Cobbs Garden Surgery

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cobbs Garden Surgery on 22 March 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- The practice benefitted from donations made to a local charity, the Friends of Cobbs Garden Surgery. This provided substantive funds, enabling the practice to improve outcomes for patients. For example, employing a specialist nurse for the elderly and a counsellor for patients experiencing poor mental health.

However there was one area where the provider should make improvement:

- Ensure that recently adopted procedures for managing blank prescriptions are monitored and sustained.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, attending regular meetings which followed the gold standard framework for patients requiring end of life care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others for almost all aspects of care. For example, 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice received funds from a local charity, the Friends of Cobbs Garden Surgery, and utilised the regular substantive donations to improve outcomes for patients. For example, they were able to employ a specialist nurse for the elderly and provide a counsellor service to patients suffering from mental health concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear ethos to provide 'traditional family practice characterised by continuity of care, with the application of modern medical practice and a holistic understanding of patients and their needs'.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice used funds received from a local charity, the Friends of Cobbs Garden Surgery to benefit and improve outcomes for patients in this population group, for example by employing a specialist nurse for the elderly.
- The specialist nurse for the elderly provided holistic care and tailored support for these patients.
- The flu vaccination rate for the over 65s was 75% which was comparable to the national average of 73%.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, who had received an influenza immunisation in the preceding 12 months was 98% compared to a national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were invited to a structured annual review to check their health and medicine needs were being met. For those patients with more complex needs, the named GP worked with relevant health care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had received an asthma review in the last 12 months was 95% compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 74% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Evening appointments were offered until 8pm on Mondays and appointments were available every Saturday between 9am and 11.15am.
- The practice was proactive in offering online services, such as appointment booking, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice employed a counsellor to support patients referred by GPs. This service was funded by charitable donations and free to patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 242 survey forms were distributed and 122 were returned. This represented 1% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients described the standard of care received as excellent and recognised the continuity of care the practice aimed to provide.

We spoke with nine patients during the inspection. All nine patients said they were extremely happy with the care they received. They were very complimentary about the staff, describing them as friendly, accommodating and caring. Patients told us they felt involved in their care, with GPs and nurses explaining conditions thoroughly to them and offering different treatment options. Patients were aware that they had a named GP with the practice and that they could choose to see a specific GP if they required.

Cobbs Garden Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

Background to Cobbs Garden Surgery

Cobbs Garden Surgery provides a range of primary medical services, including minor surgical procedures from its location at West Street, Olney in Buckinghamshire. The practice serves a population of approximately 8,450 patients with higher than average populations of both males and females aged 10 to 14 years and 40 to 74 years. There are lower than average populations aged 15 to 39 years. The practice population is largely white British. National data indicates the area served is less deprived in comparison to England as a whole.

The clinical staff team consists of two female GP partners, three male GP partners, a lead nurse, three practice nurses, a specialist nurse for the elderly and two health care assistants. The team is supported by a practice manager and a team of administrative staff. The practice holds a General Medical Services (GMS) contract for providing services and is a training practice.

The practice is supported by a local charity, the Friends of Cobbs Garden Surgery, who organise various fundraising initiatives and manage donations made from patients and local businesses. The practice utilises donations to develop its service provision for patients, including the employment of a female counsellor for patients experiencing poor mental health.

The practice is open between 8am and 8.30pm on Monday and between 8am and 6.30pm Tuesday to Friday. Extended hours are also available on Saturdays between 9am and 11.15am. Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 22 March 2016. During our inspection we:

- Spoke with two GPs, the lead nurse, a health care assistant, members of the administrative team and patients who used the service.

Detailed findings

- Observed how staff interacted with patients.
- Reviewed a range of information provided by the practice leading up to and during the inspection.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that when an alert relating to a type of hearing aid battery was received, the practice took appropriate action to establish if any patients were affected. Similarly an alert relating to the meningitis B vaccine was received by the practice manager who disseminated the information to appropriate staff and ensured they were aware of the most recent guidance to follow.

When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation of events, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw that when an immunisation was incorrectly administered, the event was discussed and action was taken to contact the patient and explain how the error had occurred and reassure them there was no risk of harm. The practice then ensured that those involved in the incident received advice and support to reduce the risk of recurrence. Practice protocols were also updated and reiterated to staff involved in immunisations to ensure they had clear guidance to follow.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse was the infection control lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken and we saw evidence that an action plan was in progress to address any improvements identified. For example, there were plans to replace fabric chairs in clinical rooms for chairs with wipeable covers.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were newly implemented systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that the practice was taking steps to act on the recommendations of the legionella risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Staff told us they worked flexibly as a team to cover additional roles in the event of staff sickness or planned holidays.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on all of the computers and panic buttons on all of the telephones which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff we spoke with said they felt appropriately trained to deal with a medical emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. For example, we saw that following a review of NICE guidance for the treatment of hypertension the practice had reviewed and updated its policies and protocols to ensure they were following best practice guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice acknowledged that their exception reporting was higher than expected which they attributed to a computing anomaly and expected this to be remedied in the 2015/2016 data. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients on the diabetes register, who had received an influenza immunisation in the preceding 12 months was 98% compared to a CCG average of 94% and national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 81% which was the same as the CCG average and similar to the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% (with 23% exception reporting) where the CCG average was 82% and the national average was 88%. The practice were aware that there exception reporting for mental health indicators was high and attributed it to a computing anomaly that had occurred. They had taken the necessary action to address this.

Clinical audits demonstrated quality improvement.

- The practice conducted regular clinical audits of patients with chronic conditions, such as asthma, to ensure they were receiving the correct treatment and using prescribed medications appropriately. In addition there had been two clinical audits in the last two years, which were complete cycle audits, where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of a certain type of inhaler combinations used for the treatment of lung disease aimed to identify if any unsafe practice was in place. The audit identified that there was no risk to patients and clinical practice was safe.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. Staff we spoke with were able to recall their induction and described it as a valuable process which provided them with support and knowledge when they had commenced their employment at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example, staff reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The practice closed for one afternoon each month to provide protected learning time for staff. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The community district nursing team, health visitor and midwife were located in the practice building and we saw evidence of regular interactions between community staff and practice staff.

We saw that multi-disciplinary team (MDT) meetings were attended by local district nurses and that care plans were routinely reviewed and updated. For example, the practice held quarterly MDT meetings that made use of the gold standards framework (for palliative care) to discuss all patients on the palliative care register, update their records accordingly and to formalise care agreements. They liaised with district nurses, Willen Hospice nurses and local support services. A list of the practices palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Consent forms for minor surgical procedures were used and scanned into the patients' medical records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, including those in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A health care assistant provided smoking cessation advice to patients. We also saw plans for the practice to employ a counsellor to support patients struggling with alcohol misuse.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 74% and the national average of 82%. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 93% to 99%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 55%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 to 74 years. At the time of our inspection for the period November 2012 to March 2016 the practice had completed

Good

Are services effective?

(for example, treatment is effective)

1,242 of 3,159 eligible health checks for the 40 to 74 age group. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a more private area to discuss their needs.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient commented that they were treated like a person rather than just a patient, highlighting the practices person centred approach to the care it provided.

We spoke with a representative of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 80%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients told us there was a strong focus on continuity of care and they were encouraged to see the same GP where possible. They told us this was beneficial to their health care as they often saw GPs who knew their medical history through involvement in their past treatment. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, mental health, bereavement and cancer support. A practice leaflet was updated regularly and provided patients with a variety of useful information. There was a television screen in the waiting room that displayed useful information for patients, including out of hours care and information on maintaining a healthy lifestyle.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified just under 1% of the practice list as carers (76 patients). The practice recognised this to be a low representation and were proactive in encouraging carers to identify themselves to the practice so they could be supported. The practice maintained close relationships with the local carers support organisation and encouraged carers to attend a support group. Information on the practice website and in the waiting room was available to direct carers to the various avenues of support available to them. Staff also discussed plans to fund a sitter service for carers so that their dependents would be cared for whilst they attended support groups or appointments for themselves. This would be funded by charitable donations received via the Friends of Cobbs Garden Surgery charity.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services including dementia assessments and avoiding unplanned admissions to hospital. The practice held multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

The practice maintained close relations with a local charity, the Friends of Cobbs Garden Surgery. This charity received donations from patients as well as annual substantial contributions from local businesses. These funds were used to develop and fund the practice and its services. For example, the charity funded the provision of a counselling service to provide mental health support to patients at the practice. This service was free to patients who were referred to the onsite counsellor by the GPs.

The practice had identified approximately 20% of its population to be aged over 65 years. Using funds donated by the charity the practice employed a qualified specialist nurse for the elderly. The nurse provided holistic care and tailored support for these patients. The nurse specialist would support patients at home where needed, or at the practice either in person or over the telephone. In addition to providing health care support to these patients the nurse would help them with routine tasks such as form filling and appointment booking. She liaised closely with local charities and support groups to further enhance the lifestyle of these patients. We were told of specific cases whereby the nurse had successfully helped isolated patients improve their confidence and engage with others in the local community. The Friends charity also funded four hours of befriending which enabled the specialist nurse to handover some patients who simply required contact, either by phone or in person, once a week to support workers.

We saw that patients with long term conditions received regular reviews based upon their individual needs at chronic condition clinics held at the practice. All chronic conditions were managed by a GP and a nurse trained to diploma level. For example, patients with diabetes were invited for reviews and received an initial assessment with the health care assistant, who conducted various checks and blood tests. Results of blood tests were reviewed by a GP before being sent to patients in advance of their appointment with the nurse. During their consultation with the nurse, patients could discuss any queries or concerns as part of their individual care planning.

There were registers for patients with dementia and those with a learning disability. These patients were also invited for an annual review, although the practice recognised that they did not always respond to letters and opted to telephone these patients to arrange their appointments. At the time of our inspection there were eight patients on the learning disability register of which all but one had received their annual review in the 12 months preceding. The remaining patient had declined their invitation. There were 82 patients on the dementia register, of which 74 had received annual face to face reviews and four had declined their appointments. These patients were also able to book longer appointments if needed.

- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were baby changing facilities as well as some facilities for people with disabilities.
- A hearing loop was available and one member of staff was able to provide British sign language.
- The practice had a patient participation group (PPG) who met quarterly with the practice staff to discuss any concerns and developments at the practice and make suggestions for improvements. We spoke to a representative of the PPG who told us that they had been involved in carrying out surveys and instigating changes. For example, the introduction of a sign in the waiting room asking patients to stand back from the reception desk whilst waiting and the installation of a secure lockup for pushchair storage to reduce the potential hazard caused by having multiple pushchairs in the waiting room.

Access to the service

The practice was open between 8am and 8.30pm on Mondays and between 8am and 6.30pm Tuesdays to Fridays. Extended hours were also available on Saturdays

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

between 9am and 11.15am. We saw that when bank holidays occurred on a Monday, extended hours were offered on the following working day between 6.30pm to 8pm to ensure minimal disruption to patient access. Patients requiring a GP outside of normal hours were advised to phone the NHS 111 service. In addition to pre-bookable appointments that could be booked up to six weeks in advance, same day appointments were also available for people that needed them. The practice offered a call back service for patients who wished to speak to a GP or nurse. Patients were able to book appointments in person, online or via the telephone. On the day of our inspection we saw that there were same day appointments available that day. The next routine pre-bookable appointment was available within two days. We found the appointment system was well structured to allow GPs time to make home visits where needed and ensure that all urgent cases were seen the same day.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).
- 49% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet, on the website and in the waiting room.

We looked at six complaints received in the last 12 months and saw that the practice handled them objectively and in an open and timely manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that when a complaint was received from a patient regarding the treatment they had received, the practice was prompt to investigate and take appropriate action. The complaint was discussed at a partners meeting and consultation notes were reviewed before the patient received a timely response from the practice detailing the outcomes of their investigation. Learning points were noted and shared to reduce the risk of recurrence.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear ethos to provide 'traditional family practice, characterised by continuity of care, with the application of modern medical practice and a holistic understanding of patients and their needs'. This focus on understanding their patients as people and providing tailored care was understood by staff.

Whilst there was no formal business plan we saw evidence of regular discussions between partners and the practice manager and an understanding of the future challenges the practice faced. Staff also discussed some of the plans and consultations with external stakeholders that were ongoing in an effort to address these challenges. For example, we were told of discussions with local commissioners to deliberate the pressures a proposed increase in population would pose for the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via a shared computer drive.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators.
- There was a programme of continuous audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks or issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We were told of regular social events held to maintain good relations between staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through regular appraisals, staff meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice were in the process of developing a new system for

Are services well-led?

Good

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

managing patients at risk of blood clotting, following a significant event and staff feedback on areas for improvement. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and keen to improve outcomes for patients in the area. For example, they had used funds donated by the Friends of Cobbs Garden Surgery charity to provide a counsellor to patients suffering with mental health concerns and a specialist nurse for the elderly. There were also plans to employ a second counsellor to support patients misusing alcohol.

The practice had been proactive in addressing potential challenges to its future security and in 2014 had joined a federation known as Roundabout Health. (A federation is the term given to a group of GP practices coming together in collaboration to share cost and resources or as a vehicle to bid for enhanced service contracts). This federation aimed to retain services within general practice for patients to ensure they received care from local, familiar and trusted staff.