified dental nurse.
- Spoke with one receptionist.
- Spoke with the registered manager of the service and a general manger.
- Spoke with the director of the service

- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.
- Reviewed feedback from four patients including CQC comment cards.

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

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

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

# Are services safe?

## Our findings

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

### **Safety systems and processes (including safeguarding)**

The service had a number of systems to keep patients safe and safeguarded from abuse.

- Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training appropriate to their roles. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.
- The service provided intimate medical examinations. A chaperone policy was in place and staff who acted as chaperones had been appropriately trained for the role. Staff who acted as chaperones had received a DBS check.
- The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at nine staff recruitment records. This showed the practice followed their recruitment procedure.
- The practice carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing. Clinical staff were qualified and registered with the General Dental Council (GDC) and General Medical Council (GMC) and had professional indemnity cover.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff (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 practice's health and safety policies were up to date and reviewed to help manage potential risk and a number of risk assessments had been completed, including equipment audits, fire, legionella and control of substances hazardous to health (COSHH) risk assessments. These covered general workplace topics.

- The risk assessment did not cover all expected dental topics, for example the use of dental equipment. We spoke with the provider about this and they told us they would increase the range of risk assessments undertaken.
- There was no clearly documented assessment of risks for the premises in relation to health and safety accident prevention, however there was evidence that actions had been taken to improve safety such as changing the position of emergency oxygen cylinder so it was easier for staff to access. The practice had current employer's and public liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. Staff received health and safety information for the practice as part of their induction and annual refresher training.
- We saw servicing documentation for the dental and medical equipment used. Staff carried out checks in line with the manufacturers' recommendations. Some of the equipment at the practice was new and had not yet required servicing, this included for example a dental cone beam CT scanner machine.
- There was evidence that a range of electrical equipment had been tested for safety, and portable dental equipment and refrigerator temperature loggers had been tested and calibrated appropriately. Portable medical equipment was new and was not yet required to be calibrated but a system was in place to ensure portable equipment was monitored for safety.
- We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. A dental nurse worked with the dentists at all times.

### **Infection control**

- The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. All staff completed infection prevention and control training every year.
- The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing

# Are services safe?

re-usable medical and dental instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

- The practice carried out infection prevention and control audits twice a year in line with current national guidance. The latest audit showed the practice was meeting the required standards. The service had also conducted a sharps audit following a needlestick injury, which showed the service was managing sharps in line with guidance.
- The practice had robust procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with the recommendations from the legionella risk assessment.
- We saw cleaning schedules and logs and cleaning audits for the premises. The practice was clean and hygienic when we inspected.
- Records of staff Hepatitis B immunity were kept for clinicians; however there was no record of routine vaccinations in staff files as per the Department of Health 'Green Book' guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service sometimes employed agency dental staff but cover was usually arranged using existing staff members and cross-site working.

- We found that there was an effective and thorough induction system for new staff. This was tailored to their role and included a range of safety information and mandatory training.
- The service had a lone working policy and training in place and a risk assessment had been completed. Staff confirmed there were always two staff members working at reception.
- There were clear arrangements for monitoring and managing fire risk in the premises including a fire risk assessment, regular fire drills, fire equipment checks and fire training.
- There was a procedure in place for managing medical emergencies. There had been a number of instances where medical staff had called 999 at the provider's other location and we noted that learning had been shared from these.
- Staff completed training in emergency resuscitation and basic life support every year. We found that from checking the records of five doctors, only one had attended face to face basic life support training; we were told that most staff completed this online.
- The service had all emergency medicines and equipment in place to manage medical and dental emergencies in their first aid room. Staff kept weekly records of their checks to make sure equipment and medicines were available and within their expiry dates.
- When there were changes to services or staff, the provider and registered managers assessed and monitored the impact on safety. The provider had a business continuity plan in place.

## Information to deliver safe care and treatment

Most systems were in place to ensure staff had all the information they needed to deliver safe care and treatment to clients.

- Individual care records were written, managed and stored 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, however the current appointment system used by reception staff limited the ability of reception staff to record relevant information for clinicians including when patient identity was checked.
- Care records were either written or typed on the computer by clinicians. This was an interim measure;



# Are services safe?

the provider showed us their new electronic record system that was due to be implemented over the coming weeks which would replace the current record system and appointment system used by reception.

- There were clear processes and a policy for verifying a clients' identity. Reception staff checked identity at registration and this was recorded on the registration form via a tick box. They also identity checks for each patient at each appointment however this was not currently able to be recorded.
- The clinic treated children and staff confirmed that they verified the identity of adults accompanying child patients, but this was not recorded.
- We found examples where medical staff had written letters for patients to give to their GPs or to take to accident and emergency, however GPs were not routinely communicated with. There was an information sharing policy, but this did not clearly set out a procedure to support the circumstances when information would be shared with GPs or the decision making associated with patients declining consent for their GP to be contacted.
- Management of correspondence into and out of the service including results of tissue samples and scan results was safe.

## Safe and appropriate use of medicines

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

- There were effective systems for managing medicines, including prescribing, administering and storing of medicines. Medicines stocked in the refrigerator were used for aesthetic services offered by the clinic and as such, were not inspected. Appropriate checks were undertaken for medical gases, emergency medicines and emergency equipment to minimise risks.
- The service kept prescription stationery securely and monitored its use. Written copies of prescription scripts were visible in patients' records.
- Doctors and dentists prescribed medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- We saw no evidence of repeat prescriptions being provided; all prescriptions were acute. Doctors were aware of antibiotic prescribing guidance.
- The service did not treat patients that were on high risk medicines that required close monitoring.

- There was minimal evidence that the service audited the quality of medical prescribing. We were told this was because the patient record system used at the time of inspection did provide a suitable mechanism to audit prescribing.

## Track record on safety

The service had a good safety record.

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

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on adverse events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider focussed on learning and improving the service from adverse events and incidents and encouraged all staff to report these. There had been one incident recorded for the service as a whole in the last 12 months.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons with most staff, identified themes and took action to improve safety. For example, following a sharps injury, the clinic shared updated sharps management procedures with staff, provided posters in relevant areas of the practice and undertook a sharps audit in June 2018 which identified that sharps were being managed appropriately.
- The provider also shared learning from incidents from the provider's other location where a number of incidents had been reported and we saw evidence of this. Learning from incidents was shared via email, during staff meetings and via the notice board in the staff room.

## Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- There was a clear system for receiving and acting on safety alerts. One of the managers received alerts and cascaded these to all clinical staff. Where relevant these were acted on in conjunction with clinicians. All staff we spoke with were aware of this system and were able to recall recent alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

The service provided consultations and treatment across a wide range of medical specialties including gynaecology, proctology and orthopaedics. We spoke with two doctors providing gynaecology and orthopaedic consultations and treatments and reviewed 10 records. From evidence we saw, the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards including NICE and British National Formulary guidance.

Due to the wide range of medical specialties across 10 doctors employed, following clinical guidance was clinician dependent as there was no system to enable sharing of current guidance with medical staff.

All the 10 records reviewed were clear, accurate and contained adequate information regarding assessments and treatments. The doctors advised clients what to do if their condition got worse and where to seek further help and support. There were some examples seen where onward referrals were made to GPs and hospital consultants.

We saw no evidence of discrimination when making care and treatment decisions.

The practice had systems to keep dental practitioners 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.

### **Monitoring care and treatment and improving outcomes for patients**

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs. Improvements could be made to ensure understanding and consistency in the

completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

The provider had a programme of quality improvement activity to monitor the medical services provided via audits of procedures and consultations. The service had commenced audits of orthopaedic procedures, minor surgery procedures and paediatric consultations, however it was not clear what the aims of these were and there had been no learning as a result. The provider did not conduct clinical audits for medical services and medical staff were not always clear about the concept of clinical audit to improve quality of care. The provider reported they were moving to an electronic record system shortly after the inspection which would allow clinical audits to be undertaken.

There was evidence of other measures to monitor and improve the quality of the service provided through the undertaking of detailed records audits by the clinical supervisor and telephone audits. The service also continuously monitored quality of care and treatment through a comprehensive review of incidents and complaints.

### **Effective staffing**

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

- The service had an induction programme for newly appointed staff. This covered topics such as fire safety, infection control, health and safety and data protection.
- The provider kept records to demonstrate that staff had appropriate mandatory training to cover the scope of their work including training for basic life support, safeguarding adults and children, infection control, health and safety, fire safety and data protection.
- The doctors and dentists had undertaken training in the Mental Capacity Act.
- Staff completed training for equality and diversity, customer care, complaints, dignity and respect and communication.
- We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.
- The clinical supervision of the 10 doctors was overseen by the medical director and responsible officer for the

# Are services effective?

(for example, treatment is effective)

organisation who arranged for annual appraisals using independent appraisers. The medical director completed detailed records reviews of medical staff and provided ongoing support and coaching to ensure the appraisal system was effective. Doctors' appraisals were up to date and all had been revalidated by the General Medical Council (GMC).

- There was evidence that managers, nurses and reception staff had a structured supervision and appraisal system. Appraisals were carried out three-monthly and reception staff had supervision and target meetings monthly.

## Coordinating patient care and information sharing

We found that the service had effective systems in place for coordinating patient care and sharing information as and when required.

- The registered manager confirmed they referred patients to a range of specialists in primary and secondary care if they needed dental treatment the practice did not provide.
- There was no formal process for communicating with a client's GP as they were contact as required and we saw examples of this. Medical staff also advised patients to attend accident and emergency, for example where they identified red flags that needed a more urgent review.
- The clinic had a third-party arrangement with a laboratory to process tissue samples. Patients were referred to a third party where x-ray and other scans were required. The systems for dealing with results were effective.

## Supporting patients to live healthier lives

The dentist told us that where applicable they would discuss smoking, alcohol consumption and diet with patients during appointments.

The service gave lifestyle advice where this was relevant. Doctors signposted patients to local pharmacies for lifestyle screening and advice.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance although some improvements were identified.

- Staff understood the importance of obtaining and patients' consent to treatment, giving information about treatment options and the risks and benefits of these so they could make informed decisions.
- The practice's consent policy included information about the Mental Capacity Act 2005. Doctors and dental practitioners had undertaken training in the Mental Capacity Act. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions.
- The consent policy also referred to Gillick competence. Most clinical staff understood the requirements of legislation and guidance when considering consent and decision making in relation to children under 16; however one clinical staff member, who did not treat children, was not aware of the requirements.
- Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.
- Written consent was obtained for a wide range of medical interventions and we saw this was in line with General Medical Council (GMC) guidance. However there was some evidence from records that verbal or written consent was not consistently recorded for joint injections.
- Records audits were undertaken which monitored the process for seeking consent. These had identified some concerns with recording consent in relation to joint and the clinical supervisor was aware of this. The service had plans in place and showed us the new clinical records system, which automatically included consent templates for each consultation.
- Pricing was clearly communicated to patients in English and Polish.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated clients with kindness, respect, dignity and professionalism.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.
- The service gave clients timely support and information.
- Staff were aware of the importance of privacy and confidentiality. The environment in the reception and waiting area provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.
- We received feedback from four clients including Care Quality Commission comment cards. All comments were positive about the service experienced. Clients described the service as professional. They felt they were treated with respect and listened to.
- The service reviewed online feedback from two online platforms. The majority of comments were very positive, with the service scoring an average of 4.4 stars from 76 reviews.

### Involvement in decisions about care and treatment

Staff helped clients be involved in decisions about their treatment.

- The practice gave patients clear information to help them make informed choices.

- Patients reported that staff listened to them and discussed options for treatment.
- The website provided patients with information about the range of treatments available at the practice. These included aesthetic, medical and dentistry services.
- The service had procedures in place to ensure clients could be involved in decision about their care and treatment:
  - Staff spoke a number of languages including Polish, English, Romanian, Russian and Spanish. If required, patients were advised ahead of their appointments to bring a suitable interpreter/family member.
  - There had not been instances where they had treated clients with visual or hearing difficulties but we were told they could print large print information leaflets if needed and patients were able to book appointments online.
  - Reception staff received training in customer services and communication.

### Privacy and Dignity

The staff respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' privacy and dignity when taking telephone calls or speaking with clients.
- Reception staff undertook training in dignity and respect and communication.
- Staff could offer clients a private room to discuss their needs.
- We observed treatment rooms to be spacious, clean and private.
- From our observations during the inspection, there was evidence that the service stored and used patient data in a way that maintained its security, complying with the General Data Protection Regulation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting patients' needs

The clinic organised and delivered services to meet clients' needs and expectations.

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments for patients with restricted mobility. These included step free access to a medical consultation room and an accessible toilet. Patients with restricted mobility who were in wheel-chair were directed to the provider's other location for dental services.
- Patients accessing the service were mainly English or Polish and staff were able to communicate in both languages. Staff at the practice also spoke Romanian, Russian and Spanish.
- The website contained sufficient information regarding the services offered and pricing structures. Pricing was available in Polish and English in the reception area.
- Opening hours accounted for the needs of all patients as the service was operational seven days per week. If patients requested appointments, opening times were flexible.
- Patients had a choice of booking with a male or female doctor and dentist.
- A range of medical, dental and aesthetic services were offered. Surgeons visited the practice weekly, the orthopaedic specialist was available twice a week and paediatric appointments were available weekly.
- Patients were signposted to their other location in Tooting if urgent general practice appointments or blood tests were required.

### Timely access to the service

Patients were satisfied with the responsive service provided by the practice. The practice had an efficient appointment system to respond to patients' needs.

- The practice displayed its opening hours in the premises and on the practice website.
- Doctors and dentists were available Monday to Sunday. Opening hours were 9am-8pm Monday to Friday and 10am to 6pm Saturday and Sunday.

- The practice was committed to seeing patients experiencing dental pain on the same day and kept a number of appointments free for this purpose.
- Appointments with medical specialists including for minor surgery were pre-bookable. We saw that the next appointment with a proctology specialist was within four weeks and a general surgical specialist within six weeks.
- Orthopaedic appointments were available within one day and paediatric appointments within one week. The service confirmed that if appointments were required for paediatric patients urgently, they would create additional appointments to respond to patient needs.
- There were no out of hours arrangements; staff told us that patients were directed to the NHS 111 and 999 services and information was available on the door of the clinic, although there was no information about this on the practice website or telephone system.

### Listening and learning from concerns and complaints

The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The practice had a complaints policy providing guidance to staff on how to handle a complaint. Complaints information was available on the website and in the reception area.
- One of the managers was responsible for dealing with complaints. Staff told us they would tell the manager about any formal or informal comments or concerns straight away.
- Verbal and written complaints were recorded onto a central log. The practice had recorded 32 concerns and complaints over the previous 12 months for the service as a whole. Approximately 10 complaints related to regulated medical and dental services.
- We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. For example, following a complaint about reception staff customer service and how a complaint was managed, we saw evidence that the managers met with staff to review the complaints procedure and provided training in handling complaints.

# Are services responsive to people's needs?

(for example, to feedback?)

- Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. However this did not include dental specific organisations that complaints could be

escalated too. For example, the General Dental Council (GDC) or Dental Complaints Service (DCS) were not mentioned. We spoke to the provider about this and they told us they would review the complaints policy.



# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability

Leaders had the skills and capacity to deliver the service and provide high quality care.

- The legally nominated individual was one of two directors of the service.
- Leadership was provided by the nominated individual, the CQC registered manager who was the general manager of the service and a second service manager.
- Clinical leadership for the doctors was provided by the medical clinical supervisor and responsible officer. Clinical leadership for dentists was provided by the dental clinical supervisor.
- The managers and leadership team provided effective leadership which prioritised high quality care. They worked cohesively to address the business challenges in relation to performance of the service and oversight of risks.
- The leaders and managers were visible and approachable. They worked closely with staff and they were supportive.

### Vision and strategy

The service had a clear vision to deliver high quality care and treatment, excellent customer care and an overall positive client experience.

- There was a mission statement and staff were aware of this.
- There was a business plan with clear aims for development of the service, which were also reported in the annual governance report.
- Leaders and managers had clear priorities to improve the electronic record system and increase the use of technology in monitoring health, implement clinical audits and patient feedback systems to improve quality of the service and expand services offered at the newly developed clinic.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.

- Staff told us there was an open, no blame culture at the practice. They said that the managers and leaders encouraged them to raise any issues and felt confident they could do this.
- They knew who to raise any issues with and told us the managers were approachable, would listen to their concerns and act appropriately.
- Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. This was demonstrated when responding to incidents and complaints.
- There was evidence that all staff worked as a team and dealt with issues professionally.
- Leaders and managers challenged behaviour and performance that were inconsistent with the vision and values and we saw evidence to support this.
- There were processes for providing staff with the development they needed. This included regular one to one meetings and appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary.

### Governance arrangements

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

- The registered manager had overall responsibility for the management and day to day running of the medical and dental services, supported by a second service manager. Staff knew the management arrangements and their roles and responsibilities.
- The clinical supervisor provided clinical leadership for the doctors working at the practice and a clinical governance policy was in place.
- The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.
- Governance of the organisation was monitored and addressed during fortnightly meetings with the general managers, director and clinical supervisor. A governance report was produced annually.



# Are services well-led?

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

- There were clear governance arrangements in place for meeting and communicating with all staff groups. Staff were aware of the governance arrangements and there was evidence that information about the service was shared effectively to ensure safe care was provided.
- Reception meetings occurred monthly between the reception staff and reception manager; the dental team, nursing staff and medical teams also had scheduled monthly meetings. The managers emailed detailed meeting minutes to staff and they were available on the staff room notice board.
- The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

## Managing risks, issues and performance

There were systems for managing risks, issues and performance, however some areas were identified for improvement.

- There were a number of systems to identify, understand, monitor and address health and safety risks and risks related to the premises and equipment, although some risks had not always been considered.
- The service had a business continuity plan in place.
- Significant incidents and complaints were well-managed; there were clear systems for identifying trends and acting on concerns and these were shared with staff.
- Systems for monitoring staff training were in place and were operating effectively.
- There was an audit plan in place to improve and address quality. The service carried out records audits and procedural audits. Quality was also monitored via complaints, concerns, significant incidents and patient feedback.
- Clinical audits including radiography were undertaken for dental services. Clinical audits were not undertaken for medical services, although some information about procedures had been gathered, there was no clear aims or learning from these to improve the quality of care.
- We found that in some medical records, consent was not consistently recorded for joint injections. Records audits were undertaken by the clinical supervisor which had also identified this concern. The provider was in the

process of implementing a new electronic record system, which ensured that consent templates were used for all medical and dental procedures. We saw a demonstration of this system on the inspection day.

## Appropriate and accurate information

The service had process in place to act on appropriate and accurate information.

- The service had systems in place which ensured clients' data remained confidential and secured at all times.
- Data protection and information governance training had been carried out annually for all staff.
- The practice used information from a range of sources including financial information, incidents, complaints and online reviews of the service to ensure and improve performance.
- The provider submitted data or notifications to external organisations as required.

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

The provider had systems to involve patients, the public, staff and external partners to improve the service delivered.

- The service encouraged feedback from clients. Staff told us they encouraged clients to leave online reviews and they actively encouraged complaints and comments online and in writing.
- The service reviewed online feedback. Recent data from two online platforms showed that the majority of comments were very positive, with the service scoring an average of 4.4 stars from 76 reviews.
- A comments box had been recently introduced in the reception area.
- The provider used an annual patient survey to obtain patients' views about the service in their other clinic location. This was due to be implemented in the Doctors and Dentists of South London in December 2018. As the service had been established for just over a year and medical and dental services had been introduced over the previous months, the service had not yet gathered feedback from patients through this method.

## Continuous improvement and innovation

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

# Are services well-led?

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

- The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of medical care, radiography and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.
- The leaders and managers showed a commitment to learning and improvement from incidents, concerns and complaints and valued the contributions made to the team by individual members of staff.
- Staff files showed us that dental staff completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.
- The medical director provided a supportive system for clinical supervision and as the Responsible Officer for the organisation, had a clear oversight of the revalidation process for the doctors to maintain registration with the General Medical Council.
- One of the directors of the service provided evidence of a project where they planned to introduce health monitoring online which used remote monitoring of patients' health information. The director had undertaken a detailed safety risk assessment of the use of this technology within the health care environment.