

Cobham Health Centre

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?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cobham Health Centre on 11 November 2015. 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 understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently and strongly positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

- 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. Patients who had made complaints were responded to appropriately.
- 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 could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 one area of outstanding practice including:

- The practice was able to offer evening appointments (until 9:30pm) and weekend appointments to all their patients. The practice was part of a hub of doctors' practices that jointly ran these services.

Summary of findings

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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.
- 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 people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- We observed a strong patient-centred culture.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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.
- Patients said they could 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Summary of findings

- The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group which worked in partnership with the practice.
- There was a strong focus on continuous learning and improvement at all levels.

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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice providing medical services for two residential homes, two nursing homes and a warden controlled living complex. The GPs conducted regular weekly doctors rounds for three of the larger homes.
- The practice endeavoured to assist patients to remain in their preferred place of care for as long as possible.
- Protected appointment slots were used for those patients who used the shuttle bus service to the practice.
- Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- GPs could refer patients needing assessments and referrals to local services, to the Community Assessment and Diagnostic Unit (CADU) and could call CADU and refer patients directly to the unit for assessments to take place on the same day.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse
- The practice held monthly GP led diabetic clinic with 30 minute appointments and regular nurse led annual reviews with 20 minute appointments.
- The practice offered regular anticoagulation clinics for patients on warfarin.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- Health visitors linked to the practice had drop in clinics on a weekly basis for general monitoring and queries.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse.
- Safeguarding policies and procedures were readily available to staff.
- The practice ensured that children needing emergency appointments would be seen on the day.

Working age people (including those recently retired and students)

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

Good



- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- Patients could book evening appointments until 9:30pm and weekend appointments.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- Nurses were trained to offer smoking cessation advice
- Patients could request routine travel immunisations including Yellow Fever vaccinations.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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
- There was a learning disability lead at the practice who oversaw the care provided to patients on the learning disability register.
- The practice regularly worked with the learning disabilities nurse who could provide advice on difficult cases and could visit patients at home if required.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- Translation services were available for patients who did not use English as a first language.

Summary of findings

- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- The practice also provided an auditory loop in the practice and offered text messaging services to those with hearing difficulties.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice invited patients suffering from dementia and their carers for an annual review. Each patient had a comprehensive health check and a care plan agreed.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing below or in line with local and national averages. 303 survey forms were distributed and 130 were returned.

- 79% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 86%).
- 78% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 68% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 68%).
- 54% described their experience of making an appointment as good which was below average when compared to the results for the CCG average of 68% and the national average of 73%.
- 43% found it easy to get through to this surgery by phone which was below average when compared to a CCG average of 68% and a national average of 73%.

The practice had analysed the results from the survey and created an action plan to improve patient satisfaction. Patients could view the action plan on the practice's website. The action plan included continuing to review the appointment demand and ensure that patients were aware of the different ways for patients to book appointments. It had been recognised that there was an issue with the phone lines into the practice which was in the process of being rectified with the phone company involved. We also saw that the practice had

introduced telephone triage for afternoon emergency appointments and had weekday evening appointments until 9:30pm and weekend appointments available to pre-book.

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 33 comment cards which contained positive comments about the practice. We also spoke with four patients on the day of the inspection and four members of the Patient Participation Group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, and professional and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. However, we also received some comments that contacting the practice at busy times, for example first thing in the morning, could be a problem.

The PPG members we spoke with told us they found the practice responsive and were confident they could influence change when required. They gave examples of how the practice had listened to and acted upon concerns raised. They told us that the PPG and practice worked in partnership.

Outstanding practice

- The practice was able to offer evening appointments (until 9:30pm) and weekend appointments to all their patients. The practice was part of a hub of doctors' practices that jointly ran these services.

Cobham Health Centre

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 Cobham Health Centre

Cobham Health Centre offers personal medical services to the population of Cobham. There are approximately 13,000 registered patients.

Cobham Health Centre is run by seven partners. The practice is also supported by two salaried, one nurse practitioner, two practice nurses, one healthcare assistant, a team of administrative staff, an assistant practice manager and a business manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

Cobham Health Centre

168 Portsmouth Road, Cobham, Surrey, KT11 1HT

Opening hours are Monday to Friday 8:30am to 6:30pm.

The practice was part of a hub of GP Practices that could offer evening appointments until 9:30pm and weekend

appointments – Saturday 9am until 2pm and Sunday 9am until 1pm. These appointments were not run from the practice but from two separate locations in Leatherhead and Epsom.

During the times when the practice was closed 6:30pm until 8:30am, the practice had arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients between 05–19, 40–54 and 80+ years of age than the national and local CCG average. The practice population also shows a lower number of 20–34 year olds than the national and local CCG average. There are a higher number of patients with caring responsibilities. But there is a lower than average number of patients with a long standing health conditions and a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England

Why we carried out this inspection

We carried out a comprehensive inspection of this service on the 11 November 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.

Detailed findings

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Surrey Downs Clinical Commissioning group (CCG). We carried out an announced visit on 11 November 2015. During our visit we spoke with a range of staff, including, practice nurses, administration and reception staff, the assistant practice manager and the business manager.

We observed staff and patient interactions and talked with four patients and four members of the patient participation group. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 33 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- 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.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. 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 GPs held monthly meetings where complaints or significant events could be discussed. Staff told us these could also be discussed at a more informal daily meeting if necessary. We looked at several significant events and saw that appropriate action was noted. For example, we saw entered onto the significant events spreadsheet a vaccination error that a staff member had raised. We saw recorded the actions taken and the learning outcomes of the event.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the practice. We saw that where patients had been affected by an incident, they received an apology and were told about any actions to improve processes to prevent the same thing happening again.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. The GPs were trained to Safeguarding level 3.

- A notice in the waiting room and in all clinical rooms advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 clean and tidy. 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 in place 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 arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- Recruitment checks were carried out and the files we reviewed showed that 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- 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 staff room. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 all the different staffing groups to ensure that enough staff were on duty.

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 the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs and nurses shared their knowledge and expertise with each other and referred to recognised clinical publications and completed training to ensure they were up to date with any new practice or innovations in healthcare.
- The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.
- Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 98% of the total number of points available, with 10% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice QOF score was 100% with the CCG average being 94.5% and the national average at 98%.

- Performance for mental health related indicators was better than the CCG and national average. The practice QOF score was 100% with the CCG average being 91.6% and the national average at 92.8%.
- Performance for diabetes related indicators were above the clinical commissioning group (CCG) and national average. The practice QOF score was 90.7% with the CCG average being 84% and the national average at 89%.
 - Performance for chronic obstructive pulmonary disease (COPD) indicators was at 100%, with the CCG average at 94% and national average at 96%.
 - Performance for cancer was better than the CCG and national average. With cancer related indicators at 100% in comparison with the CCG average of 94% and the nation average of 98%
 - Performance indicators for asthma were at 100% with the CCG average being 94% and the national average being 98

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We reviewed 14 clinical audits which had been completed in the last two years. We noted several audits where improvements had been implemented. There were also several audits that had been repeated to ensure continued improvement. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services For example, recent action taken from anticoagulation monitoring resulted in the practice clinical staff undertaking further training and the development of a patient training scheme with video training, written information and counselling regarding treatment and possible side-effects.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- 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, where appropriate, recorded the outcome of the assessment.
- Patients consented for specific interventions for example, minor surgical procedures, by signing a consent form.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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 intranet 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients 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.
- Health information was made available during consultation and used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and the practice website referenced websites for patients looking for further information about medical conditions.
- The patient participation group (PPG) and practice had recognised from population data that skin cancer was prevalent amongst people living in the local clinical commissioning group area. Working in partnership, the practice and PPG had organised an evening talk from a skin specialist to help promote understanding of skin cancer and its prevention.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80% which was above average when compared to the national average of 76%. There was a policy to offer

Are services effective?

(for example, treatment is effective)

telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, 85.4% of children had received the MMR vaccine with the national average being 84.7% We saw that flu vaccination rates for those in at risk groups were comparable to

national averages. For example, 98% of patients with coronary heart disease, 96% of patients with diabetes and 98% of patients with chronic obstructive pulmonary disease (COPD) had received the flu vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 private room to discuss their needs.

All of the 33 patient CQC 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. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We also spoke with four members of the patient participation group. 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 showed patients felt they were treated with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them which was comparable to the CCG average of 91% and national average of 89%.
- 85% said the GP gave them enough time with the CCG average being 88% and the national average 87%.
- 97% said they had confidence and trust in the last GP they saw with the CCG average being 96% and the national average 95%
- 85% said the last GP they spoke to was good at treating them with care and with the CCG average being 88% and the national average 85%

- 93% said the last nurse they spoke to was good at treating them with care and concern with the CCG average being 91% and the national average 90%

Care planning and involvement in decisions about care and treatment

Patients told us that 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care with the CCG average being 83% and the national average 81%

The practice participated in the avoidance of unplanned hospital admissions scheme and could demonstrate that the scheme had a positive outcome for their patients and was one of the top performers in the clinical commissioning group area. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

Staff told us that translation services were available for patients who did not have English as a first language. The practice website also had the functionality to translate the practice information into approximately 90 different languages. The practice also provided an auditory loop in the practice and offered text messaging services to those patients with hearing difficulties.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted if a patient was also a carer. We saw information was available for carers to ensure they understood the various avenues of support available to them.

We also looked at care provided for patients diagnosed with depression. We noted that the practice's QOF performance showed that 86% of patients with a new diagnosis of depression had a review not later than the target of 35 days after diagnosis. This was the same as the CCG and national average.

Staff told us they were made aware of patients or recently bereaved families so they could manage calls sensitively and refer to the GP if needed. Staff could also arrange a patient consultation at a flexible time and would give them advice on how to find support services. We saw that information regarding what to do in times of bereavement was included on the practice website and in the practice patient handbook.

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.

- The practice offered pre-bookable evening appointments until 9:30pm and weekend appointments. This helped working patients who potentially could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs could refer patients needing assessments and referrals to local services, to the Community Assessment and Diagnostic Unit (CADU) and could call CADU and refer patients directly to the unit for such assessments to take place on the same day.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required
- There were disabled facilities, hearing loop and translation services available.
- The practice used text messaging for those patients who were hard of hearing.
- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Staff had received equality and diversity training.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. The practice was part of a hub of GP Practices that could offer pre-bookable evening appointments until 9:30pm and weekend appointments – Saturday 9am until 2pm and Sunday 9am until 1pm. These

appointments were not run from the practice but from two separate locations in Leatherhead and Epsom.

Pre-bookable appointments could be booked in advance via telephone, on-line or in person up to four weeks in advance. Patients could also request appointments on the day, telephone consultations or home visits when appropriate. Urgent appointments were also available for people that needed them with the duty Doctor. Urgent appointments requested in the afternoon were triaged by the duty doctor and face to face appointments offered when necessary. Children under two and patients over 75 years of age were automatically given appointments on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly below the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 43% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 54% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 68% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

The practice had conducted their own patient survey and results had been discussed with the patient participation group (PPG) as to how patient satisfaction in these areas could be improved. The practice had an action plan to address the concerns raised from the survey. For example, telephone triaging of patients and patient education in relation to online booking and on line prescription requests. We saw that telephone triaging has been in place since July 2015 and that the PPG had created a leaflet advising patients how to cancel appointments and how to register for the online appointment booking/prescription request system. These leaflets have been given to local pharmacies for onward distribution to patients and were also handed out at reception. Two articles had been published in the local press re-emphasising these points. In

Are services responsive to people's needs?

(for example, to feedback?)

addition, the PPG had a stall at the local Heritage Day to inform patients further. A further survey was being planned for December 2015 / January 2016 to compare results and see if patient satisfaction had increased in these areas.

Listening and learning from concerns and complaints

The practice had a 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. We saw that information was in the practice leaflet, on the practice

website and on display in the waiting area. A Friends and Family test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at seven complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Complaints were a standing agenda item on the monthly meetings and we saw evidence that lessons learned from individual complaints had been acted on.

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 vision to deliver high quality care and promote good outcomes for patients.

The practice had a mission statement which was displayed in the staff areas and staff knew and understood the values. This stated that the Cobham Health Centre aims were to provide efficient, responsive quality care in a patient centered environment. The practice had also a set of core values. Which included to work together for patients, commitment to quality of care, improving lives and to treat everyone as you would wish to be treated.

The practice aims and objectives included to provide high quality and safe care, to provide a safe and friendly environment, to work in partnership with patients, their families and carers involving them in decision making and to take care of their staff.

There was a clear understanding of the challenges facing the practice and the locality, and staff were keen to improve outcomes for patients. For example, ensuring that evening and weekend appointments were available for working patients and by working with the patient participation group to help promote healthy living through organised talks.

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. This included designated lead roles for all staff to ensure accountability for areas assigned.
- There was excellent team work and the practice worked well with others.
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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 that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The GPs, nursing and administration teams worked closely together in a cohesive manner. For example, a morning coffee break was held daily which all staff were encouraged to attend. Staff told us they felt this helped to facilitate close working and provided an opportunity for staff to talk openly.

Staff told us that regular team meetings were held and there was an open culture within the practice. They said they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that team away days were held. 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.

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. There was also evidence that the practice responded appropriately to incidents, significant events and complaints. We saw that any patients affected were supported, given truthful information and when appropriate given an apology.

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

The practice proactively encouraged and valued patient feedback in the delivery of the service. For example, feedback was gathered through the patient participation group (PPG), patient surveys and complaints received. There was an active PPG and their activities were displayed within the surgery, newsletter and on the practice website.

Are services well-led?

Good 

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

The four PPG members we spoke with felt the practice was well-led and involved them in decisions about improving the practice. They also said they enjoyed their work and felt their role was valued and well supported.

The PPG members gave examples of where improvements had been made as a result of their input. This included securing funds to install automatic opening door into the surgery and organising a talk on skin cancer by a consultant to the local community.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 staff levels within the practice. The practice team was forward thinking and strived to improve outcomes for patients. For example,

- The practice was part of a hub of doctors who were able to jointly offer pre-bookable evening appointments (until 9:30pm) and weekend appointments to all their patients at two separate locations.
- Organising in partnership with the patient participation group community talks on topics relevant to the health needs of the practice population.
- Protecting appointment slots for those patients who used the shuttle bus service to the practice.
- Referring patients to same day appointments at the Community Assessment and Diagnostic Unit