

Tooting Med Centre Ltd

# Tooting Medical Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 27 and 28 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 not 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 Tooting Medical Centre in the London Borough of Merton. 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 26 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:**

- 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 systems to help them manage risk although medical equipment was not always monitored effectively.

# Summary of findings

- There was a system for recording and acting on adverse events, incidents and safety alerts although it was not clear that these were shared with medical staff effectively.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had completed thorough staff recruitment checks in most cases.
- There was evidence of some quality improvement.
- The practice had an effective clinical supervision system for medical staff.
- Systems for monitoring safety training for medical staff were not always effective.
- 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 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 asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified regulations that were not being met and the provider **must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- Review the systems for monitoring and checking medical equipment.
- Review how chaperoning services are advertised to patients.
- Review the systems for recording vaccinations for clinical staff.
- Review the system for documenting identification checks that have been carried out.
- Review the processes for gaining consent to share information with patients' GPs.
- Review the provision of Mental Capacity Act training for clinical staff.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice's protocols for dental patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Review the systems that ensure medical assessments and treatments are carried out in line with relevant and current evidence based guidance and standards.

# 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 in most cases.
- The premises and equipment were clean and most 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 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 although it was not clear if these were shared with all staff effectively.

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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 and provided care and treatment as best they could in line with recognised guidance. Patients described the treatment they received as outstanding and painless.
- The practice did not have clear systems to enable sharing of best practice guidance with medical staff.
- We found evidence of quality improvement measures including records audits.
- The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.
- The doctors obtained consent to care and treatment in line with legislation and guidance.
- The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.
- There was evidence of a comprehensive induction programme and structured appraisals for staff.
- The practice supported staff to complete training relevant to their roles although not all medical staff had undertaken required training in infection control and the mental capacity act.

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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 26 patients including Care Quality Commission comment cards. Patients were positive about all aspects of the service the practice provided.
- Patients reported staff were kind, caring and supportive. They said that they were given helpful, honest explanations about dental and medical treatment, and said their dentists and doctors 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 not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- 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 some arrangements to ensure the smooth running of the service. These included systems for the dental practice team to discuss the quality and safety of the care and treatment provided.
  - However, there were no clear arrangements in place for cascading information to medical staff, monitoring medical equipment and ensuring mandatory training was undertaken by medical staff.
  - The practice monitored 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 used to improve quality.
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# Tooting Medical Centre

## 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, termination of pregnancies and treatment of disease, disorder or injury. Regulated activities are provided at two clinic locations in South London; we inspected the location Tooting Medical Centre.

The organisation is run by the nominated individual for the provider. There are two registered managers, who are the general managers of the service. 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 three floors in leased premises in Tooting. The premises consists of a patient waiting room and reception area, three dental surgeries and a phlebotomy/consultation room on the ground floor, a decontamination room and two treatment rooms in the basement, a staff room, office and three medical consultation rooms which are located over the first and second floors.

The clinic is open between 9am and 9pm seven days a week. 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 general medical, gynaecological and emergency dental services. The service also provides termination of pregnancies and psychiatric services which were not inspected or reported on at this inspection.

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.

Practice staff providing dental services consists of nine dentists, one dental nurse and three trainee dental nurses. Medical services are provided by 25 part time doctors, 17 of which are specialists across a range of medical fields including obstetrics and gynaecology, general medicine, cardiology and general psychiatry. Nine doctors reside in Poland and regularly travel to England to provide services for the provider. The medical team also consists of a nurse and a phlebotomist. Other health care staff include a psychologist, colonic therapist, speech therapist and body analysis specialist. Administrative support for the medical and dental teams is provided by five reception staff members and two service managers.

#### How we inspected the service:

Our inspection team on 27 March 2018 was led by a CQC Lead Inspector and included a GP Specialist Advisor. The inspection team on 28 March 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. The service has received 11 previous inspections since 2013 in response to concerns and to follow up on previous breaches of regulations. Since the last inspection in November 2016, some areas of concern were identified from queries raised with us.

During our visit we:

- Spoke with two doctors.

# Detailed findings

- Spoke with the nurse and the phlebotomist.
- Spoke with two dentists.
- Spoke with the qualified dental nurse
- Spoke with the reception manager
- Spoke with the two registered managers 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 26 clients 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

### 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.
- 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. Although the chaperone service was listed on the patient registration forms, there were no visible signs in the clinic to advertise that this service was available for patients.
- The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 17 staff recruitment records. This showed the practice followed their recruitment procedure. However there was no evidence of references for one of the reception staff.
- 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) had professional indemnity cover.
- Disclosure and Barring Service (DBS) checks were undertaken where required, although the DBS check for one of the doctors and the nurse were not at the appropriate level for their roles. Evidence was provided after the inspection that enhanced checks had been applied for, for both staff members. (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 and risk assessments were up to date and reviewed to help manage potential risk, including health and safety, legionella and control of substances hazardous to health (COSHH) and there was evidence that any concerns were identified and addressed. These covered general workplace and specific dental topics. 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 safety information for the practice as part of their induction and refresher training.
- We saw servicing documentation for the dental equipment used. Staff carried out checks in line with the manufacturers' recommendations. There was evidence that a range of electrical equipment had been tested for safety, and most portable medical and dental equipment had been tested and calibrated appropriately. However we found that some equipment used by the doctors had not been checked, including the pulse oximeter and nebuliser and the scales had not been calibrated. We were told that the clinic replaced blood pressure monitors annually so these did not require calibration.
- 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. Dental staff completed infection prevention and control training every year; however we found that four doctors, the nurse and a reception staff member had not undertaken annual infection control update training.



# Are services safe?

- The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing 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. However the ultra-sonic bath had not been validated; appropriate testing had also not been carried out. The equipment was immediately taken out of use and we were assured it wouldn't be used until the appropriate checks had been done.
- 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 practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.
- We saw cleaning schedules for the premises. The practice was clean 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.
- 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 in place and a risk assessment had been completed. Staff confirmed there were always two staff members working at reception.
- There were a number of actions in place for 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. Medical staff had an awareness of the signs of sepsis.
- 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.
- On the inspection day we found that the practice did not have all emergency medicines and equipment in place to manage medical and dental emergencies; including a paediatric pulse oximeter, a paediatric oxygen mask and two emergency medicines. The practice ordered these immediately following the inspection. Staff kept records of their checks to make sure these 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 although this required emergency contact numbers for staff and relevant utility services.

## 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 did not employ locum or temporary staff; cover was arranged using existing staff members.

## Information to deliver safe care and treatment

Staff had all the information they needed to deliver safe care and treatment to clients, although the recording systems required a review.

- 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, reception staff used a different system to clinicians which limited the ability of reception staff to



# Are services safe?

record relevant information for clinicians. The clinic told us they were updating their computer records system within the next two weeks so that the systems would enable improved accessibility to information for all staff.

- There was no documented procedure for verifying a clients' identity, however this was implemented after the inspection. Reception staff told us they checked identity at registration and this was recorded on the patient registration form via a tick box. They had also commenced identity checks for each patient at each appointment, however due to the limitations of the system used by the reception staff, this was not able to be recorded.
- The clinic treated children and staff told us they verified the identity of adults accompanying child patients, but this was not recorded.
- We found examples where medical staff had communicated with patients' GPs to ensure safe treatment was provided which was in line with the Prescribing Protocol for the service. We were shown the service's information sharing policy after the inspection which also supported these arrangements. However, there was no procedure in place to determine the actions the service would take where patients do not consent for information to be shared with their GP.
- Management of correspondence into and out of the service including blood test 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, dispensing and storing of medicines. Medicines stocked in the refrigerator were used for additional aesthetic services offered by the clinic and were not inspected. Appropriate checks were undertaken for medical gases, emergency medicines and emergency equipment to minimise risks.
- On the inspection day we found that the practice did not have all emergency medicines and equipment in place to manage medical and dental emergencies. The practice ordered these immediately following the inspection.
- The service kept prescription stationery securely and monitored its use. Scanned 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. Doctors were aware of antibiotic prescribing guidance.
- We found no patients that were on high risk medicines that required close monitoring. The doctor providing general medical services did not issue repeat prescriptions without a doctor's consultation.
- 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 12 incidents recorded for the service as a whole in the last 14 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 internal training and undertook a sharps audit, the most recent being in March 2018 which identified that sharps were being managed appropriately.

## Are services safe?

- We found that not all medical staff were aware of incidents that had occurred and learning that had been shared; two members of staff we spoke to could not recall any incidents and did not attend meetings where these were discussed.
- 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 system for receiving and acting on safety alerts. The registered managers received alerts, and where relevant these were acted on, however the system was not clearly understood by medical staff who could not recall any safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service provided consultations and treatment across a wide range of medical specialties including general medical services. We spoke with a doctor providing general medical services and reviewed eight 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. For example, the general medical doctor had to manage patient expectations around the prescribing of antibiotics for acute illness. Due to the wide range of medical specialties across 25 doctors employed, following clinical guidance was clinician dependent as there was no system in place to enable sharing of current guidance with medical staff.

The doctors advised clients what to do if their condition got worse and where to seek further help and support. The service reported that approximately 40% of Polish patients seen did not have a registered GP. There were examples seen where patients were advised to register with NHS GPs and onward referrals were made to GPs and hospital consultants.

All of the eight records reviewed were clear, accurate and contained adequate information regarding assessments and treatments. We were told that patients presenting to the general medical doctor were frequently seeking treatment for acute illnesses, however where some long-term conditions were seen such as patients with diabetes, a holistic approach was employed. Evidence of care plans were seen to support patients with long-term conditions. These patients were monitored via a telephone call every three months and a face to face review every six months. We saw no evidence of discrimination when making care and treatment decisions.

### 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 structured programme of quality improvement activity to monitor the medical services provided, however this did not include clinical audit. We saw that the patient record system was not able to be used effectively to gather data for clinical audits. The provider reported they were moving to an improved electronic record system shortly after the inspection.

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, audits of the timeliness and quality of referrals, blood test results audits and telephone and waiting time audits. The clinical notes audit involved a review of decision making by individual doctors and feedback was provided to improve the service delivered. The service also continuously monitored quality of care and treatment through a comprehensive review of incidents and complaints.

### Effective staffing

Evidence reviewed showed that most 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 safeguarding adults and children, infection control, health and safety, fire safety and data protection.
- We found that four doctors, the nurse and a reception staff member had not undertaken annual infection control update training and all from checking the records of five doctors, only one had attended face to face basic life support training as most staff completed this online.
- The doctors had not undertaken training in the Mental Capacity Act.
- Staff completed training for equality and diversity, customer care and communication.

# Are services effective?

## (for example, treatment is effective)

- We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.
- The clinical supervision of 16 doctors was overseen by the medical director and responsible officer for the 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).

### **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 and the GP contact details were not taken on registration, but were recorded as required. The provider reported that approximately 40% of patients seen for general medical services did not have a registered GP. The doctor reported they educated patients on the national health system and encouraged patients to register with a GP. We saw examples where the service communicated with GPs if they identified red flags or abnormal results, safeguarding concerns and if onward referrals were required.
- The clinic had a third party arrangement with a laboratory to process blood tests and systems for dealing with results were effective.
- A number of incidents had occurred where doctors had called 999 to ensure patients received emergency treatment, which were recorded as significant events.

### **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. Staff told us that as most of the patients accessing the service were doing it for emergency needs, it wasn't always possible for health promotion advice to be routinely given to patients.

The service gave lifestyle advice where this was relevant, particularly to patients with diabetes. The general medical services offered included 'prevention packages' which involved breast and prostate cancer screening and blood testing. Doctors promoted and carried out cervical screening if indicated.

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

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

- The team understood the importance of obtaining and recording patients' consent to treatment, 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. Some dental practitioners had undertaken training in the Mental Capacity Act.
- The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.
- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- Written consent was obtained for a wide range of medical interventions and we saw this was in line with General Medical Council (GMC) guidance.
- Pricing was clearly communicated to patients in English and Polish.
- Records audits were undertaken which monitored the process for seeking consent.

# Are services caring?

## Our findings

### 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.
- Patients commented positively that staff were respectful, caring and kind.
- 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 layout of reception and waiting areas 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 observed treatment rooms to be spacious, clean and private.
- We received feedback from 26 clients including Care Quality Commission comment cards. All comments were highly positive about the service experienced. Clients described the service as professional, accommodating and thorough. They felt they were treated with respect and listened to.
- The service reviewed online feedback. The majority of comments were very positive, with the service scoring 3.7 and 4.3 stars out of 5 respectively.

### 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, did not rush them and discussed options for treatment.
- The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and orthodontic treatment.
- The service had procedures in place to ensure clients could be involved in decision about their care and treatment:
  - Where clients did not have English or Polish as a first language they 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.
  - 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.
- Staff could offer clients a private room to discuss their needs in the reception area.
- 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 Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 disabilities. These included step free access and an accessible toilet.
- The majority of patients accessing the service were of Polish origin; and all staff spoke Polish. Staff at the practice also spoke other languages including English. Where patients had language barriers, they were advised ahead of their appointment to bring someone to act as an interpreter.
- 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 from 9am-9pm seven days a week.
- Patients had a choice of booking with a male or female doctor.

### Timely access to the service

Patients described high levels of satisfaction 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.
- We confirmed the practice kept waiting times and cancellations to a minimum.
- The practice was committed to seeing patients experiencing dental pain on the same day and kept a number of appointments free for same day appointments.
- Staff told us that patients who requested an urgent medical appointment were seen the same day. If they required an appointment with a specialist, this was booked in advance.

- Doctors and dentists were available Monday to Sunday. Opening hours were 9am-9pm seven days a week.
- There were no out of hours arrangements; staff told us that patients were directed to the NHS 111 and 999 services although there was no information about this on the practice website or telephone system.
- Feedback from patients including CQC comment cards showed that appointments generally ran on time with delays minimised.
- The practice had carried out waiting time audit in June 2017 which showed that 85% of patients waited no longer than 15 minutes. Following this the service made longer appointments available with doctors if required.

### 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.
- One of the registered 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 so patients received a quick response.
- Verbal and written complaints were recorded onto a central log. The practice had recorded 57 concerns and complaints over the previous 12 months.
- 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, the managers emphasised the importance of customer care. The provider reported they had extended their opening hours over weekends as a result of complaints and concerns.
- Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.



# 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

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 and two CQC registered managers who were the general managers of the service.
- Clinical leadership for the doctors was provided by the medical director.
- The managers and leaders 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 no business plan or strategy, however aims and objectives were written in the annual governance report and following the annual review of significant events and complaints.
- Leaders and managers had clear priorities to improve the electronic record system and increase the use of technology in monitoring health.

### 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 registered managers 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 registered 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 inconsistent with the vision and values.
- There were processes for providing staff with the development they needed. This included one to one meetings and appraisals. There was evidence that non-clinical staff were provided with monetary incentives as part of the appraisal process.
- 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, although some areas were identified for improvement.

- The registered managers had overall responsibility for the management and day to day running of the medical and dental services. Staff knew the management arrangements and their roles and responsibilities.
- The medical director 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 medical director. A governance report was produced annually.
- Reception meetings occurred regularly between the reception staff and reception manager and the dental team met monthly.
- Governance arrangements were in place for communicating changes and service developments with a number of doctors via email, however we found



# Are services well-led?

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on the inspection day that some clinical staff, specifically the nurse, phlebotomist and a doctor, were not familiar with significant events that had occurred or relevant safety and medicines alerts.

- The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.
- The provider had custody of patient records from another independent provider of medical and dental services that had become insolvent. We saw that appropriate arrangements were in place to govern this process.

## Managing risks, issues and performance

There was evidence of processes for managing risks, issues and performance, although some areas were identified for improvement.

- There were systems to identify, understand, monitor and address health and safety risks and risks related to the premises.
- The service had a business continuity plan in place.
- The service had systems to ensure most equipment was maintained appropriately; although there was evidence that the scales and pulse oximeter had not been calibrated. Some emergency medical equipment was not in place, although this was ordered immediately after the inspection.
- Significant incidents and complaints were well-managed; there were clear systems for identifying trends and acting on concerns although they were not always shared with relevant medical staff.
- Systems for monitoring training were in place but some staff had not completed all mandatory training required, for example, infection control training had not been undertaken annually as detailed in the practice's training policy.
- There was an audit plan in place to improve and address quality. The service carried out comprehensive records audits and procedural audits. Quality was monitored via complaints, concerns, significant incidents and patient feedback. Clinical audits including radiography were undertaken for dental services. The provider told us that the current electronic record system was not able to be used to provide effective clinical audits for medical services.

## 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 training had been carried out annually for most staff.
- The practice used information from a range of sources including financial information, incidents, complaints, patient surveys 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 but also they actively encouraged complaints and comments online and in writing.
- The practice used an annual patient survey to obtain patients' views about the service. The last survey of 100 patients was undertaken between October and December 2017 and this showed 95% of patients would recommend the practice. The results also showed patients found it easy to schedule an appointment; however 62% of patients reported that appointments ran on time. As a result of this, the practice amended the appointment schedule to increase appointment times for more complex consultations.

## Continuous improvement and innovation

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

- The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of medical and dental care records, radiography and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.
- The registered managers showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

# Are services well-led?

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- 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.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The service did not have clear systems for cascading information to medical staff including learning from incidents and safety alerts.</li><li>• The service did not have a clear system to ensure oversight of safety training for medical staff including infection control training and basic life support training.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>