Dr Mushkoor Sheikh

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
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 Dr Mushkoor Sheikh on 19 January 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
  They thought staff were approachable, very committed and exceptionally caring. They described the practice as a 'first class' GP surgery.
- Staff were motivated and inspired to offer kind compassionate care. We found positive examples of staff going that extra mile to provide a caring service. For example, staff would contact patient's to check everything was alright if they did not see them pass the surgery or exercise their pets as part of their normal daily routine.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw three areas area of outstanding practice:

- The practice had developed self certification notes which contained self care advice and information for minor illnesses. It detailed the expected duration of symptoms, how best to treat them and what to look for if the symptoms worsened. Information was

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provided about where to get help if the symptoms worsened. It contained information for the patient which told them most minor illnesses get better without antibiotics and the side effects antibiotics, if used, can cause.

- Following review of all test results the GP would document the advice to be given to the patient, what to look out for and time frame for follow up tests in the patient record. This was then shared with patient's by reception staff. Patients' reported this was a very informative service and negated the need to make further appointments with the GP.
- The practice championed and participated in the social prescribing project in Doncaster. The GPs 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. Dr Sheikh's practice was the first practice in Doncaster to refer patients to the scheme and had referred 140 patients' since August 2014. Those patients' had in turn been referred to 332 outward support organisations and had achieved many self reported positive outcomes

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care.
- 92% 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%)

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- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% , national average 85%)
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice also sent birthday cards to those patients celebrating milestone birthdays and cards to patients who were seriously ill in hospital.
- We found positive examples of staff going that extra mile to provide a caring service. For example, staff would contact patient's to check everything was alright if they did not see them pass the surgery or exercise their pets as part of their normal daily routine.

Views of external stakeholders were very positive and aligned with our findings

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was working with the other GPs in their locality group to offer Saturday morning GP appointments to patients who contacted the out-of-hours service and needed to be seen. This negated the need to travel to the out-of-hours contact centre in Doncaster.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had developed self certification notes which contained self care advice and information for minor illnesses. It detailed the expected duration of symptoms, how best to treat them and what to look for if the symptoms worsened.

Summary of findings

Information was provided about where to get help if the symptoms worsened. It contained information for the patient which told them most minor illnesses get better without antibiotics and the side effects antibiotics, if used, can cause.

- Following review of all test results the GP would document the advice to be given to the patient, what to look out for and time frame for follow up tests in the patient record. This was then shared with patient's by reception staff. Patients' reported this was a very informative service and negated the need to make further appointments with the GP.
- The practice championed and participated in the social prescribing project in Doncaster. The GPs 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. Dr Sheikh's practice was the first practice in Doncaster to refer patients to the scheme and had referred 140 patients' since August 2014. Those patients' had in turn been referred to 332 outward support organisations and had achieved many self reported positive outcomes.

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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GP performed a weekly ward round at the local care homes with patients registered at the practice.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 2% below the CCG and 5% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a 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.
- Following review of all test results the GP would document the advice to be given to the patient, what to look out for and time frame for follow up tests in the patient record. This was then shared with patient's by reception staff. Patients' reported this was a very informative service and negated the need to make further appointments with the GP.

Families, children and young people

Outstanding ☆

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

- 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.

Summary of findings

- 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 80%, which was comparable to 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)

Outstanding ☆

The practice is rated as outstanding 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 practice had developed self certification notes which contained self care advice and information for minor illnesses. It detailed the expected duration of symptoms, how best to treat them and what to look for if the symptoms worsened. Information was provided about where to get help if the symptoms worsened. It contained information for the patient which told them most minor illnesses get better without antibiotics and the side effects antibiotics, if used, can cause.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding 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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.
- The practice championed and participated in the social prescribing project in Doncaster. The GPs 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. Dr Sheikh's practice was the first practice in Doncaster to refer patients to the scheme and had referred 140 patients' since August 2014. Those patients' had in turn been referred to 332 outward support organisations and had achieved many self reported positive outcomes.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- All patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 88%.
- All patients with poor mental health had a comprehensive care plan in place, which is above the national average of 89%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 completed dementia friendly 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. 364 survey forms were distributed and 106 were returned. This represented 5% of the practice's patient list.

- 97% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 83% 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 24 comment cards which were all very positive about the standard of care received. Comments included staff are very professional and always there to help, no issue is too small and appointments were always available.

We spoke with three members of the patient participation group and four patients during the inspection. All patients said they were very happy with the care they received and thought staff were approachable, very committed and exceptionally caring. They described the practice as a 'first class' GP surgery.

Dr Mushkoor Sheikh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser and an expert by experience.

Background to Dr Mushkoor Sheikh

Dr Mushkoor Sheikh is located in Bentley on the outskirts of Doncaster. The practice provides services for 1,978 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the second more deprived areas in England. The age profile of the practice population is similiar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has one full time male GP. They are supported by a male locum GP, a female foundation year two doctor and a female medical student, two practice nurses, one healthcare assistant and a practice manager, assistant practice manager and administrative staff.

The practice is open between 8am to 6pm Monday to Friday. Appointments are available from 8.30am to 12 noon and 3pm to 6pm daily. Extended hours surgeries are offered on Tuesday mornings from 7am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Dr Mushkoor Sheikh is registered to surgical procedures; treatment of disease, disorder or injury; family planning and diagnostic and screening procedures from Bentley Health Centre, Askern Lane, Doncaster, DN5 0JX.

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 19 January 2016. During our visit we:

- Spoke with a range of staff GP, practice nurse, practice manager, assistant practice manager, healthcare assistant/receptionist 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.'

Detailed findings

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports 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, we were told how the disposal of confidential information was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. The minutes of the monthly practice meeting documented the change in procedure had been shared with staff who attended. We were told staff who did not attend the meetings would be briefed accordingly following the meeting.

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 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 GP 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 GP was trained to Safeguarding level three. The practice held a monthly children in families meeting with health visitors to review those children who were considered or were at risk.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant had been trained to administer vaccinations and certain injections. The GP would prescribe the vaccine for the patient in the patient record and the healthcare assistant would administer the medication. The procedure was documented in the patient record. The practice did not produce Patient Specific Directions to enable healthcare assistants to administer vaccinations when a doctor or practice nurse were on the premises. We fed this back to the GP and following the inspection the GP submitted a Patient Specific Directive form the practice had started to use.
- We reviewed three recruitment files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe 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. There were also alarms fitted to the treatment rooms.
- 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. In addition to this each member of staff had a credit card size list of staff names and telephone numbers who could be contacted in an emergency.

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 94.3% of the total number of points available, with 9.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for diabetes related indicators was 2% below the CCG and 5% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 1% above the CCG and 2% above the national average.
- Performance for mental health related indicators was 4% above the CCG and 7% above the national average.
- All patients diagnosed as living with dementia had a face to face review of their care in the last 12 months.
- The practice was one of the lowest prescribers of antibacterial items in the CCG for the year 2014/15. This was supported by the use of self certification forms containing information on the recommended use of antibiotics and common side effects.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of NICE guidance to ensure all children with a high temperature were thoroughly assessed to rule out any serious conditions.

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 it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long term conditions. Practice nursing 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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 its 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 used local care plans to assess patients' needs, status and pathways to provide care and support. For example, nutritional status was assessed and a care pathway implemented to support nutrition needs where necessary.
- 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 multidisciplinary team meetings took place on a quarterly 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.
- The practice had developed self certification notes which contained self care advice and information for minor illnesses. It detailed the expected duration of symptoms, how best to treat them and what to look for if the symptoms worsened. Information was provided where to get help if the symptoms worsened. It contained information for the patient that most minor illnesses get better without antibiotics and the side effects antibiotics, if used, can cause.

The practice's uptake for the cervical screening programme was 80%, which was comparable to 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 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/national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 93% to 100% and five year olds from 93% to 100%.

Flu vaccination rates for the over 65s were 90%, and at risk groups 68%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, well man checks and well woman checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were very 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 24 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
They thought staff were approachable, very committed and exceptionally caring. They described the practice as a 'first class' GP surgery.

We spoke with three members of the patient participation group. They also told us they were very 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 well above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94% and national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG and national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG and national average 87%)

We found positive examples of staff going that extra mile to provide a caring service. For example, staff would contact patient's to check everything was alright if they did not see them pass the surgery or exercise their pets as part of their normal daily routine.

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 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:

- 92% 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%)
- 93% 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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 5% of the practice

Outstanding ☆

Are services caring?

list as carers. Written information was available to direct carers to the various avenues of support available to them. A representative from the carer's association attended the quarterly multidisciplinary meetings to provide advice and support.

Staff told us if families had experienced bereavement, the GP would contact them and send a sympathy card. 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. The practice also sent birthday cards to those patient's celebrating milestone birthdays and cards to patients who were seriously ill in hospital.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was working with the other GPs in their locality group to offer Saturday morning GP appointments to patients who contacted the out-of-hours service and needed to be seen. This negated the need to travel to the out-of-hours contact centre in Doncaster.

- The practice offered early morning appointments on Tuesday mornings from 7am for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed one.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpretation services available.
- The practice had developed self certification notes which contained self care advice and information for minor illnesses. It detailed the expected duration of symptoms, how best to treat them and what to look for if the symptoms worsened. Information was provided about where to get help if the symptoms worsened. It contained information for the patient which told them most minor illnesses get better without antibiotics and the side effects antibiotics, if used, can cause.
- The practice championed and participated in the social prescribing project in Doncaster. The GPs 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. Dr Sheikh's practice was the first practice in Doncaster to refer patients' to the scheme and had referred 140 patients' since August 2014. Those patients' had in turn been referred to 332 outward support organisations and had achieved many self reported outcomes.
- Following review of all test results the GP would document the advice to be given to the patient, what to look out for and next recommended test date if applicable. This was then shared with patient's by reception staff. Patients' reported this was a very informative service and negated the need to make further appointments with the GP.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available from 8.30am to 12 noon and 3pm to 6pm daily. Extended hours surgeries were offered on Tuesday mornings from 7am. 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. When the practice was closed calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- All patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 60%).

People told us on the day of the inspection they were were able to get appointments when they needed them. They would be asked to come to the practice and sit and wait to be seen.

Listening and learning from concerns and complaints

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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 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 looked at one complaint received in the last 12 months and found it was handled satisfactorily, dealt with in a timely way and there was openness and transparency with dealing with the complaint . Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 waiting areas and staff knew and understood the values.
- 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 that 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 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 and culture

The GP had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care was a priority. The GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, providing wipes for patient's when they were handling urine specimen containers.

The practice had gathered feedback from staff through staff meetings, appraisals and 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 levels within the practice. The practice team was forward thinking and to improve outcomes for patients in the area. For example, the self certificates containing details of minor illnesses and the information provided to the patient when they had a test performed.