

# The Robins Surgery

## Inspection report

Harold Hill Health Centre  
Gooshays Drive, Harold Hill  
Romford  
Essex  
RM3 9SU  
Tel: 01708 796960  
www.therobinssurgery.co.uk

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection May 2017 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Robins Surgery on 2 May 2018, to follow up on breaches of regulations identified at our inspection in May 2017. At our previous inspection in May 2017, we rated the practice requires improvement for providing safe, effective, caring and well-led services, and good for responsive services. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for The Robins Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found:

The practice had addressed all concerns that were identified at our previous inspections.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- Staff had received the necessary training to carry out their work effectively.
- The management and staff had engaged with patients and responded positively to their feedback.
- The new computer software enabled the practice staff to review the effectiveness and appropriateness of the care it provided.
- Staff delivered patient care and treatment according to evidence-based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were able to access care when they needed it.
- There was a focus on improvement at all levels of the organisation.

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

- Review patients on high-risk medicines to ensure shared care agreements are put into place.
- Review the recruitment, serious events, and business continuity policies to ensure they include the necessary information.
- Review the needs of carers to identify how staff could provide further support.
- Review the prioritising of appointments and implement a standard operating procedure to reflect this.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

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

## Background to The Robins Surgery

The Robins Surgery is located in the area of Romford in Essex. The practice is commissioned by Havering Clinical Commissioning Group (CCG) to provide general medical services to approximately 4,560.

There are three GP partners (two male and one female). The GPs are supported by two female practice nurses, one healthcare assistant, and a team of receptionists/administrative staff, and a practice manager.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged between 0 and 18 years of age when compared to the national average. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. (level one represents the highest levels of deprivation and level 10 the lowest.)

The practice is open Monday, Tuesday, Thursday, Friday between 8am and 7pm and Wednesday 8am to 1pm. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website.

The doctors carried out 17 sessions a week, which enabled two doctors to be available during the morning and afternoon surgeries. In addition, the nurses carried out 18 sessions a week.

The practice runs a number of services for its patients including; chronic disease management, new patient checks and travel vaccines and advice. The provider informed us the practice no longer carries out minor surgery procedures.

Services are provided from one location.

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Gooshays Drive, Harold Hill

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The practice website is [www.therobinssurgery.co.uk](http://www.therobinssurgery.co.uk).

# Are services safe?

## We rated the practice as good for providing safe services.

At our previous inspection on 8 May 2017, we rated the practice requires improvement for providing safe services due to the unsatisfactory management of significant events and training.

At this inspection, we found that the practice had made improvements.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice GPs and the nurse and health care assistants had medical indemnity in place.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- There was an effective induction system for temporary staff tailored to their role.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- The receptionists had a good understanding of when they should prioritise patients with urgent needs for appointments. However, the practice did not have a written standard operating procedure to reflect this.

### Appropriate and safe use of medicines

The practice had mostly reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice had patient group directives and some patient specific directions in place to enable the nurses to administer medicines to patients safely. With the exception of two patient specific directions, which staff put into place on the day of the inspection. (Patient specific directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with

## Are services safe?

current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. However, the practice did not have shared care agreements in place with the hospital to agree whose responsibility it was to make changes to the patient's medicines.
- The practice was involved with the CCG pharmacy lead who had supported the practice on various prescribing changes. For example to reduce the prescribing of items available over the counter, broad spectrum antibiotics and hypnotics.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

## We rated the practice as good for providing effective services overall and across all population group.

At our previous inspection on 8 May 2017, we rated the practice requires improvement for providing effective services. This was because the arrangements for gaining patient consent for minor surgery was inconsistent, the practice had not met the national targets for child immunisation and staff had not undertaken their essential training.

At this inspection, we found that the practice had made improvements.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff assessed patients' immediate and ongoing needs. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had commenced using a computer software programme that enabled staff to monitor patient outcomes.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used identified patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. The staff ensured that they updated patient care plans and prescriptions to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Clinical staff completed annual reviews to check that patients with long-term conditions health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Prompted by a low QOF result for diabetes the GPs had implemented a diabetes action plan based upon NICE guidance, to audit and review staff practice annually.
- Staff had carried out a medication review on 95% of patients on four medicines or more.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 73%, which was in line with the CCG average of 74% and the national average of 71%. The practice nurses carried out quarterly audits to check the cervical smear uptake and results.
- The practices' uptake for breast and bowel cancer screening was in line the national average.

## Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability

### People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable above the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- The practice offered annual health checks to patients with a learning disability. 94% of patients had received an annual review in 2017 to 2018.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice manager audited patients records four times a year to ensure vulnerable patients were identified. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked with the clinical commissioning group pharmacist in medicines optimisation projects.

- The most recent published Quality Outcome Framework (QOF) results were 91% of the total number of points available, compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was 6.3% which was comparable to the CCG and national average of 5.7% (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice used information about care and treatment to make improvements. For example, the diabetes action plan.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.



## Are services effective?

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long-term conditions and when coordinating healthcare for care home residents. Staff reported the location of the practice alongside community health services enabled prompt information sharing and liaison with community services, social services and health visitors and community services for children.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns. The practice had offered smoking cessation advice to 603 patients.

### Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The GPs supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**



## Are services caring?

### **We rated the practice as good for caring.**

At our previous inspection on 8 May 2017, we rated the practice requires improvement for providing caring services. This was because the practice had not responded to the patient feedback from the GP survey.

At this inspection, we found that the practice had made improvements.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social, and religious needs.
- The practice gave patients timely support and information.

### **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids.
- Where the survey was significantly worse than the CCG and national average, in response the practice had implemented an action plan to improve the service.
- The practice had identified carers in the service and had supported them. However, we found further resources should be developed to benefit carers.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as good for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice were located in the same building as the integrated care team, and staff the reported this helped with the prompt co-ordination of care.

Older people:

- The practice supported a care home for older people and a home people with a learning disability.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- To support patients who required mobility assistance the practice had purchased electronic examination beds for the consultation rooms.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient complained that they had not been offered antibiotics for an illness, the provider responded to the patient, and the practice ensured patients were fully informed of the reasons why they were not prescribed antibiotics.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

## **We rated the practice and all of the population groups as good for providing a well-led service.**

At our previous inspection on 8 May 2017, we rated the practice requires improvement for providing well-led services. This was because the practice had failed to ensure staff completed their mandatory training, and the practice had not followed up patient feedback fully.

At this inspection, we found that the practice had made improvements.

### **Leadership capacity and capability**

Leaders had the capacity and skills to deliver sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Vision and strategy**

The practice had a vision and credible strategy to deliver high quality, sustainable care.

- There was a vision and set of values. The practice had a realistic strategy and supporting business plans and risk assessments to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### **Culture**

The practice had a culture of sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- 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.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

### **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements, and shared services mostly promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, however some of these required further details for example the recruitment policy and the business continuity plan.

### **Managing risks, issues and performance**

There were effective processes for managing risks, issues, and performance.

- There was an effective, process to identify, understand, monitor, and address current and future risks including risks to patient safety.

## Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active virtual patient participation group and staff had encouraged them to meet.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.

### Please refer to the Evidence Tables for further information.