

Phoenix Surgery

Inspection report


Dunwich Drive
Toothill
Swindon
Wiltshire
SN5 8SX
Tel: 01793 600440
www.imhgroup.co.uk






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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 location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

In September 2018, Phoenix Surgery began working collaboratively with five other practices in the Swindon area with the support of Integral Medical Holdings (IMH), who provide back-office services such as payroll, Human Resources, finance and management support. This collaboration was formed to maintain the services provided by these practices, and to look to develop new ways of working in line with the Government's plan for primary care, the 'General Practice Five Year Forward View'. The group is now known as the Better Health Partnership following a change of registration with CQC in March 2019. This was predominately a business and legal entity change with the same people being responsible for the running of the practice with the old provider IMH.

We carried out an announced comprehensive inspection at Phoenix Surgery on 30 April 2019 as part of our inspection programme.

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 **inadequate** overall.

We rated the practice as **inadequate** for providing safe services because:

- Fire drills had not taken place and fire marshals had not been identified.
- The practice did not have clear systems and processes to keep patients safe.
- Safeguarding training was overdue for some staff.
- A back log of correspondence was identified and had not been processed in a timely way at the Morden Medical Centre HUB. This resulted in delays to care and treatment for patients.

We rated the practice as **requires improvement** for providing effective services because:

- The programme of annual reviews of patients with long term conditions, mental health needs and dementia was ineffective in that patients did not receive timely reviews and there was a risk their health needs would not be met. Recent data under the new provider showed

achievement was still below the Clinical Commissioning Group and national averages. There were limited plans in place which gave assurance that improvements would be sufficient and sustained.

- There was limited evidence of complete cycle clinical audits and quality improvement.

We rated the practice as **inadequate** for providing responsive services because:

- Access to the practice through the Morden Hub and appointments was difficult for patients. Some patients told us they sometimes found it difficult to access appointments through the new hub-based telephone system.
- Complaints received from Phoenix patients were not responded to in a timely way or used to identify improvements to the service.

We rated the practice as **inadequate** for providing well-led services because the delivery of high-quality care is not assured by the leadership, governance or culture.

- The provider stated they did not have a vision and values in place which had been shared with the staff at Phoenix Surgery.
- The overall governance arrangements were ineffective. In particular, the management of risks and issues had not been effectively implemented; and we found significant failures in performance management and audit systems and processes in relation to clinical issues.
- The practice did not currently have a practice supervisor in place and some staff felt unsupported.
- The practice did not have a patient participation group.
- Feedback from relevant persons and patients around service failures was not effectively addressed and did not lead to positive sustainable change.

We rated people with long term conditions, older people, working age people, people whose circumstances make them vulnerable, families children and young people and people experiencing poor mental health as inadequate.

We rated the practice as **good** for and caring services because:

- Staff involved and treated patients with compassion, kindness, dignity and respect.

Overall summary

- Patients we spoke with, CQC comment cards and other feedback showed us that patients had positive views of this service.

The areas where the provider must make improvement are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our

enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Phoenix Surgery

Phoenix Surgery is based in Swindon, Wiltshire, and is one of 24 practices serving the NHS Swindon Clinical Commissioning Group (CCG). In September 2018 Abbey Meads Medical Group, Moredon Medical Centre, Taw Hill Medical Practice, Eldene Surgery and Phoenix Surgery began working collaboratively as a primary care network with the support of Integral Medical Holdings (IMH), who provide back-office services such as payroll, Human Resources, finance and management support. This collaboration was formed to maintain the services provided by these practices, and to look to develop new ways of working in line with the Government's plan for primary care, the 'General Practice Five Year Forward View'. The group is now known as the Better Health Partnership and was registered with the Care Quality Commission in March 2019.

All patient appointments for Phoenix Surgery were managed by the central hub at Morden Medical Centre.

Phoenix Surgery is located in Toothill, a residential area of Swindon. We visited this location as part of our inspection. The provider is registered with CQC to deliver the following Regulated Activities: diagnostic and screening procedures; surgical procedures; maternity and midwifery services; and treatment of disease, disorder or injury.

Phoenix Surgery provides services to 4,616 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There is a team of one GP and two salaried GPs providing a whole time equivalent of 1.5. Two are female and one male. The GP team are supported by a practice supervisor (a post which was vacant at the time of inspection). Support was being provided in the interim by a practice manager from another Better Health Partnership site. The practice also had one practice nurse, a phlebotomist and additional administration staff. Patients also had direct access to physiotherapists and pharmacists who undertake medication reviews along with asthma, travel and minor illness clinics.

The index of multiple deprivation 2015, which is the official measure of relative deprivation for areas in England, ranks the practice as six (with one being the most deprived and ten the least).

89% of the practice population described itself as white; and around 11% as having a black, Asian or minority ethnic (BAME) background.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access a local Out Of Hours GP service via NHS 111.

Further information about the practice can be found at
www.phoenixsurgery.com

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice had not completed a fire drill within the last 12 months.• There were no staff trained as fire marshals at the practice.• Necessary safeguarding training was overdue for some staff. <p>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice was unable to demonstrate that all relevant information was available to be shared with other services when needed. A backlog of unreviewed hospital letters, and correspondence from other sources, meant information was not always accurate, valid, reliable and timely.• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of the back log of correspondence and timely action to resolve and mitigate risks to patients. Plus allowing a pharmacist to work without adequate induction and training and staff training being overdue. <p>The provider had systems or processes in place that operated ineffectively in that they failed to enable the provider to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• leaders could not demonstrate that they had the capacity and skills, and the practice did not have a clear vision or values, to deliver high quality sustainable care.• reviews and monitoring of patients with long term conditions were ineffective and improvements had not brought about a satisfactory level of change to enhance patient outcomes.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

- there was limited evidence of quality improvement such as clinical audit; and the patient participation group (PPG) had recently been disbanded.

The provider had failed to act on feedback from relevant persons and other persons on the services provided.

- Feedback from local health and social care organisations, the clinical commissioning group, Healthwatch, local MPs, social media and patients relating to the access to appointments test results and making contact by phone, had not been adequately addressed to ensure sustainable improvement.
- Complaints were not investigated, recorded, responded to or learned from.

This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.