

Tooting Med Centre Ltd

Tooting Medical Centre

Inspection Report

Tooting Medical Centre
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Overall summary

We carried out an unannounced follow up inspection at Tooting Medical Centre on 07 November 2016.

We had undertaken an announced comprehensive inspection of this service on 14 December 2015 as part of our regulatory functions where a breach of legal requirements was found. This report only covers our findings in relation to those requirements and we reviewed the practice against one of the five questions we ask about services: is the service safe and well-led?

Following a previous inspection on 14 December 2015 where we found shortfalls in the governance arrangements for the practice. On 07 November, we inspected the practice to ask the following key question; are services well-led?

We revisited Tooting Medical Centre as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

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

However, there were areas where the provider could make improvements and should:

- Provide an annual statement in relation to infection prevention control required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review the appraisal process for staff so that a more formal system is introduced so that the training, learning and development needs of individual staff members are effectively assessed.
- Review the practice's audit protocols of various aspects of the service, such as infection control and dental care records at regular intervals to help improve the quality of service. Practice should also check that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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?

<Findings here>

No action



Are services effective?

<Findings here>

No action



Are services caring?

<Findings here>

No action



Are services responsive to people's needs?

<Findings here>

No action



Are services well-led?

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

Since our previous inspection in December 2015 the practice had introduced systems and processes that had improved the governance of the practice. This included improved monitoring of the systems underpinning infection prevention control and clinical audit. We saw that the practice had met all the requirements as set out in the previous report. This included meeting national guidelines in relation to infection control. The practice had improved the quality of their audit process which was reflected in the improvements around infection control and the monitoring of the quality of dental X-rays.

Requirements notice



Tooting Medical Centre

Detailed findings

Background to this inspection

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 7 November 2016 and was led by a CQC inspector and supported by a dental specialist adviser.

During the inspection, we spoke with one of the owners of the practice, one of the providers practice managers, the practice staff introduction officer and the lead nurse for infection control and reviewed policies, procedures and other documents.

To get to the heart of patients' experiences of care and treatment, we always asked the following question:

- Is it well-led?

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

Are services well-led?

Our findings

At our previous inspection in December 2015 we found that there were shortfalls in the governance arrangements that underpinned the quality of dental care. There was no programme of audit in place. There were dedicated leads for various aspects of the service but there were deficiencies in regards to these responsibilities. For example in regards to the lead for infection control we were not assured that they had fully understood the protocols they were required to follow as per guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)', there was also a lack of understanding of safer sharps protocols. During the follow up inspection we found that governance arrangements had now been put in place for the effective management of the service. We noted that the practice had taken steps to address the issues outlined at the previous inspection. This included an updated infection control policy with a section which described a risk assessment with respect to safer sharps usage.

We found that quality audits were now undertaken. This included infection control and radiography audits. For example we saw that a radiography audit had been undertaken in September 2016 and found that 80% of justifications had been found to be of good quality. Staff told us that results of audits were discussed at team meetings and we saw notes that evidenced this.

Improvements could be made in regards to the range of audits undertaken such as for example an audit of record keeping. Infection control audits were scheduled to take place yearly, where guidance recommends they are carried out six monthly. The provider told us they had a template for a record keeping audit and would be undertaken one in the near future. They also told us they would carry out infection control audits more frequently.

Learning and improvement

At our previous inspection in December 2015 we found there were shortfalls in the clinical governance systems and processes underpinning that clinical care. This included staff who were unsure of certain parts of the decontamination process and no system in place to improve their knowledge of systems. There was also a lack of an effective appraisal system to support staff to do their job.

Staff told us regular meetings took place that gave them the opportunity to discuss issues they had with the service. There was a clinical governance system in place that staff were aware of. However, while we saw staff had meetings to set objectives there were no documented appraisals that detailed staff progress, development or training requirements. The provider told us they would review the arrangements for setting objectives and appraising staff.