

Tooting Med Centre Ltd

# Tooting Medical Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection at Tooting Medical Centre on 27 and 28 March 2018. We found that this service was not providing well-led care in accordance with the relevant regulations. The full comprehensive report for the comprehensive inspection can be found by selecting the 'all reports' link for Tooting Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 26 July 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 27 and 28 March 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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.

#### Our findings were:

#### Are services well-led?

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

#### Our key findings were:

- There was evidence that incidents and safety alerts were shared with all staff effectively.
- The service had introduced a clear system to ensure training for staff was monitored.
- Mental Capacity Act training had been undertaken by clinical staff and managers of the service.
- There were systems for monitoring and checking that medical equipment was adequately maintained.
- Chaperoning services were clearly advertised to patients in the reception area and in consulting rooms in both Polish and English.
- The service had reviewed and strengthened systems for recording routine vaccinations for clinical staff.
- The service had implemented policies and procedures for verifying a patient's identity at each consultation, although checks could not always be recorded on the electronic system used by reception staff.
- There was a policy outlining considerations for sharing information with patients' GPs.
- There was evidence of some quality improvement measures that had been initiated since the last inspection to monitor whether medical assessments and treatments are carried out in line with evidence based guidance and standards.

# Summary of findings

- The service had implemented written dental patient assessment templates to ensure dental care records considered relevant nationally recognised evidence-based guidance.

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

- Monitor the updated dental care record systems to ensure they are in line with guidance and standards.
- Continue to develop quality improvement systems that monitor whether medical assessments and treatments are carried out in line with relevant and current evidence based guidance and standards.

## 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 consist 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 employed health care staff, that are exempt from CQC registration, 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.

## Why we inspected 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 inspection in November 2016, some areas of concern were identified from queries raised with us.

We undertook a comprehensive inspection of Tooting Medical Centre on 27 and 28 March 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that this service was not providing well-led care in accordance with the relevant regulations. The full comprehensive report for the comprehensive inspection can be found by selecting the 'all reports' link for Tooting Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

We undertook this follow up focused inspection of Tooting Medical Centre on 26 July 2018. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

## **How we inspected the service:**

Our inspection team on 26 July 2018 was led by a CQC Lead Inspector.

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

As part of the inspection we:

- Spoke with the phlebotomist.

- Spoke with the two registered managers of the service.
- Spoke with the nurse ahead of the inspection.
- Spoke with a doctor on the telephone after the inspection.
- Looked at the systems in place for the running of the service.
- Viewed changes in key policies and procedures.

On this focussed inspection we asked the following question about the service:

- Is it well-led?

This question therefore formed the framework for the areas we looked at during the inspection.

# Summary of findings

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

We asked the following question(s).

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

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

- The service had produced a clear action plan that included all areas for improvement from the comprehensive inspection.
- The practice had clear arrangements to ensure the smooth running of the service. These included improved systems for monitoring mandatory training, maintenance of medical equipment and sharing safety information with clinical staff.
- Systems to verify patient's identity and share information with GPs had been reviewed.
- There was evidence that some quality improvement measures had been initiated to monitor whether medical assessments and treatments are carried out in line with evidence based guidance and standards.

**No action**





# Are services well-led?

## Our findings

We found that this service was providing well-led services 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 service had produced a clear action plan that included all areas for improvement from the comprehensive inspection, with evidence that all areas had either been addressed or had actions in progress.

### Governance arrangements

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

- The registered managers had overall responsibility for the management and day to day running of the medical and dental services.
- At the previous inspection we found that some policies were not in place including those for verifying a patients' identity and consenting to share information with GPs. At this inspection we saw that the service had implemented a formal policy and system for checking patient identification at each visit, including checking identification for adults accompanying child patients. Staff we spoke with confirmed that the system was in place. Identity checks were documented at registration but the current record system did not allow for reception staff to record that identification had been checked for follow up visits. We were shown the provider's new patient record system that was being prepared for use but was not yet active, and staff demonstrated that this would allow better recording of information for all staff.
- We saw that the service had updated their Records and Information Management Policy to include the requirement for obtaining GP details for patients and the considerations for clinicians to take into account if consent to share information is not provided. We saw a notice in the reception area in Polish and English advising patients of the importance of sharing GP details and medical information.
- At the previous inspection we found that there were clear communication systems between management and with reception and dental staff, however there were

no clear governance arrangements in place for meeting and communicating with medical staff including the nurse and the phlebotomist. Not all medical staff we spoke to were familiar with significant events that had occurred or how safety alerts were managed. At this inspection we found that the service had introduced a new standard operating procedure for cascading safety information. This included monthly meetings with medical staff, dental staff, the nurse and phlebotomist. All clinical staff were invited to attend. Minutes of meetings were emailed to all staff after the meeting and minutes were kept on staff notice boards. Safety alerts and incidents were standing agenda items for the monthly meetings. Additionally, the service had reviewed and amended their system for managing safety alerts to ensure that alerts were emailed and reviewed by clinical staff and a record of action taken was kept. Clinical staff we spoke to felt that communication systems were good and had improved and staff were able to recall alerts and incidents that had been shared.

### Managing risks, issues and performance

There was evidence of processes for managing risks, issues and performance.

- At the previous inspection we found that the service did not have clear systems to ensure effective oversight of risks relating to medical equipment; we identified that checks and calibration of some medical equipment had not been completed. At this inspection we saw that the provider had put actions in place to monitor maintenance of equipment and there was evidence that calibration of medical equipment had been booked.
- At the previous inspection we found that although systems for monitoring training were in place, some staff had not completed all mandatory training required as detailed in the practice's training policy. At this inspection we viewed the service's updated log used to monitor training. There was evidence from six staff records we checked that staff had undertaken all required mandatory training for their roles, including information governance and infection control training. The managers also told us that Mental Capacity Act training was mandatory for clinical staff and managers and had been added to the training policy. Managers reported that they had better oversight of staff training since the new system had been adopted.



## Are services well-led?

- At the last inspection we found that there was an audit plan in place to improve and address quality and there were a number of quality improvement measures in place, but this did not include clinical audits for medical services. At this inspection there was evidence of some quality improvement measures that had been initiated to monitor whether medical assessments and treatments are carried out in line with evidence based

guidance and standards. As part of the clinical governance policy, the service had implemented a requirement for each doctor to undertake one clinical audit per year. The named appraiser was the nominated lead for monitoring this system. There was evidence that some audits had commenced, but this system was in its infancy.