

# Dr Robertson and Partners

## Quality Report

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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 service		Good	
Are services safe?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

When we visited Dr Robertson and Partners at Marcham Road Health Centre on 30 March 2016 to carry out a comprehensive inspection, we found the practice had breached regulations relating to safe care and treatment and good governance. The practice was rated as requires improvement for safe and well-led, and good for effective, caring and responsive. Overall the practice was rated as requires improvement.

Following the inspection the provider sent us an action plan that set out the actions they would take to meet the breached regulations.

This focused inspection was undertaken on 21 December 2016 to check the practice was meeting the regulations previously breached and to see if they had taken action on other areas we recommended the provide should

address. For this reason we have only rated the location for the key questions to which this inspection related. This report should be read in conjunction with the full inspection report of our inspection in March 2016. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Robertson and Partners our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found the practice had made improvements since our last inspection. The information we received enabled us to find the practice was meeting the regulations that it had previously breached.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

When we inspected Dr Robertson and Partners in March 2016 they were rated as requires improvement for the provision of safe services. The practice took action to address the issues we found and prior to this inspection the practice sent us information confirming the action they had taken. We visited the practice on 21 December to check the actions taken and found:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning check sheets in each room and all consulting and treatment rooms had been refurbished since our last inspection.
- There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had reviewed all their standard operating procedures used in the dispensary and written a protocol for their medicine home delivery service. They had done a risk assessment for this service. We saw records showing the medicines delivered and signed for by the patients.
- The practice had reviewed their protocols for controlled drugs and we saw evidence they were being checked monthly.
- The practice had carried out an annual competency assessment of dispensing staff.
- The practice had a Legionella risk assessment carried out by a third party contractor.

Good



### Are services responsive to people's needs?

When we inspected Dr Robertson and Partners in March 2016 they were rated as good for the provision of well-led services. However, we made some recommendation on action the provider should take. As part of the inspection visit we undertook on 21 December checked what action the provider had taken of these issues and found:

- The practice had taken a number of actions to help them identify carers such as putting information in the slides shown of the TV screen in the waiting room. As a result the practice had identified 347 carers which is 2.9% of their practice list and nearly a one percent increase from our last inspection.

Good



# Summary of findings

- The practice had reviewed how they identify patients with mental health problems and found they were not consistent in how they were recorded in their patient record system. As a result of correcting these errors they had identified 87 patients who were now flagged on their IT system as suffering from mental health issues.
- The practice had reviewed access to appointments in consultation with all practice staff and the patients participation group. They had appointed a new GP who was due to start in January 2017 and were currently collecting further data as part of a study considering further changes.

## Are services well-led?

When we inspected Dr Robertson and Partners in March 2016 they were rated as requires improvement for the provision of well-led services. The practice took action to address the issues we found and prior to this inspection the practice sent us information confirming the action they had taken. We visited the practice on 21 December to check the actions taken and found:

- There was a clear governance structure with named partners taking lead roles in various areas such as staff training and the dispensary. We were told partners had protected time to undertake these responsibilities.
- They had reviewed all their risk assessments and had introduced a monthly audit to check they were receiving all appropriate drug and safety alerts.
- A complete review had been undertaken of their infection control policies and procedures with support from NHS England and external consultants.
- A refurbishment of all the clinical areas and toilets had been completed.
- A range of auditing processes had been designed and implemented to give the partners the assurance that all the appropriate policies and procedures in operation were being implemented appropriately. These arrangements were subject to ongoing review and development.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<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>	

# Dr Robertson and Partners

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our focused inspection was undertaken by a CQC Inspector.

### Why we carried out this inspection

We carried out a comprehensive inspection of Dr Robertson and Partners at Marcham Road Health Centre on 30 March 2016 and published a report setting out our judgements. Overall the practice was rated as Requires Improvement. We found the practice had breached regulations relating to; safe care and treatment and good governance. We undertook a focused inspection on 21 December 2016 to check that the practice had taken the actions they told us they would make to comply with the regulations they were not meeting at the previous inspection.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We asked the practice to send us information about the actions they had taken to comply with the regulations we found had been breached during an inspection in March 2016. We carried out an announced visit on 21 December, 2016. During our visit we:

- Spoke with a range of staff including two GPs, one nurse and the practice manager.
- Spoke with two members of the Patient Participation Group.
- Observed how patients were being cared.

Because this was a focused inspection we only looked at three of the five key questions we always ask:

- Is it safe?
- Is it responsive?
- Is it well-led?

# Are services safe?

## Our findings

When we inspected Dr Robertson and Partners in March 2016 they were rated as requires improvement for the provision of safe services. During the inspection we found a number of regulation breaches including:

- Cleaning of clinical areas was not monitored effectively, with dust found in treatment rooms, including the room where minor operations were undertaken.
- National patient safety and medicines alerts were not systematically received and shared with the team.
- A full legionella risk assessment had not been undertaken, and water temperature was not being tested
- The controlled drug stock was not being checked on a regular basis and were not recorded accurately.
- There was no risk assessment or procedure in place for the safe storage, transport or dispensing of medicines being home delivered to patients
- There were no competency checks for reception staff working unsupervised in the dispensary.

Following publication of our inspection report, the practice provided an action plan of the changes they would implement. We reviewed the information the practice sent us prior to this inspection and visited them on 21 December 2016.

### Safe track record and learning

The practice had reviewed their procedure for receiving and sharing national patient safety and medicines alerts. This included doing a monthly audit check against the national register of alerts. We looked at two alerts received in August and September 2016 and found they had been received by the practice, logged, discussed in a clinical meeting and they was a system to ensure that all clinicians unable to attend the meeting read the alerts.

### Overview of safety systems and processes

Since our last inspection the practice had carried out a complete review of their infection control measures in consultation with the local clinical commissioning group and external consultants and taken a range of actions including a complete refurbishment of their consulting and treatment rooms and the waiting area and a complete review of their infection control policies and procedures. On this inspection we found:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning check sheets in each room.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

### Medicines Management

Since our last inspection the practice had:

- Reviewed all their standard operating procedures used in the dispensary and written a protocol for their medicine home delivery service. They had completed a risk assessment for this service. We saw records showing the medicines delivered and signed for by the patients.
- The practice had reviewed their protocols for controlled drugs and we saw evidence they were being checked monthly. Controlled drugs returned by patients were recorded and kept until they could be suitably destroyed in line with national recommendations. The practice had done an audit of the new controlled drugs procedures.
- The practice had carried out an annual competency assessment of dispensing staff.
- Any medicines incidents or 'near misses' were recorded for learning and the practice had a system to monitor the quality of the dispensing process.
- There was a named GP who had lead responsibility for the dispensary.

### Monitoring risks to patients

The practice had a Legionella risk assessment carried out by a third party contractor. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment had identified a range of actions and we saw evidence that the practice had taken the recommended action. This included monthly water temperature monitoring.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

When we inspected Dr Robertson and Partners in March 2016 they were rated as good for the provision of safe services. However, during the inspection we found a number of issues we advised the provider they should address. These include advice they should:

- Review the process for identifying carers in order to increase the number of patients identified as carers and provide additional support.
- Work to increase the number of patients with a diagnosed mental health condition attending for annual review.
- Review access to appointment for patients.

Following publication of our inspection report, the practice provided an action plan of the changes they would implement. We reviewed the information the practice sent us prior to this inspection and visited them on 21 December 2016. We found:

- The practice had taken a number of actions to help them identify carers such as putting information in the slides shown of the TV screen in the waiting room. As a result the practice had identified 347 carers which is 2.9% of their practice list and nearly a one percent increase from our last inspection.
- The practice had reviewed how they identify patients with mental health problems and found they were not consistent in how they were recorded in their patient record system. As a result of correcting these errors they had identified 87 patients who were now flagged on their IT system as suffering from mental health issues.
- The practice had reviewed access to appointments in consultation with all practice staff and the patients participation group. They had appointed a new GP who was due to start in January 2017 and were currently collecting further data as part of a study considering further changes.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

When we inspected Dr Robertson and Partners in February 2016 they were rated as requires improvement for the provision of well-led services.

During the inspection we found the governance processes in relation to delivery of safe services and managing risk was inconsistent. For example, the practice had not identified that it was not receiving MHRA drug alerts, thereby putting patients potentially at risk. The partners had not always allowed themselves protected time to undertake their governance and management roles effectively.

Following publication of our inspection report, the practice provided an action plan of the changes they would implement. We reviewed the information the practice sent us prior to this inspection and visited them on 21 December 2016.

We saw evidence that following our last inspection the practice had consulted with the patients participation group (PPG) and held two half day whole practice meetings to discuss our report and plan the way forward. Following this the practice had carried out a complete review of their governance arrangements and implemented a number of changes.

- There was a clear governance structure with named partners taking lead roles in various areas such as staff training and the dispensary. We were told partners had protected time to undertake these responsibilities.
- Risk assessments were reviewed and the practice had introduced a monthly audit to check they were receiving all appropriate drug and safety alerts.
- The practice had carried out a completely review of their infection control policies and procedures with support from NHS England and external consultants.
- The practice had undertaken a refurbishment of all the clinical areas and toilets.
- They had developed a range of auditing processes designed to give the partners the assurance that all the appropriate policies and procedures in operation were being implemented appropriately. These arrangements were subject to ongoing review and development.
- Following their consultation with the PPG the practice had changed their website. All patients signing up for on-line services were asked if they wanted to be on the PPG mailing list and this had resulted in an increased PPG membership.