

Phoenix Medical Practice

Inspection report

33 Bell Lane
Burham
Rochester
ME1 3SX
Tel: 01634867982
www.phoenixsurgery-burham.nhs.uk

Date of inspection visit: 10 June 2022
Date of publication: 29/07/2022

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 location	Good 
Are services safe?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

We carried out an announced inspection at Phoenix Medical Centre on 10 June 2022. Overall, the practice is rated as Good. The key questions of safe and effective are rated Requires Improvement and the key questions of responsive, caring and well-led are rated Good.

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Why we carried out this inspection

This was an announced comprehensive inspection. The service was newly registered with CQC on 28 June 2021 and this inspection was undertaken to provide a rating for this service.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing,
- Completing clinical searches on the practice's patient records system and discussing findings with the provider,
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider,
- A short site visit,
- Staff surveys.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall

We rated the practice **Requires Improvement** for providing safe services.

Overall summary

We found that:

- Our clinical record searches found improvement was required in relation to the safe management and monitoring of high risk medicines.
- Patients with long-term conditions were not always offered a structured annual review to check their health and medicines needs were being met. Care, as well as treatment were not always delivered in line with current legislation, standards and evidence-based guidance.

We rated the practice **Good** for providing effective, caring, responsive and well-led services.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of person-centre care.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

The provider **should**:

- Continue with their plan to ensure premises safety. For example, hot water pipe and cleaning risks were identified.
- Continue to monitor the waiting list for staff to receive the physical aspect of basic life support training.
- Monitor and check that new systems for the checking of emergency equipment and medicines is embedded.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC inspector; who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Phoenix Medical Practice

Phoenix Medical Centre is located at 33 Bell Lane, Burham, Rochester, Kent, ME1 3SX and has a branch surgery at Eccles Surgery, White House, Mackenders Lane, Eccles, Maidstone, ME20 7HX.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

We visited both practice as part of this inspection.

The practice offered dispensing services from its Burham practice to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy (currently 95% of the patient list).

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice is situated within the Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 5,403. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Malling Primary Care Network (PCN).

The practice is a training practice for trainee GPs.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (seven of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 97% White, 1.5% Asian and 1.5% Mixed.

The age distribution of the practice population closely mirrors the local and national averages. There are more female patients registered at the practice compared to males.

The practice is led by a principle GP (female) who is supported by a salaried GP (male). The practice has a team of one advanced nurse practitioner, three nurses and two healthcare assistants (female); who provide nurse led clinics for long-term condition of use of both the main and the branch locations. The GPs are supported at the practice by a team of dispensary and reception/administration staff. The practice manager is based at the main practice to provide managerial oversight.

The practices are open:

- Burham Surgery – Monday and Thursday 8.30am to 5pm and Tuesday, Wednesday and Friday 8.30am to 6pm.
- Eccles Surgery – Monday, Wednesday and Friday 8.30am to 12.30pm, Tuesday 7am to 12.30pm and Thursday 7.30am to 12.30pm

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Malling PCN, where late evening and weekend appointments are available. Out of hours services are provided by Integrated Care 24.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to provide care and treatment in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• One patient prescribed Azathioprine had not received the appropriate six-monthly monitoring blood test since January 2021.• 44 patients prescribed an ACE inhibitor or Angiotensin II receptor blocker had not had the required monitoring. Of the five patient records we looked at; one patient had not had the appropriate blood test since 2017, two since 2019 and three since 2020.• Four patients aged 65 years and over were prescribed Citalopram or Escitalopram. We saw that five of the nine patients were prescribed over the recommended amount and had not been reviewed or had a discussion with a clinician about changing doses since turning 65. Three patients were prescribed 20mgs and two patients 40mgs. This was not in line with best practice guidance.• Records of two patients who had been prescribed two or more courses of rescue steroids showed that: both patients had not been reviewed, one since 2019 and the other since February 2021, who had been issued multiple acute prescriptions issued without assessment. We also identified one patient had not received an assessment following an exacerbation of their asthma.• Two patients with Chronic Kidney Disease (CKD) Stages 4 or 5, had not had the appropriate blood tests completed since May or August 2021.• Four patients with a missed diagnosis of Chronic Kidney Disease stage 3, 4 or 5, had not been informed of the diagnosis but documented as either stable or to continue monitoring.

This section is primarily information for the provider

Requirement notices

- Three patients with hypothyroidism had not had the appropriate blood test since 2020, one since 2019 and one since 2017.
- One patient with diabetes had not had a HbA1c blood test (a blood sugar level test) since June 2021 and no annual review had also been completed.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.