Dr Mohammed Aurangzeb Khan

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohammed Aurangzeb Khan on 5 April 2016. Overall the practice is rated as good.

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

- 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.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the GP offered acupuncture to patients and people from the surrounding area to keep them mobile and manage their condition.
- Feedback from patients about their care was consistently positive. We received comments from patients whose relatives had come to stay with them in times of need who complimented the service and support offered to them by the practice. They described staff were supportive and responsive to their relatives needs and their own which in turn supported them to care for their loved ones. For example, by visiting their relatives whilst staying with them and ensuring medicines were prescribed and a package of care was in place to support both patient and carer.
- 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. For example, it had reviewed its opening times and offered early morning appointments on Friday mornings for those patient's who could not attend during the normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw four areas of outstanding practice:

- The GP was qualified to offer acupuncture with musculoskeletal and other related problems to

patients registered at this practice and to those nearby. Patients told us they valued this service as it helped keep them active which in turn assisted them managing their pain. During the last year 179 patients received acupuncture at the practice rather than at the local hospital. Benefits to patients included quicker access to treatment offered closer to home and a reduction in the amount of medicines taken for pain. The practice was one of the lowest prescribers of pregabalin, a medicine sometimes used to treat pain which can become addictive, in comparison to other practices in the area.

- It had developed a case management early warning system where those patients whose circumstances changed were highlighted to the GP for review. The GP would make contact with the patient and a personal care plan developed with the patient and carers, if relevant, to best support the patient. For example, if a patient presented at the practice in a confused state or had experienced recent bereavement.
- The practice had a mobile telephone number which was given to both those patients at risk of admission to hospital and those with palliative care needs. The GP and the first contact advanced nurse practitioner had a rota to answer the telephone during the out-of-hours period to offer advice. Any consultations with patients were documented in the electronic patient record via the practice lap top. Patient's told us this provided continuity of care during the out-of-hours period.
- The role of the first contact advanced nurse practitioner was developed within the practice to provide patients with access to a female clinician who could prescribe medicines.

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 things went wrong patients received reasonable support, truthful information, and a 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 (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, it worked very closely with Frances Street Medical Practice and shared its practice management function and also to provided cover for the GP when on leave.
- 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.
- Patients could access appointments and services in a way and at a time that suits them.
- 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 the practice responded quickly when issues were raised.
- We received several comments from patients whose relatives had come to stay with them who complimented the service and support offered to them by the practice. They described in times of need the staff were supportive and responsive to their relatives needs and their own which in turn supported them to care for their loved ones. For example by visiting their relatives and ensuring they had appropriate pain relief and packages of care in place.
- The practice had a mobile telephone number which was given to both those patients at risk of admission to hospital and those with palliative care needs. The GP and the first contact advanced nurse practitioner had a rota to answer the telephone during the out-of-hours period to offer advice. Any consultations with patients were documented in the electronic patient record via the practice lap top. Patient's told us this provided continuity of care during the out-of-hours period.
- The GP was qualified to offer acupuncture to patients registered at this practice and to those nearby. Patients told us they valued this service as it helped keep them active which in turn assisted them managing their pain. During the last year 179 patients received acupuncture at the practice rather than at the local hospital. Benefits to patients included quicker access to treatment offered closer to home and a reduction in the amount of medicines taken for pain. The practice was one of the lowest prescribers of pregabalin, a medicine sometimes used to treat pain which can become addictive, in comparison to other practices in the area.

Summary of findings

- It had developed a case management early warning system where those patients whose circumstances changed were highlighted to the GP for review. The GP would make contact with the patient and a personal care plan developed with the patient and carers, if relevant, to best support the patient. For example, if a patient presented at the practice in a confused state or had experienced recent bereavement.
- The role of the first contact advanced nurse practitioner was developed within the practice to provide patients with access to a female clinician who could prescribe medicines.

Are services well-led?

Good

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

- The practice 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 it.
- The GP was proactive rather than reactive and was exploring opportunities to improve services and outcomes for patients. There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The practice worked closely with another GP practice and had shared management functions.
- Staff we spoke with told us there was a commitment to developing staff in any area which might have a benefit to patients. For example the role of the first contact advanced nurse practitioner was developed within the practice to provide patients with access to a female clinician who could prescribe medicines.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 GP encouraged a culture of openness and honesty. The practice had systems in place for 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 practice offered placements for medical students and to develop the future workforce and interest them in GP 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

Good

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

- All patients had a named GP.
- 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.

People with long term conditions

Good

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

- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority. Patient's told us they were offered three or six monthly condition reviews which they described helped to keep 'them well'.
- Of those patients with diabetes, 87% last HbA1c was 64 mmol/mol or less in the preceding 12 months. The national average is 78%.
- Longer appointments and home visits were available when needed.
- All these patients had structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a mobile telephone number which was given to both those patients at risk of admission to hospital and those with palliative care needs. The GP and the first contact advanced nurse practitioner had a rota to answer the telephone during the out-of-hours period to offer advice. Any consultations with patients were documented in the electronic patient record via the practice lap top. Patient's told us this provided continuity of care during the out-of-hours period.

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 were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high 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.
- The practice's uptake for the cervical screening programme was 84%, which was just above 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.
- 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.
- The GP was qualified to offer acupuncture to patients registered at this practice and to those nearby. Patients told us they valued this service as it helped keep them active which in turn assisted them managing their pain. During the last year 179 patients received acupuncture at the practice rather than at the local hospital. Benefits to patients included quicker access to treatment offered closer to home and a reduction in the amount of medicines taken for pain. The practice was one of the lowest prescribers of pregabalin, a medicine sometimes used to treat pain which can become addictive, in comparison to other practices in the area.

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 homeless people and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- It had developed a case management early warning system where those patients whose circumstances changed were highlighted to the GP for review. The GP would make contact with the patient and a personal care plan developed with the patient and carers, if relevant, to best support the patient. For example, if a patient presented at the practice in a confused state or had experienced recent bereavement.

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).

- All patients diagnosed living with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- All patients with complex mental health illness had a comprehensive agreed care plan in their record in the last 12 months, which is above the national average of 90%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice 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 patients with mental health needs and dementia. Staff had received dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above local and national averages. 329 survey forms were distributed and 106 were returned. This represented 5% of the practice's patient list.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, 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 49 comment cards which were all very positive about the standard of care received. Comments received included 'staff go out of their way to help you', the practice provides excellent care and treatment', 'the surgery is exemplary', and 'I receive nothing but the best care'.

We spoke with 16 patients during the inspection. All said they were very happy with the care they received and thought staff were extremely helpful, committed and caring. They described staff as 'compassionate' and 'understanding' and 'gave great care'.

Dr Mohammed Aurangzeb Khan

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and a GP specialist adviser.

Background to Dr Mohammed Aurangzeb Khan

Dr Mohammed Aurangzeb Khan, or the Phoenix Medical Practice as it is known locally, is located in Doncaster town centre. The practice provides services for 1,947 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area other than having less patients registered at the practice between the ages of 15 years to 19 years old and more male patients registered between the ages of 59 years to 69 years old.

The practice a GP, a first contact advanced nurse practitioner and three practice nurses. They are supported by a team of administration staff and receive practice management support from the Frances Medical Centre Practice who also provide cover when the GP is on leave.

The practice is open between 8am and 6pm Monday to Friday. Early morning appointments with the GP Monday mornings and with the first contact advanced nurse practitioner on Friday mornings from 7.30am. Appointments with staff are available at various times throughout the day. Patients requesting same day appointments are triaged over the telephone by the practice nurse and offered a face to face appointment if required.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling 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 registered 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 visiting, 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 visit on 5 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GP, first contact nurse practitioner, practice nurses, practice manager, office manager and members of the administration team) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 living 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 or GP 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 national 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, every patient diagnosed with cancer was reviewed following diagnosis to ensure no care opportunities were missed.

When there were unintended or unexpected safety incidents, patients received 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.

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 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Administrative staff scheduled report requests and review dates into clinical and medical staff diaries so they completed reports by their due dates. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to safeguarding level three.
- A notice in the waiting room advised patients chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 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. The first contact advanced nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation.
- We reviewed three 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 DBS.
- There were comprehensive 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 and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. 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 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.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99.5% of the total number of points available, with 9.2% exception reporting which was 1.7% above the CCG average. (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). Data from 2014/15 showed:

- Performance for diabetes related indicators was 94% which was 4% above the CCG average and 11% above the national average.
- All patients with hypertension were having regular blood pressure tests.This was 1% higher than the CCG average and 2% than the national average.
- Performance for mental health related indicators was 4% above the CCG average and 7% above the national average.

The practice was not able to achieve all QOF points as they had no patient's receiving Lithium therapy.

Clinical audits demonstrated quality improvement. There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the management and control of patients with chronic obstructive pulmonary disease to ensure NICE guidelines were followed. The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The GP was qualified to offer acupuncture with musculoskeletal and other related problems to patients registered at this practice and to those nearby. Patients told us they valued this service as it helped keep them active which in turn assisted them managing their pain. During the last year 179 patients received acupuncture at the practice rather than at the local hospital. Benefits to patients included quicker access to treatment offered closer to home and a reduction in the amount of medicines taken for pain. The practice was one of the lowest prescribers of pregabalin, a medicine sometimes used to treat pain which can become addictive, in comparison to other practices in the area.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those 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 online resources and discussion at practice meetings.
- 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 sessions, one-to-one meetings, appraisals,

Good

Are services effective?

(for example, treatment is effective)

coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff we spoke with told us they 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.
- The practice was a training practice for medical students.

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 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. 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.

- 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.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, 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 counsellor held a weekly clinic at the practice to offer psychological and talking therapies to patients. Staff told us the service was popular with patients.
- The practice referred patients to the social prescribing project in Doncaster. The GP and practice nurses had the option to prescribe non-medical support to patients. This included for loneliness and social isolation, housing or advice on debt.
- The practice participated in the tele-dermatology service for patients with skin conditions. Pictures of the patient's skin condition were taken at the practice and sent electronically, along with a summary of symptoms, to a hospital consultant who would then recommend the appropriate treatment. This negated the need for the patient to attend the hospital to attend for an initial consultation.

The practice's uptake for the cervical screening programme was 84%, which was just above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 81% to 95%.

Good

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 80%, and at risk groups 74%. These were above CCG and national averages.

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 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 private room to discuss their needs.

All of the 49 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an first class service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 16 patients who also were very complimentary about the care provided by the practice. They also told us they were very satisfied 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 were comparable or above the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 85%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG and national average 87%).

Some patients told us they had moved away from the area but chose to remain registered at the practice because of the great care they received.

We received several comments from patients whose relatives had come to stay with them, in times of need, who complimented the service and support offered to them by the practice. The practice registered their relatives as temporary residents and we were told staff were supportive and responsive to the patient's needs and their own. This in turn supported them to care for their loved ones. For example by visiting their relative and ensuring they had appropriate pain relief and packages of care in place.

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. Patient feedback on the comment cards we received was also very 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 above local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 79% , national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% , national average 85%).

Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notice boards in the patient waiting room were themed and the information arranged to support those with limited vision. Information was available to patients on how to access a number of support groups and organisations. The practice was designed so the waiting area was less clinical and more homely with a clean carpeted floor and fireplace in the centre. Treatment rooms were accessed via a corridor off the waiting area. Staff told us this was to put patient's as ease when they visited.

The practice's computer system alerted staff if a patient was also a carer and they had identified 1% of the patient population as a carer. Written information was available to direct carers to the various avenues of support available to them. Staff promoted a free confidential helpline providing information, friendship and advice to older people. Patient's told us they had used the service and found it beneficial. Carers described staff at the practice 'going the extra mile' to care for them so they in turn could care for their loved one. We were told how wherever possible carer's would be offered appointment times when visiting the practice with the person they cared for and could have a consultation with the GP during a home visit if required.

Staff told us if families experienced bereavement the GP or practice nurse would contact them and also send a bereavement card containing further information. This call was either followed by a meeting 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. Staff told us they also would attend the funeral of patient's to pay their last respects wherever possible. They also sent congratulation cards to women who gave birth containing further information of the services offered at the practice for them and their newborn child.

Good

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 worked closely with Frances Street Medical within its practice management function and also to provide cover for the GP when on leave.

- The practice offered early morning appointments with the GP on Monday mornings from 7.30am and with the first contact advanced nurse practitioner on Friday mornings from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients and patients who would benefit from these by the GP. Patients told us the GP would often arrange visits to them before and after surgery.
- The practice had a mobile telephone number which was given to those patients at risk of admission to hospital and with palliative care needs. The GP and the first contact advanced nurse practitioner had a rota to answer the telephone during the out-of-hours period to offer advice. Any consultations with patients were documented in the electronic patient record via the practice lap top. Patient's told us this provided continuity of care during the out-of-hours period.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and interpretation services available.
- The GP was qualified to offer acupuncture to patients registered at this practice and to those nearby. Patients told us they valued this service as it helped keep them active which in turn assisted them managing their pain. During the last year 179 patients received acupuncture at the practice rather than at the local hospital. Benefits to patients included quicker access to treatment offered closer to home and a reduction in the amount of medicines taken for pain. The practice was one of the lowest prescribers of pregabalin, a medicine sometimes used to treat pain which can become addictive, in comparison to other practices in the area.
- We received several comments from patients whose relatives had come to stay with them who complimented the service and support offered to them by the practice. They described in times of need the staff were supportive and responsive to their relatives needs and their own which in turn supported them to care for their loved ones. For example, by visiting their relatives and ensuring they had appropriate pain relief and packages of care in place.
- Patient's with long term conditions told us they were offered three or six monthly reviews of their conditions which they described helped to keep 'them well'.
- They developed a case management early warning system where those patients whose circumstances changed were highlighted to the GP for review. The GP would make contact with the patient and a personal care plan developed with the patient and carers, if relevant, to best support the patient. For example, if a patient presented at the practice in a confused state or had experienced recent bereavement.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments with staff were available at various times throughout the day. Early morning appointments with the GP on Monday mornings from 7.30am and with the first contact advanced nurse practitioner on Friday mornings from 7.30am. Patient's requesting same day appointments symptoms were triaged over the telephone by practice nurses and a face to face appointment with a member of staff was offered if required. The practice reviewed the nurse triage system every three years with the last one completed in October 2014. Results from this review demonstrated:

- 49% of patients who telephoned for an appointment were given self care advice over the telephone.
- 18% were offered an appropriate appointment with a practice nurse.
- 30% of patients required a face to face appointment with the GP.

The findings also confirmed:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Of those who required a face to face appointment 44% were seen on the same day.
- 16% were seen the following day.
- 13% were seen within two days at the patients request at a time convenient for the patient.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).

The practice also reviewed a total of 300 appointments in March and July 2015 to ascertain if the appointment was potentially avoidable. The review identified 34 appointments which were considered could have been avoided. The reasons for the appointments were themed and the practice reviewed its processes for dealing with communications from other health and social care providers and introduced booked telephone consultations to free up GP time and improve patient access.

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.

We were told the practice had not received any complaints in the last 12 months. Patient's we spoke with told us they knew how to complain but had never had the need to do so.

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. A mission statement was displayed in the waiting areas and staff knew and understood the values.

The GP was proactive rather than reactive and were exploring opportunities to improve services and outcomes for patients. The role of the first contact advanced nurse practitioner was developed within the practice to provide patients with access to a female clinician who could prescribe medicines.

There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. Dr Mohammed Aurangzeb Khan's practice and Frances Street Medical Centre formed a partnership to commission services for patients across both practices in 1997. They had been working together to secure new joint premises to house both practices and share staff and facilities. Frances Street Medical Centre provided practice managerial support and GP cover, whilst on leave, to Dr Mohammed Aurangzeb Khan practice. Dr Mohammed Aurangzeb Khan practice provided acupuncture for patients at both practices. They had a shared payroll system to reduce administration tasks across the two practices.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit 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 and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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. The practice was currently receiving two days of practice management from Frances Street Medical Centre. The two practices worked together in some areas to support staff and share best practice.

- Staff told us the practice held regular team meetings at the practice and joint learning events with Frances Street Medical Centre.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and first contact advanced nurse practitioner in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good

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

The practice offered placements for student nurses and medical students and staff were trained to the appropriate level to provide mentorship and support.

The GP at the practice was the Clinical Appraisal Lead for NHS England North (Yorkshire and Humber) primarily covering the Doncaster area. We were told how this work enabled the sharing of best practice across the area and contributed to quality improvement processes. The practice facilitated visits from staff at other practices in the area to share the systems and processes with them.

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. The were a virtual group and submitted proposals for improvements to the practice management team. For example, following feedback the practice offered early morning appointments on Friday mornings for those who could not attend during normal opening hours.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the GP had recognised the benefit acupuncture had for patients to keep them mobile, reduce prescribing and referrals to other services.