

# Tooting South Medical Centre

## Inspection report


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

### Ratings

#### Overall rating for this location

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Tooting South Medical Centre on 5 December 2019. We inspected the practice on 5 April 2016 and rated the practice as good overall, but as requires improvement for providing Caring services. The practice was rated as good for Caring following an announced desk-based follow up inspection on 2 November 2017.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection looked at the following key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as requires improvement overall.**

- We have rated Safe as requires improvement because systems and processes to keep people safe had not been effectively implemented, including acting and monitoring on risk assessments.
- We have rated Effective as Good because patients received effective care and treatment that met their needs.
- We have rated Caring as requires improvement because the practice was statistically significantly below average for patient satisfaction with interactions with healthcare professionals. The practice had not taken effective steps to investigate the cause of the low satisfaction or to monitor whether the changes made to date had improved patients' views of their care.

- We have rated Responsive as requires improvement because the practice had received negative feedback from patients about access and having their needs met. The practice had taken action but had not put in place monitoring to ensure that these had resolved all of the issues.
- We have rated Well-led as requires improvement because the practice had not put in place systems to ensure that systems and processes were operating as intended and had not established monitoring to ensure that actions taken had resulted in improvement or mitigated the intended risk.

**We have rated all of the population groups as requires improvement for Responsive, because the issues affect all patients. A rating of requires improvement for this key question means that the population groups are all rated as requires improvement.**

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Continue to take action to improve uptake of childhood immunisations and cervical screening.
- Improve the identification of carers to enable this group of patients to access the care and support they need.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor who was shadowing the team and a second CQC inspector.

## Background to Tooting South Medical Centre

Tooting South Medical Centre is based in the London Borough of Wandsworth. The practice has a list size of approximately 10,500. The practice is in a purpose built premises which the practice moved to in 2007 having previously been based in a different building. The address of the practice is 22 Otterburn Street, Tooting, London, SW17 9HQ.

The practice is in an area with a mixed demographic. It is in the sixth most deprived decile of practices in the UK. The practice population includes 25.6% patients who are either from Asia or Asian background, 16.4% black and 5.4% mixed race. Approximately 50% of the patients at the practice are white English or white other. The practice has a large number of patients who either do not speak English or for whom it is not their first language. The practice has a higher than average population of patients between the ages of 20 and 39, and the number of patients aged between zero and four is significantly higher than the national average. By contrast, the number of patients aged over 60 is less than half of the national average.

The practice is run by five partners, four of whom are doctors at the practice, with the practice manager being the managing partner. Two of the clinical partners are female and two male. Further to the partner GPs, there is one salaried GP and one sessional locum GP. There are also two practice nurses, two health care assistants, the practice manager (who is a managing partner), a deputy practice manager, and a team of administrators and reception staff.

The practice is open between 8:00am and 8pm Monday to Friday, and between 9am and 1pm on Saturday. Appointments with a GP, nurse or healthcare assistant are available outside of normal working hours. Scheduled appointments are available throughout the day, and a duty doctor is on call daily to manage emergencies and home visits.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures, and diagnostic and screening procedures.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### How the regulation was not being met...

- The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular by ensuring actions taken had successfully mitigated the risks.
- There was not proper and safe management of medicines. In particular arrangements to ensure proper authorisation for medicines given.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

##### How the regulation was not being met...

- 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 improve the quality and safety of the services being provided. In particular: In particular: there were weaknesses in monitoring to assess if actions taken had resulted in improvement. The practice had failed to act effectively to improve how long patients waited after their appointment time.
- 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.
- The registered person had systems or processes in place that operating ineffectively in that they failed to

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## Requirement notices

enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- The practice had failed to ensure that staff DBS checks had been carried out or that risk assessments were documented when they were not.
- Staff immunity records were incomplete.
- Clinical staff registration was checked upon recruitment but was not regularly monitored.
- There was additional evidence of poor governance. In particular: some policies were incomplete or showed no evidence of review.