Phoenix Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Phoenix Surgery on 11 January 2017. Overall the practice is rated as requires improvement.

The practice is run by Dr. Peter Swinyard since August 2016. Prior to this change the practice was under a partnership of which Dr. Peter Swinyard was a partner. Due to the change in legal entity the report only refers to information from August 2016 to 11 January 2017.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However there were gaps in the training records which meant the practice could not demonstrate all mandatory training such as information governance, fire safety training and infection control training, had been undertaken.
- The staff utilised secondary care resources to provide the most appropriate reviews and treatment plans, for example a local consultant advice line which covered a range of specialist services (including paediatric advice, neurology, rheumatoid conditions and gynaecology) and worked with the local diabetes consultant.
- Although one clinical audit had been carried out, the practice did not demonstrate that audits were driving improvements to patient outcomes.
- 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. Improvements were made as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not demonstrated to have been implemented well enough to ensure patients were kept safe. For example although the practice had a number of policies and procedures to govern activity and manage risks, some were only written on the day before or during the inspection. For example the fire safety risk assessment and legionella risk assessment were written the day before the inspection (10 January 2017). (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangement for governance and performance management did not always operate effectively. A number of policies and processes were not embedded or established. There had not been any review of the governance arrangements or the information used to monitor or improve performance.
- The practice sought feedback from staff and patients, including from questionnaires and text feedback, which it acted on. The practice had made a number of attempts to establish a patient participation group (PPG) but did not currently have an active PPG.

The areas where the provider must make improvements are:

- Implement and monitor fire safety processes and fire safety checks.
- Implement procedures for monitoring actions needed following medicines alerts.
- Ensure training records are completed and mandatory training is undertaken.
- Ensure the governance processes are in place to monitor risks to patients and that the practice has sufficient capacity to monitor these areas.
- Ensure policies and procedures are accessible to staff and are applied.

In addition the provider should:

- Carry out clinical audits and re-audits to improve patient outcomes.
- Continue to work towards gaining patient feedback.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The staff told us that opportunities for learning and identifying themes were informal and not formally recorded.
- Some risk assessments had only just been written the day before inspection and others were recently updated. Therefore the risks to patients who used services had not previously been adequately assessed to ensure correct systems and processes were in place to ensure patients were kept safe. For example, there was a health and safety policy available with a poster in the staff kitchen which identified a health and safety representative; however this had not been updated and named the previous practice manager who had left in 2016. On the day of the inspection the practice could not locate the health and safety risk assessment of the whole practice premises.
- The practice had recently updated their fire safety risk assessments; they did not have any logs of the fire safety equipment or for fire alarm testing. There were incomplete training records for fire training updates for all staff. The staff also reported that they had not undertaken a fire evacuation drill in the last one to two years. This meant that the practice could not demonstrate how they were mitigating risks to patients
- There were incomplete training records for the mandatory training records for staff this included basic life support, information governance, fire safety and infection control training. This meant that the practice could not demonstrate how they were mitigating risks to patients.
- The practice had recorded some concerns with their ability to maintain appropriate standards of cleanliness and hygiene within their infection control audits. For example they had recorded that the soft furnished chairs in the waiting room as a risk, but there was no plan in place to resolve this.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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.

Summary of findings

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- The staff training matrix was incomplete, for example, the practice was unable to demonstrate information governance, infection control, consent and fire safety training had been completed. The records for basic life support updates were not present for the associate GPs in the training record or their staff files.
- Staff assessed needs and delivered care in line with current evidence based guidance. The staff utilised secondary care resources to provide the most appropriate reviews and treatment plans, for example a local consultant advice line which covered a range of specialist services (including paediatric advice, neurology, rheumatoid conditions and gynaecology) and worked with the local diabetes consultant.
- The practice did not currently hold any multidisciplinary team meetings, staff worked on an ad hoc basis with the health care professionals when required, record keeping was limited or absent.
- There was limited evidence that audit was driving improvement in patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- The practice offered access to on site counselling services; patients were able to self-refer to this for support.

Summary of findings

- The practice had a number of options to support patients with weight management support and advice including local exercise support classes, advice on living well and steps for health. Patients with diabetes or at risk of diabetes were also offered nutrition and exercise advice from within the practice and local support services.
- The patients were able to self-refer to a local drug and alcohol local support group, the practice helped identify any patients who may benefit and signpost them to this service.
- There were disabled facilities, a hearing loop and translation services available.
- The practice were able to refer patients with palliative care needs to a local support service which offered support for end of life care, advice for financial needs and bereavement support for families. The practice also knew of local services for patients who needed support breaks for carers.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

The practice changed legal entity for its registration in August 2016 to an individual. Prior to this change the practice was under a partnership of which the current lead GP was a partner. Due to the change in legal entity the report only refers to information from August 2016 to 11 January 2017.

- The practice had a vision to deliver the best possible continuity of care for their local community. The practice had a long history within the local community and worked to retain a family friendly feel to the service they delivered. The practice recognised the needs of the local community and valued providing a service with a good knowledge of their patient group.
- The arrangement for governance and performance management did not always operate effectively. A number of policies and processes were not embedded or established. For example we noted during our inspection that some policies had been written the day before our inspection, for example the legionella risk assessment and the fire risk assessment. A whistleblowing policy and risk assessment for the blind cord pulls were written during our inspection. The significant event policy was written and sent to us following our inspection.

Summary of findings

- There had not been any review of the governance arrangements or the information used to monitor or improve performance and the practice was unable to demonstrate that they had sufficient management capacity to meet the needs of the practice to ensure adequate governance processes are in place.
- The practice held meetings on an ad hoc basis when any risk was identified, for example if a significant event occurred. We did note that minutes of these meetings were not always written up at the time of the meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The practice had made a number of attempts to establish a patient participation group (PPG) but did not currently have an active PPG.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as good for being caring and responsive and requires improvement for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The lead GP was the lead for frailty and dementia for the practice; the GPs also conducted monthly care plan reviews.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as good for being caring and responsive and requires improvement for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- GPs and the nursing staff managed chronic disease management and monitoring 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 their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for being caring and responsive and requires improvement for providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- 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 A&E attendances.
- 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.
- We saw examples of joint working with midwives; however the practice told us they were unable to regularly meet with the health visitors although they made referrals whenever appropriate.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as good for being caring and responsive and requires improvement for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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. This included offering a range of telephone appointments and offering some evening appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for being caring and responsive and requires improvement for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice informed 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)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for being caring and responsive and requires improvement for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were friendly, committed and caring.

Data from the NHS Friends and Family test asks patients if they would recommend the service to their family and friends. Data from the last three months showed:

- October 2016, 90%, November 2016, 83% and December 2016, 82% of patients said they were very likely or likely to recommend the service.

The practice had conducted an analysis of the Friends and Family data and had produced an action plan to improve patient satisfaction. The practice was proactively trying to improve appointment access and continuity of care for patients.

Phoenix Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Phoenix Surgery

Phoenix Surgery is located in the Toothill area of the town of Swindon. The practice is run by Dr. Peter Swinyard since August 2016. Prior to this change the practice was under a partnership of which Dr. Peter Swinyard was partner. Due to the change in legal entity the report only refers to information from August 2016 to 11 January 2017.

The practice serves a population of approximately 4,600 patients. The practice has some areas of social deprivation and has high numbers of childhood deprivation compared to the local average (22% compared to 17%). The practice population age distribution is similar to the national average with slightly higher than averages numbers of patients between the ages of 15 to 29, 40 to 59 and lower than average numbers of over 70s. The practice was purpose built and designed by the current provider, it opened in 1999.

The practice is led by the individual provider GP (male), who is supported by two part time salaried GPs (female) and two practice nurses, one part time, one full time (female). The clinical team are supported by an administrator, a zero hour's contract customer services manager and five reception staff. Since November 2016 the practice has been supported one day a week by a locum practice manager from NHS England.

The practice is open between 8am and 6:30pm Monday to Friday with telephone access between 1pm and 2pm. Appointments are from 8:30am to 12:50pm and 2pm to 5:30pm daily. Extended opening hours included sessions starting at 7am and others between 6.30pm-8pm which were provided on an ad-hoc basis when required.

When the practice is closed the out of hours care is provided by Great Western Hospital accessed via NHS 111.

The practices regulated activities are available from:

Phoenix Surgery

Durwich Drive,

Swindon.

SN5 8SX

This was our first inspection of Phoenix Surgery.

Why we carried out this inspection

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017. During our visit we:

- Spoke with a range of staff including two GPs, two nurses' two receptionists and the locum practice manager. We spoke with eight patients who used the service.
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an informal system for reporting and recording significant events. The staff told us opportunities for learning and identifying themes were taken although not formally recorded. Staff gave examples of significant events that had occurred and we saw evidence of action taken following the analysis of events. For example, there was a record following an event whereby a prescription was written incorrectly but identified before it was issued by the reception team; we found the practice had discussed the event and introduced a new procedure to reduce any likelihood of reoccurrence.

- There was no significant event policy on the shared computer system on the day of our inspection however staff were recording and reporting some events. Following the inspection a policy was written.
- The practice was aware of its duty of candour if required. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However at the time of inspection the practice had not linked this responsibility with the significant event policy.
- Two of the clinical staff were able to tell us about recent significant events that had occurred, one of which had been recently discussed at a clinical meeting. There were no minutes available at the time of the inspection, although we were told these were waiting for administration time to be written up, and we were sent these following our inspection.
- Staff we spoke with told us that if any significant event occurred this was discussed at the time with the lead GP if available, or the rest of the team and any actions were taken when required to reduce any chance of reoccurrence.

Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 GPs attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the nursing team were trained to level two.
- Notices in the clinical rooms advised patients that chaperones were available if required. The practice had recently updated its policy on which members of staff would act as chaperones. The practice had recently changed to only using the nursing team for this role. The staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice had a folder to log alerts which came from the Medicines and Healthcare products Regulatory Agency, the last alert in the folder was dated from February 2016. The lead GP and associate GPs received the alerts directly and told us they took any action required. On the day of the inspection the practice could not demonstrate a system to show any action had been taken following alerts which would have required action.
- There was an infection control protocol in place. The infection control training records we received in advance of the inspection did not show any staff had completed infection control training. However staff told us they had completed updated training on the e-learning system. Annual infection control audits were undertaken, (last year two had been completed) and we saw evidence that some actions had been taken to address any improvements identified as a result, for example the practice had recently introduced wall mounted glove holders, soap dispensers and hand sanitisers. However some infection control risks were not being addressed, for example there were soft furnished chairs in the waiting room, whilst the chairs could be wiped, as they had been scotch guarded, and were professionally cleaned at intervals, this may not protect patients adequately from spilt bodily fluids. The waiting area also contained leather sofas which were regularly wiped as part of the cleaning schedule.

Requires improvement

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines, some of the high risk medicine prescribing was undertaken at the local hospital which was a clinical commissioning group (CCG) wide scheme. The practice clinical team had meetings approximately quarterly with a CCG pharmacist who ensured prescribing was in line with best practice guidelines for safe prescribing and provided advice and updates to the practice. The practice did not monitor the use of blank prescription forms and pads throughout the practice, this meant that the practice could not ensure the security of blank prescriptions. Staff told us the clinical rooms were kept locked when not in use and the premises were monitored by closed circuit cameras, this does not meet the regulations concerning prescription tracking. The practice did note the use of closed circuit cameras on their website. The practice was asked for their policy on the use of closed circuit camera monitoring and how this was identified to the patients in the waiting area who did not use their website, a policy and leaflet for patients was then written by the practice and provided. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD is a written instruction, for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.
- We reviewed personnel files including the one personnel file of the member of staff recruited since the recent change of provider, and found the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients had previously been assessed by the previous practice manager under the previous partnership although we were unable to establish evidence that all the risks were being monitored or updated for example, fire safety. On the day of the inspection the practice could not locate the health and safety risk assessment of the whole practice premises, the lead GP partner told us he had designed the building and had extensive knowledge of the premises. The practice told us there had been a whole premises risk assessment by the previous practice manager but the practice could not locate this during our inspection.

- There were some procedures present for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff kitchen which identified a health and safety representative; however this had not been updated and named the previous practice manager who had left in 2016.
- The practice had recently updated their fire safety risk assessments; they did not have any logs of the fire safety equipment or for fire alarm testing. There were incomplete training records for fire training updates for all staff. The staff also reported that they had not undertaken a fire evacuation drill in the last one to two years. This meant that the practice could not demonstrate how they were mitigating risks to patients. The staff were able to tell us of their responsibilities of how to safely clear the premises in the event of a fire. However there was also no evidence of any fire alarm testing in the last two years.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment had been written on the 10 January 2017, this meant that the practice could not demonstrate any oversight in the management or mitigation of any potential risks from legionella as it was not embedded within the practice governance processes.
- The practice had arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was a small team who provided cover for each other for leave and absences, for example when the lead GP partner had recently been absent the two associate GPs adjusted their hours to provide cover. The nursing team used a regular bank health care assistant to support phlebotomy appointments for patients.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff were able to give examples of how this had worked well.
- Records indicated that some staff had received annual basic life support (BLS) training but the practice were unable to provide the records for BLS training for the salaried GPs. There were emergency medicines available which were stored securely, in date and of the recommended range.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a continuity plan for major incidents such as power failure or building damage and included an arrangement with a local practice for support if required for the patient appointments. The lead GP had all the emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date, staff accessed on line resources and updates to national and local guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The practice changed legal entity for its registration in August 2016. Prior to this change the practice was under a partnership of which the lead GP was a partner. Due to the change in legal entity the report only refers to information from August 2016 to 11 January 2017 therefore there is not any published QOF data available.

There was limited evidence of quality improvement including clinical audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw that the nursing team had recently undertaken training updates for cervical smears sample taking, immunisation programmes, diabetes updates and minor illness.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring and facilitation and support for revalidating of nurses and GPs. All staff had received an appraisal within the last 12 months.
- Staff told us that they received training that included: safeguarding, fire safety awareness, basic life support and information governance. The staff training matrix had not been updated; we were unable to be shown the records that any staff had completed fire awareness, infection control, and information governance, consent or health and safety training. The records for basic life support updates were not present for the associate GPs in the training record or their staff files. The training matrix showed that the non-clinical staff had completed training in safeguarding adults, chaperoning, bullying and harassment, complaints and customer care.

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Due to the practice size the clinical staff held a number of ad hoc discussions with the relevant external agencies and providers as needed.
- The staff utilised secondary care resources to provide the most appropriate reviews and treatment plans, for example a local consultant advice line which covered a range of specialist services (including paediatric advice, neurology, rheumatoid conditions and gynaecology) and worked with the local diabetes consultant.

Requires improvement

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on an ad hoc basis when care plans were reviewed and updated for patients with complex needs. The practice did not keep minutes of all their clinical meetings which demonstrated which patients had been discussed or reviewed. Entries were made directly into the patient's record if a care or treatment plan was adjusted. This meant that information was not collated to identify any concerns that may relate to patient care, nor could learning be shared across the wider health care teams to improve outcomes for other patients.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- < >taff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was recorded in the patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, exercise, alcohol cessation and weight management. Patients were given health advice and lifestyle advice by the practice nursing team and/or signposted to the relevant service.

The practice undertook a cervical screening programme. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisations were undertaken at the practice.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many comments noted friendly reception staff, helpful nurses and GPs.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Many of the comment cards reported that staff were very accommodating and offered an excellent service.

The practice has changed to the legal entity for its registration in August 2016 there had not yet been a GP survey related to the Phoenix Surgery under the current provider.

Care planning and involvement in decisions about care and treatment

We spoke to eight patients, of those we asked, all told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Data from the NHS Friends and Family test asks patients if they would recommend the service to their family and friends. Data from the last three months showed:

- October 2016, 90%, November 2016, 83% and December 2016, 82% of patients said they were very likely or likely to recommend the service.

The practice had conducted an analysis of the Friends and Family data and had produced an action plan to improve patient satisfaction. The practice was proactively trying to improve appointment access and continuity of care for patients.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Patients told us they felt involved in decisions about their care.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 92 patients as carers (2% of the practice list). The practice offered health checks and influenza vaccines for carers. The staff identified carers and would offer flexible appointments where possible. There was information for carers on the website and a carer's corner in the waiting area. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The lead GP partner had worked in the practice for many years and had a long established history with many families in the area, the lead GP would often follow up families who may need extra support with a telephone call a few weeks after bereavement as well as the initial call.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- The practice offered access to on site counselling services; patients were able to self-refer to this for support.
- The practice had a number of options to support patients with weight management support and advice including local exercise support classes, advice on living well and steps for health. Patients with diabetes or at risk of diabetes were also offered nutrition and exercise advice from within the practice and local support services.
- The practice team followed up patients who were known to be vulnerable if they did not attend appointments, we were told of an example of this when a practice nurse and a receptionist followed up with a home visit to ensure a patient was safe.
- The patients were able to self-refer to a local drug and alcohol local support group, the practice helped identify any patients who may benefit and signpost them to this service.
- The practice offered patients with dementia care through a local support group for social support, also offered blood tests and referrals to a local memory clinic where required.
- The practice were able to refer patients for hydrotherapy for certain conditions including chronic back pain and rheumatoid arthritis for a local service with a nominal fee.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had low numbers of older patients and those requiring home visits and often averaged only one home visit request per week.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a children's toilet and a baby changing area.
- The practice were able to refer patients with palliative care needs to a local support service which offered support for end of life care, advice for financial needs and bereavement support for families. The practice also knew of local services for patients who were carers and needed support breaks.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday with telephone access between 1pm and 2pm. Appointments were from 8:30am to 12:50pm and 2pm to 5:30pm daily. Extended opening hours included sessions starting at 7am and others between 6.30pm-8pm which were provided on an ad-hoc basis when required.

In addition appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice had undertaken a number of analyses of how the appointment system worked for patients, including looking at feedback comments, how quickly appointments were taken and the demand for which types of appointments. The practice had tried different measures to improve access, including trailing increasing telephone triage by the GPs, and adjusting the type and times of the appointments available. The practice continued to monitor the access and appointments and adjusted where possible according to demand. For example, during November and December the GPs had held two extended hours evening appointment sessions for patients who could not access the practice during normal working hours.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

- There was a designated responsible person who handled all complaints in the practice. The designated person was the customer services manager who worked variable hours as required. We were unable to meet with the customer services manager at the time of our inspection to discuss how the complaints were reviewed for any themes or areas for learning. Staff were able to give us examples of shared learning resulting from complaints.

We were sent the details of the complaints received in the last five months and these were all recorded and reviewed for any theme or areas for learning. The complaints we were sent all showed responses to the patients and that they were dealt with in a timely way. For example, recent learning noting a communication issue noted, 'It's not just what is said but how it is said.' And learning was shared to be alert to patients' differing perception of what is being said.

Are services well-led?

Requires improvement

(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 vision to deliver the best possible continuity of care for their local community. The practice had a long history within the local community and worked to retain a family friendly feel to the service they delivered. The practice recognised the needs of the local community and valued providing a service with a good knowledge of their patient group.

The lead GP had a future strategy plan which was adapted to meet the challenges and changes the practice had experienced over the previous 12 months. The practice changed legal entity for its registration in August 2016. Prior to this change the practice was under a partnership of which the lead GP was a partner.

The lead GP was aware of the challenges to sustainability of the service and was working with the clinical commissioning group, NHS England and other providers to work towards providing continuity of a GP service from Phoenix Surgery for their patients.

Governance arrangements

The arrangement for governance and performance management did not always operate effectively. A number of policies and processes were not embedded or established.

There had not been any review of the governance arrangements or the information used to monitor or improve performance.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings on an ad hoc basis when any risk was identified, for example if a significant event occurred. We did note that minutes were not always written up at the time of the meetings, however due to the small numbers of staff within the practice team, the staff we spoke with all reported that they were aware of recent incidents and the actions taken. Staff used communication books and told us they felt the communication within the practice was effective.
- There were incomplete training records for the mandatory training records for staff this included basic life support, information governance, fire safety and infection control training. This meant that the practice could not demonstrate how the governance arrangements were appropriately monitored to ensure they were mitigating risks to patients.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies which were available to all staff on a shared computer system. We noted during our inspection that some policies had been written the day before our inspection, for example the legionella risk assessment and the fire safety risk assessment. A whistleblowing policy and risk assessment for the blind cord pulls were written during our inspection. The significant event policy was written and sent to us following our inspection.
- An understanding of the performance of the practice was maintained
- The practice was run as an individual provider and therefore the lead GP made decisions whenever required relating to the day to day running of the practice. The lead GP did not have a practice manager, and at the time of inspection was being supported by a practice manager linked to NHS England for some of the administration and management functions and processes for the running of the practice. The lead GP was looking to recruit to provide on-going administration support.

Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience to run the practice and provide a continued service for the care and treatments of the patients. They told us they prioritised safe and compassionate care. The practice was unable to demonstrate that they had sufficient management capacity to meet the needs of the practice to ensure adequate governance processes are in place. Staff told us that all the GPs were approachable for any concerns and they felt able to talk to any of the team. The reception staff also reported that they were well supported by the lead nurse for day to day queries. The practice also had a customer services manager who had a zero hour's contract with the practice and worked variable hours to support the practice.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people feedback on any concerns they raised and noted whether any issues related to care, access or attitude for any learning or action.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by the lead GP and the lead nurse.

- Staff told us the practice held regular team meetings, although these were not always minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues. We noted the lead GP held a social meal for all staff approximately every two months.
- Staff said they felt respected, valued and supported. All the staff we spoke to said they were involved in discussions about the practice and updated on any changes by the lead GP. Staff told us that they felt able to offer suggestions where appropriate about how the service was run. The practice had been through a considerable amount of change over the previous 12 months, staff told us they felt they had pulled together and worked well to keep the service going for the patients.

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

The practice encouraged and valued feedback from patients, the public and staff. They valued the patients' feedback and had analysed the feedback they had received.

- The practice had made a number of attempts to set up a patient participation group (PPG). They had a regular message through the website, and spoke to patients to encourage the formation of a PPG. They had established a meeting last year when 20 patients had expressed an interest but only four had managed to attend the meeting, none of which it was reported agreed to attend for a follow up meeting. The practice was still working on engaging with their community for an official PPG. However they had used patient feedback through other means to analyse their service. For example, the practice received feedback from their text message reminder service, from this the practice had analysed the comments to see if there were themes and key points that the patients expressed. The practice used this to share the information across the practice team for any learning. For example the practice identified that they could liaise with NHS England and other agencies to investigate whether other models of care delivery could result in improved access and deliver customer care training to reception staff.
- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. There had been no fire alarm testing, equipment maintenance and no fire evacuation drills. The practice could not demonstrate safe monitoring of prescription security. The practice could not demonstrate action taken following any Medicines and Healthcare products Regulatory Agency alerts. The infection control risks were not all managed appropriately. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

This section is primarily information for the provider

Requirement notices

Policies and procedures were not established throughout the practice, for example, fire safety, legionella risk assessment and a health and safety risk assessment of the whole premises.

Training records were not complete, the practice could not demonstrate that all staff were up to date with mandatory training including fire awareness, infection control and information governance.

Systems did not support how actions were taken in the practice, for example, there was a lack of meeting minutes and annual reviews of significant events which could demonstrate continual improvement.

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