Dr Qamar Siddiqi

Quality Report

Cambridge House Surgery
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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 Qamar Siddiqi on 18 September 2015. Overall the practice is rated as good.

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.

Our key findings were as follows:

- Staff knew how to and understood the need to raise concerns and report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and acted upon.
- Risks to patients were assessed and well managed.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- 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 (PPG).
- Best practice guidance was used to assess patients' needs and plan and deliver their care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patient information, including how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one, often on the same day.
- Although the building was owned by a landlord, the GP had invested in modernising patient areas and fitted appropriate aids and adaptations to support patients with reduced mobility and /or patients with pushchairs.
- There was a clear leadership structure and staff felt supported by management.

We saw several areas of outstanding practice including:

Summary of findings

- The GP had systems in place to access test results and correspondence remotely when on leave. They did this to provide continuity of care when locum cover was being used. We saw a letter from the Royal College of General Practitioners about a patient who had written to them praising the GP as they had chased up results whilst on leave to avoid any delay in treatment.
- The GP organised and participated in a monthly walking club with patients. Any patient plus family members were welcome to attend for a brisk 30 minute walk around a local park. Numbers had steadily increased to around 20 people (some of whom are not registered at the practice). The practice used social media to advertise the date of the walk, and receive feedback from patients.
- A pre-Christmas lunch was organised for all patients but especially for those who were vulnerable or would be alone at Christmas. The practice told us numbers had increased year on year and approximately 20 patients attended last year.
- The GP had been involved in developing a pilot project called 'Active Families Programme'. This was a 10 week programme to educate the family as a whole about good eating habits and exercise. The project was due to be introduced in all practices within Stoke on Trent.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Carry out routine checks on the water system to reduce the risk of legionella.
- Ensure that records demonstrate that the defibrillator and oxygen have been checked.
- Ensure the full employment histories are obtained when recruiting staff.

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 a system in place for reporting, recording, monitoring and reviewing significant events, Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed although the practice did not carry out any routine checks relating to legionella. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. The GP oversaw any changes to guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. The practice worked closely with the Integrated Local Care Team (with representatives from both health and social care services) to ensure care plans were in place and regularly reviewed for patients with complex needs and / or at risk of unplanned admissions.The GP had systems to place to access test results and correspondence remotely when on leave, to ensure continuity of care when locum cover was being used.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients told us they were treated with compassion, dignity and respect. Patients told us the GP treated them as an individual, listened to what they had to say and explained everything clearly. They described staff as being helpful and caring. Good systems were in place to support carers and patients to cope emotionally with their health and condition. Information to help patients understand the services available was easy to understand. Views of external stakeholders such as other health care professionals were positive and aligned with our findings.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients. One CCG priority was tackling the high percentage of overweight children within the area. The practice had taken part in a pilot project called 'Active Families Programme'. This was a 10 week programme to educate the family as a whole about good eating habits and exercise. Patients told us they could get an appointment when they needed one, often on the same day. The practice had arrangements in place with a neighbouring practice to provide a female GP if requested. The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision to deliver leading evidence-based, person-centred care. The practice described the short, medium and long term objectives to develop and improve the service. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was a research accredited practice with Keele University and had been involved in three research projects.

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. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and shingles vaccines. Routine home visits were carried out to access any physical, mental or social needs that they may have and referrals were made to other services as required. It was responsive to the needs of older people, who were offered open access to appointments in order to facilitate early treatment and reduce admissions. The practice identified if patients were also carers and offered support and advice, and information about carer support groups was available in the waiting room.

The practice had been involved in a recent trial where a geriatrician visited the practice and reviewed a number of patients with more complex needs. Their condition was assessed and medication altered as required. This saved patients having to attend clinic at the hospital.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. We found that the locum practice nurse had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and asthma. Longer appointments and home visits were available when needed. The practice maintained registers of patients with long term conditions and all of these patients were offered a review to check that their health and medication needs were being met. The practice reviewed the most vulnerable four percent of the practice population who were at risk of admission. Written management plans had been developed for these patients as well as those with long term conditions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Outstanding

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children with complex needs, families under stress and families with children in need or on children protection plans. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for

Summary of findings

children. There were screening and vaccination programmes in place although a number of the immunisation rates were below the local Clinical Commissioning Group average. New mothers and babies were offered post natal checks.

The GP was aware of the high percentage of overweight children within Stoke-on-Trent when compared against the national average. As a consequence the GP had taken part in a pilot project called 'Active Families Programme'. This was a 10 week programme to educate the family as a whole about good eating habits and exercise. The results from the first cohort of families demonstrated improvements, for example decrease in body mass index and waist size. The practice was part of the Developing Adolescent Sexual Health (DASH) project. DASH GPs are young person-friendly practices which offer condoms, lubricant, pregnancy testing and B-Clear Chlamydia testing for all aged 15-24. Young patients present a card with different colours on each side which alerts reception staff to the service the young person required.

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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered extended hours with the practice nurse between 7.30am and 9am (when available). Same day telephone consultations were available. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice provided a pre-Christmas lunch for all patients but especially for those who were vulnerable or would be alone at Christmas.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. The practice carried out annual health checks and offered longer appointments for patients with a learning disability. There were 14 patients on the register and currently five had received their annual physical health check and medication review for 2015 / 2016.

Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). The practice held registers of patients experiencing poor mental health or living with dementia. Ninety six percent of people experiencing poor mental health had received an annual physical health check and medication review, whilst 90% of patients living with dementia had been reviewed. The practice carried out advance care planning for patients living with dementia.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice referred patients for talking therapies and encouraged self-referral to the local branch of MIND.

Summary of findings

What people who use the service say

We spoke with six patients, including three members of the patient participation group during the inspection and collected 42 Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. Patients spoke very highly about the care and treatment provided by the GP. They said the GP listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 134 responses and a response rate of 38%. The results indicated the practice could perform better in certain aspects of care when speaking about the opening hours. For example:

- 75% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 80% and national average of 75%.

However the results indicated the practice performed better in certain aspects of care when speaking or seeing the nursing staff. For example:

- 92% of respondents with a preferred GP usually get to see or speak to that GP compared to the CCG average of 62% and national average of 60%.
- 85% of respondents said that usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 65%.

89% of respondents said that find it easy to get through to this surgery by telephone compared to the CCG average of 76% and national average of 73%

Areas for improvement

Action the service SHOULD take to improve

Carry out routine checks on the water system to reduce the risk of legionella.

Ensure that records demonstrate that the defibrillator and oxygen have been checked.

Ensure full employment histories are obtained when recruiting new staff.

Outstanding practice

The GP had systems in place to access test results and correspondence remotely when on leave. They did this to provide continuity of care when locum cover was being used. We saw a letter from the Royal College of General Practitioners about a patient who had written to them praising the GP as they had chased up results whilst on leave to avoid any delay in treatment.

The GP organised and participated in a monthly walking club with patients. Any patient plus family members were welcome to attend for a brisk 30 minute walk around a local park. Numbers had steadily increased to around 20 people (some of whom are not registered at the practice). The practice used social media to advertise the date of the walk, and receive feedback from patients.

A pre-Christmas lunch was organised for all patients but especially for those who were vulnerable or would be alone at Christmas. The practice told us numbers had increased year on year and approximately 20 patients attended last year.

The GP had been involved in developing a pilot project called 'Active Families Programme'. This was a 10 week programme to educate the family as a whole about good eating habits and exercise. The project was due to be introduced in all practices within Stoke on Trent.

Dr Qamar Siddiqi

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a second CQC inspector, a GP specialist adviser and an Expert by Experience.

Background to Dr Qamar Siddiqi

Dr Qamar Siddiqi known as Cambridge House Surgery is situated in the Bucknall area of Stoke on Trent which is a deprived area. The practice is located within a detached property that has been converted from being a residential dwelling into a GP practice. At the time of our inspection there were 2631 patients on the patient list.

Dr Siddiqi operates as a single-handed GP, supported by a practice manager, reception and administration staff. The practice is open from 7.30am until 6pm on every weekday except Thursday, when it is open from 7.30am until 1pm. GP appointments were available from 9am to 11.30am and 3.30pm to 5.30pm. Patients requiring a GP outside of normal working hours are advised to call 111 or 999. The practice has a GMS (General Medical Services) contract and also offers enhanced services for example: various immunisation schemes and avoiding unplanned admissions.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 18 September 2015.

Detailed findings

We spoke with a range of staff including the GP, the practice manager and members of reception staff during our visit. We sought the views from the representatives of the patient participation group, looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. There was an electronic system in place for recording significant events. Staff, including the locum practice nurse, told us they would inform the practice manager of any incidents. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared between the GP and staff to make sure action was taken to improve safety in the practice. For example, a patient contacted the practice to inform them that they had not received an appointment from the hospital following a two week wait urgent referral. The practice had also identified an issue with this referral the day before the patient contacted them. Following investigation it was established that the original referral had not been sent due to clerical error. As a consequence additional checks had been put in place to provide a clear audit trail, and all referrals were checked on monthly basis.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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. The GP was the lead member of staff for safeguarding and had attended training to Level 4 for Safeguarding Children. This meant the GP was able to deliver safeguarding training to the practice staff. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. We were shown two examples where the GP had acted appropriately and made referrals to social services to safeguard children. The practice had regular meetings with the health visitor and school nurse to discuss children with complex needs, families under stress and families with children in need or on children protection plans. The practice also met with the Integrated Local Care Team (with representatives from both health and social care services) to discuss the practice's most vulnerable patients.
- A chaperone policy was available to all staff. The locum practice nurse acted as a chaperone if required and notices in the waiting room and consulting rooms advised patients the service was available should they need it. If a nurse was not available patients were asked to rebook an appointment when a nurse was available or were offered the opportunity to see a female GP from a neighbouring practice.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and staff confirmed that fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. We noted that although the practice had carried the remedial work identified in the legionella risk assessment, routine checks were not carried out, for example checking the water temperatures.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse would be the infection control clinical lead. However, the practice manager had taken over this role in the interim until a practice nurse was appointed. There was an infection control protocol in place and staff had received up to date training, including hand washing techniques. An infection control audit had been undertaken in December 2014 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). Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with

best practice guidelines for safe prescribing. We saw that by following the CCG antimicrobial prescribing guidelines the practice had reduced the number of prescriptions and the prescribing performance was below the CCG average. Prescription pads were securely stored and there were systems in place to monitor their use.

- Records showed that the majority of appropriate checks were undertaken prior to employing staff, although the practice did not ask for a full employment history. Disclosure and Barring Service (DBS) checks were completed for all permanent staff.
- The practice occasionally employed locum GPs. We saw that the practice had obtained copies of the necessary recruitment and safety checks from the agency, prior to the locum GP working at the practice. The practice was also using a locum practice nurse to cover their practice nurse vacancy and to act as a mentor when a new practice nurse was in post. The nurse was on a list of recommended locums provided by the primary care trust (predecessor organisation to the CCG). The practice had checked the nurse's registration with their professional body and seen a copy of the DBS check from their current employer.
- 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 reception / administration staff and staff covered holidays and sickness.

Arrangements to deal with 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. 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. However, we noted that staff did not always record that they had checked the defibrillator and oxygen when checking the emergency drugs.

We observed the reception staff deal with an emergency situation the day of our inspection. They responded to the locum GP's requests for assistance and dealt with the emergency services in a calm and professional manner.

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 and a copy was kept off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. The GP had downloaded the NICE app on their smart phone so they were able to access the guidelines when in the community as well as in the practice. They described a recent example where they had used the NICE app to update on the diagnosis and treatment for osteoarthritis of the knee, which has simplified the diagnosis without the need for an x-ray. As a consequence they were able to discuss the treatment aims and priorities at length with the patient.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register. The practice took part in the avoiding unplanned admissions scheme. The GP reviewed their patients and discussed their needs at formal meetings with the Integrated Local Care Team (with representatives from both health and social care services) to ensure care plans were in place and regularly reviewed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice had also signed up to the local Clinical Commissioning Group (CCG) Quality Improvement Framework (QIF). The QIF is underpinned by a learning and development programme, with workshops and best practice documents. The practice used the information collected for the QOF / QIF and performance against the national screening programmes to monitor outcomes for patients. The practice achieved 95.2% of QOF points which was above the local Clinical Commissioning Group (CCG) (92.7%) and national average (94.2%). This practice was an outlier for one of the QOF clinical targets relating to the prevalence of coronary heart disease. This was discussed with the GP, who felt that the data was incorrect as it was not in keeping with the practice population.

Data from 2013-2014 showed

- Performance for diabetes related indicators were similar to the national average.
- The percentage of patients with hypertension whose blood pressure was within the recommended range was better than the national average.
- The dementia diagnosis rate was above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We saw two clinical audits carried out during the last 18 months both of which were completed audits where the improvements made were implemented and monitored. We looked at one audit relating to whether eligible patients had received their pneumovax injection. The first audit indicated that 326 eligible patients required the injection. These patients were invited to attend the practice to receive their injection. The second audit carried out eight months later identified that 258 eligible patients required the injection, which demonstrated the action taken by the practice had improved uptake. The practice planned to vaccinate eligible patients when they attended for their annual influenza vaccine and carry out a further audit in November 2015.

The GP had systems in place to access test results and correspondence remotely when on leave. (They told us they did not take holidays abroad.)They told us they did this to provide continuity of care when locum cover was being used. We saw a letter from the Royal College of General Practitioners about a patient who had written to them praising the GP as they had chased up results whilst on leave to avoid any delay in treatment.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

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 test results. All relevant information was shared with other services in a timely way, for example summary care records could be accessed by the emergency services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they are discharged from hospital. We spoke with a community matron as part of this inspection. They told us the practice worked with them to meet the needs of patients and there were effective communication pathways in place to support the sharing of information. The practice held multidisciplinary team meetings every eight weeks to discuss the needs of patients with complex needs and/or at risk of admission. The community matron said the GP carried out joint home visits with them to discuss care and treatment. They described an occasion when the GP had supported both the patient and themselves during a challenging home visit due to family dynamics.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The GP 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity. Patients diagnosed with dementia were referred to the memory clinic.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those requiring advice on their diet, smoking and alcohol cessation or counselling. Smoking cessation clinics were held weekly at the practice.

The GP organised and participated in a monthly walking club with patients. Any patient plus family members were welcome to attend for a brisk 30 minute walk around a local park. The practice told us that the numbers have steadily increased to around 20 people (some of whom are not registered at the practice). The practice used social media to advertise the date of the walk, and receive feedback from patients. The practice was also participating in the 'Active Families Programme'. This was a 10 week programme to educate the family as a whole about good eating habits and exercise.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87.2% which was above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.3% to 100% and five year olds from 89.5% and 97.4%. The practice was currently being supported by the health visiting team who provided a vaccine clinic every fortnight. Flu vaccination rates for the over 65s were 73% and for at risk groups 59%, both of which were in line with the national average.

The practice was part of the Developing Adolescent Sexual Health (DASH) project. DASH GPs are young person-friendly practices which offer condoms, lubricant, pregnancy testing and B-Clear Chlamydia testing for all aged 15-24. Young patients present a card with different colours on each side which alerts reception staff to the service the young person required.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that people were treated with dignity and respect.

We spoke with six patients during the inspection and collected 42 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the GP listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A notice in the waiting room notified patients that a room was available if they wanted to discuss sensitive issues or appeared distressed.

Results from the national GP patient survey published in July 2015 from 134 responses showed that patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt fully informed and involved in the decisions about their care and treatment. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients' comments on the comment cards we received were also positive and supported these views.

Data from the National GP Patient Survey July 2015 showed from 134 responses that performance in some areas was slightly higher than local and national averages for example:

- 95% 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%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 81%.
- 88% said that the last time they saw or spoke to a nurse; the nurse was good or very good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language. In addition the GP spoke a number of different languages. The practice website could also be translated into different languages.

Patient/carer support to cope emotionally with care and treatment

Notices in the waiting room and information on the practice website told patients how to access a number of support groups and organisations. Staff told us patients could be referred to MIND or The Dove Services for psychological and emotional support.

Good

Are services caring?

Patients, who had also been carers, told us about the support the practice had offered them. They told us the practice assisted them to access services in the community, for example, installation of aids and adaptations. They said the practice offered them emotional support and access to bereavement counselling and the GP contacted them to check on their wellbeing.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group to plan services and to improve outcomes for patients in the area. The GP was aware of the high percentage of overweight children within Stoke-on-Trent when compared against the national average. As a consequence the GP had taken part in a pilot project called 'Active Families Programme'. This was a 10 week programme to educate the family as a whole about good eating habits and exercise. There were plans to roll this programme out across the local Clinical Commissioning Group (CCG). The practice had also been involved in a recent CCG trial where a geriatrician visited the practice and reviewed a number of patients with more complex needs. Their condition was assessed and medication altered as required. This saved patients having to attend clinic at the hospital. The GP arranged and took part in a walking group every month available to all patients and their families, to improve the health and wellbeing of patients.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Home visits were offered to patients who were unable to or too ill to visit the practice. Annual health checks were carried out on housebound patients.
- Open access appointments were available for those with serious / long term medical conditions, aged over 65 and children.
- There were disabled facilities and translation services available. The GP was also multi-lingual enabling him to communicate with members of the practice population in their own language.
- Although the building was owned by a landlord, the GP had invested in modernising patient areas and fitted appropriate aids and adaptations to support patients with reduced mobility and /or patients with pushchairs.
- A pre-Christmas lunch was organised for all patients but especially for those who were vulnerable or would be alone at Christmas. The practice told us numbers had increased year on year and approximately 20 patients attended last year. Social media will used to advertise the details of this year's event. Although the practice had not collected any formal feedback from patients, members of the PPG and staff told us patients who attended appreciated this event.
- Arrangements were in place with a neighbouring practice to provide a female GP if requested.

The practice had a well established Patient Participation Group (PPG) who met once a month. We spoke with three members of the group who told us the practice had been responsive to their concerns. For example, following suggestions from the PPG the practice had invited other agencies and healthcare providers in to give informative talks to the group. The members told us they supported the practice by assisting patients to complete the annual satisfaction questionnaire.

Access to the service

The practice was open from 7.30am until 6pm every day except Thursday when the practice closed at 1pm. Patients could telephone the practice from 8am. The practice offered extended hours through practice nurse appointments. The practice offered a number of appointments each day with the GP for patients who needed to be seen urgently, as well as pre-bookable appointments. Once the same day appointments had been taken, patients requiring an urgent appointment were seen at the end of surgery. GP appointments were available from 9am to 11.30am and 3.30pm to 5.30pm. Appointments were available during the afternoon of the inspection and every day the following week. A limited number of practice nurse appointments were available when locum nurses could be provided. Practice nurse appointments were available from 7.30am when a nurse was available.

Patients told us they could get an appointment when they needed one, often on the same day. These comments were similar to those made on the comment cards. Results from the national GP survey indicated that 90% of respondents were able to get an appointment or speak to someone the last time they tried, which was above the CCG (86%) and national average (85%). We saw 86% of respondents said their experience of making an appointment was good, which was above the national average (73%).

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated person who handled all complaints in the practice.

Information on how to complain was in the practice leaflet, on the website and complaint forms available in reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a summary of complaints and the last recorded complaint was made in April 2013. We found that it had been satisfactorily handled and demonstrated openness and transparency.

We discussed the low number of complaints received. The practice manager and members of the PPG thought that the open access and availability of appointments helped to maintain patient satisfaction.

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 leading evidence-based, person-centred care. This was demonstrated through discussions with staff, audits and electronic templates.

Dr Siddiqi had recognised the challenges of being a single handed practice with the current list size. The practice was currently without a practice nurse but they were actively recruiting. In the interim locum nurses were employed.

The practice described the short, medium and long term objectives to develop and improve the service. Evidence of this was in place e.g. there had been significant investment in the property to create disabled access.

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 system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events actively took place.
- A system of continuous audit cycles which demonstrated an improvement in outcomes for patients.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Confidential information was stored securely.

Leadership, openness and transparency

Dr Siddiqi had the experience, capacity and capability to run the practice and ensure high quality care. He prioritised safe, high quality and compassionate care. He was visible in the practice and staff told us that he was approachable and always took the time to listen to all members of staff. He encouraged a culture of openness and honesty.

Staff told us that quarterly team meetings were held off site and combined with a social evening. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. The GP was involved in revalidation, appraisal schemes and continuing professional development. There was evidence that staff had learnt from incidents and there was evidence of shared learning between staff.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), NHS Friends and Family Test and complaints received. The practice had a well established PPG. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. We spoke with three members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. Members told us that they had talked about the future vision of the practice with Dr Siddiqi.

The PPG had worked with the practice to explore ways of improving the facilities. Safety in the waiting room had been improved following consultation with the PPG, for example, installation of an additional window in the reception area to allow observation of the corridor leading to a clinical room used by visiting health professionals. The PPG told us the practice had previously altered the opening hours in response to suggestions, but this had proved unsuccessful.

Innovation

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The GP and practice manager attended the locality meetings. This was beneficial to patient care in that a culture of continuous improvement

Are services well-led?

Good

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and evidence based practice was promoted. The practice had also signed up to the local Clinical Commissioning Group (CCG) Quality Improvement Framework (QIF). The QIF is underpinned by a learning and development programme, with workshops and best practice documents.

The GP had been involved in developing a pilot project called 'Active Families Programme'. This was a 10 week programme to educate the family as a whole about good eating habits and exercise. The project was due to be introduced in all practices within Stoke on Trent. The results from the first cohort of families demonstrated improvements, for example decrease in body mass index and waist size. The practice was in discussions with the CCG about using Skype for consultations with the most vulnerable and housebound patients. The practice had taken part in three research projects in the past twelve months in conjunction with Keele University. These related to gout, depression and anticoagulation (blood thinning treatment).

The GP had a special interest in sport and musculoskeletal medicine, and had recently completed a Masters Degree in Musculoskeletal Medicine. The GP felt that this additional expertise would benefit his patients as they could be treated in house initially before being referred to secondary care.