

Robin Hood Surgery

Inspection report

94 Croydon Road
Anerley
London
SE20 7AB
Tel: 02087788657

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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?		Good	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Good	

Overall summary

We carried out an announced comprehensive at Robin Hood Surgery between 20-24 November 2023. Overall, the practice is rated as requires improvement.

Safe – good

Effective – requires improvement

Caring - good

Responsive - requires improvement

Well-led - good

Following our previous inspection on 3 October 2016 the practice was rated good overall and for all key questions. The full report for previous inspections can be found by selecting the ‘all reports’ link for Robin Hood Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

This was a comprehensive inspection to review the following domains:

- Safe
- Effective
- Caring
- Responsive
- Well Led

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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

Overall summary

- 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 found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Clinical searches identified medication reviews were undertaken appropriately.
- Patients were not always having the required monitoring.
- Staff were not always completing role specific training.
- Staff were positive about working at the practice.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We found a breach of regulations. The provider must:

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

The provider should:

- Continue to take action to implement having an active PPG.
- Take steps to review existing procedure for undertaking fire drills.
- Take action to improve the identification of carers and support offered to them.
- Review and analyse patient access to appointments.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Robin Hood Surgery

Robin Hood Surgery is located in Bromley at:

94 Croydon Road

Anerley

London

SE20 7AB

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury surgical procedures and family planning.

The practice is situated within the Bromley Integrated Care System (ICS) and delivers (Personal Medical Services (PMS) to a patient population of about 4000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called the Penge PCN.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 65% White; 6% Asian; 21% Black, 7% Mixed, and 2% Other.

The practice team at the surgery is made up of 1 male lead GP and 3 long term locum GPs, 2 male and 1 female. There are 2 female nurses. There are 9 administrative/reception and clerical staff, including 1 practice manager and an assistant practice manager.

The practice is open from 8am to 6.30pm Monday to Friday and is closed on bank holidays and weekends. Appointments with the GPs are available from 9am to 11.40am and 4.30pm to 6pm Monday to Friday. Extended hours are available from 6.30pm to 8pm on Thursdays.

The practice operates over 2 floors of a converted house. There is a reception area, a consulting room, a treatment room and a toilet with baby changing facilities on the ground floor. There are 2 consulting rooms on the first floor. There is on-street restricted car parking and 1 parking space available at the practice for patients. The practice's entrance and toilet are wheelchair accessible, there is no lift to the first floor.

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 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 Family planning services Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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 improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• The practice was below national average for childhood immunisations and cervical screening uptake.• Patients were not always having the required monitoring.• Some staff members had not completed role specific training. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>