

Dr Sadiq Ali

Quality Report

Church Street Surgery
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Hunslet
Leeds
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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?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Sadiq Ali at Church Street Surgery on 24 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment 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.

There were areas of practice where the provider should make improvements:

- The practice should ensure that accurate information is submitted regarding performance against the Quality and Outcomes Framework.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. 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.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. 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 and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

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 said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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. Information about how to complain was available and easy to understand.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership

Good



Summary of findings

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. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in 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 end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

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

Good



Families, children and young people

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offer a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice liaised with other health and social care professionals 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.

Good



People experiencing poor mental health (including people with dementia)

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

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

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 103 responses and a response rate of 24%, representing six percent of the practice's patient list.

- 90% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 99% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 93% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.

- 97% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 89% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 62% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72% and a national average of 65%.
- 64% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards the majority of which were positive about the standard of care received. One card contained negative feedback relating to obtaining medication.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure that accurate information is submitted regarding performance against the Quality and Outcomes Framework.

Dr Sadiq Ali

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Dr Sadiq Ali

The practice provides primary care services to approximately 1,500 patients.

The service is provided by one male GP. Working alongside the GP is a female practice nurse. We were informed at the time of our inspection that the practice were in the process of recruiting an additional GP to become a partner.

The practice is a training practice but at the time of our inspection there was no trainee doctors assisting the GP. The practice is supported by two part time administration and reception staff.

The building is purpose built and services are provided on one level. There is a car park with allocated disabled parking and on street parking is also available.

The practice has a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 9.20am to 11.15am on Monday, Tuesday and Thursday mornings and from 4.30pm to 5.30pm daily. Appointments are available from 9.15am on Friday mornings.

Extended hours surgeries are offered at the following times 7.30am to 8.30am on Wednesday mornings and the consultation times have been altered to accommodate this. Appointments are available from 7.30am to 8.30am and from 10.45am to 12.00pm.

The practice also offers urgent appointments and telephone consultations with the GP or practice nurse. Patients are able to book appointments in person or over the telephone. The practice offers home visits for patients who are unable to attend the practice. When the practice is closed out of hours services are directed to Local Care Direct.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We also had areas to follow up on from our previous inspection in October 2014.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 August 2015. During our visit we:

- Spoke with a range of staff including the GP, a receptionist and the practice nurse and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. The practice had not received any complaints. Staff we spoke with told us that they resolved any issues at the time they were raised and this avoided escalating to complaints.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, 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. There was a lead member of staff for safeguarding. The GP provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 a premises security assessment and a fire alarm and equipment assessment.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, 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 CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We saw evidence that appropriate checks had been carried out through the Disclosure and Barring (DBS) service for all staff working at the practice. DBS checks are carried out by employers to ensure that staff are suitable to work with vulnerable groups, including children.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room, these included those for the treatment of cardiac arrest and medical emergencies. There was also a first aid kit and accident book available.

The practice did not have emergency equipment. The reason for this was the close proximity to hospital trusts and response rate of the ambulance service in cases of emergency.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information, where relevant, to develop how care and treatment was delivered to meet needs.

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 used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. There were concerns around the performance reporting for QOF and the high level of exception reporting submitted by the practice. This meant the practice could not demonstrate clearly how they managed and monitored outcomes for people. We communicated with NHS England regarding this and were advised this was likely to be an input error and would be validated later in the year. Data from the Health and Social Care Information Centre showed;

- Performance for the asthma related indicators was 100% this was above the CCG average of 98.1% and national average of 97.4%.
- Performance the chronic obstructive pulmonary disease related indicators was 97.1%, this was above the CCG average of 96.5 and national average of 96%.

We saw evidence on the clinical system of regular audit activity. However these were not formalised at the time of the inspection. Following the inspection we received evidence of formalised clinical audits having been undertaken; for example; long term conditions and management of incoming pathology results.

We saw evidence that seven clinical audits had been undertaken by the practice and each audit would be reaudited in six months time.

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. This included ongoing support during sessions and appraisals. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Concerns had been identified by NHS England regarding incoming information from hospital trusts and how this was managed by the practice. During the inspection we saw evidence that systems had been amended and improved to ensure the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

We spoke with a member of the reception team who told us that information had been received by the practice in duplicate (electronically and through the post) and a process had now been put in place to ensure all relevant documentation was scanned.

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, including when they were referred, or after they are discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a

Are services effective?

(for example, treatment is effective)

patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 95%, which was slightly below the CCG average of 98.5% and the national average of 97.2%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient CQC comment cards we received were positive about the service experience, however one card contained a negative comment regarding access and a delay in obtaining medication. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients 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:

- 94.3% said the GP was good at listening to them compared to the CCG average of 87% and national average of 86.6%.
- 93.4% said the GP gave them enough time compared to the CCG average of 85.1% and national average of 86.6%.
- 98.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.6% and national average of 95.2%
- 95.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.6% and national average of 85.1%.

- 96.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.3% and national average of 90.4%.
- 99% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 96.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.7% and national average of 86%.
- 90.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80.2% and national average of 81.4%

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

Patient and carer support to cope emotionally with care and treatment

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

The practice were aware of those patients who also acted in the capacity of a carer and supported them as necessary.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 9.20am to 11.15am on Monday, Tuesday and Thursday mornings and from 4.30pm to 5.30pm daily. Appointments are available from 9.15am on Friday mornings.

Extended hours surgeries are offered at the following times 7.30am to 8.30am on Wednesday mornings and the consultation times have been altered to accommodate this. Appointments are available from 7.30am to 8.30am and from 10.45am to 12.00pm.

The practice also offers urgent appointments and telephone consultations with the GP or practice nurse. Patients are able to book appointments in person or over the telephone. The practice offers home visits for patients who are unable to attend the practice. When the practice is closed out of hours services are directed to Local Care Direct.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system for example; the practice had a complaints leaflet to support patients who wanted to make a complaint. Patients we spoke with were aware of the process to follow if they wished to make a complaint. However; they had not had any reason to complain about the practice.

The practice had not received any complaints. Staff we spoke with told us that they resolved any issues at the time they were raised and this avoided escalating to complaints.

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

The practice nurse was responsible for carrying out annual reviews for those patients with a long term condition. This was done on a rolling programme through the clinical system. We were able to see evidence of this on the day of our inspection.

Leadership, openness and transparency

The lead GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff told us that regular team meetings were held. 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 confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients. There was a comments box in reception and we observed patients conversing with reception staff in an open and comfortable way.

The practice had gathered feedback from patients through the national patient survey.

Staff told us they were able to raise any concerns and provide feedback during their annual appraisal.