

# The Phoenix Surgery

## Inspection 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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at The Phoenix Surgery on 25 January 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.
- Information from the provider, patients, the public and other organisations.

**We have rated this practice as requires improvement overall and requires improvement for the effective and well-led domains. The practice is rated good for the safe, caring and responsive domains.**

**All population groups have been rated as requires improvement.**

We rated the practice **good** for providing safe, caring and responsive because:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were clean and hygienic.
- Risks to patients, staff and visitors were assessed, monitored and managed in an effective manner.
- The practice sought feedback from patients, which it acted on.

We rated the practice **requires improvement** for effective because:

- Not all staff had been trained to provide them with the skills and knowledge and experience to deliver effective care and treatment.

These areas affected all population groups so we rated all population groups as **requires improvement for effective**.

We rated the practice **requires improvement** for well-led because:

- We saw little evidence of systems and processes for learning, continuous improvement and innovation.
- The practice did not always act on appropriate and accurate information.
- The practice culture did not always drive high quality, sustainable care.

The areas where the provider **must** make improvements are:

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Increase the uptake of childhood vaccinations for children under 1 year so that the 90% target is achieved
- Improve the uptake for cervical screening to ensure at least 80% coverage in line with the national target.
- Put measures in place to reduce exception reporting rates where they are higher than average.
- Review the process for monitoring patients' health in relation to the use of medicines including high risk medicines to ensure it is fail safe.
- Ensure details of the ombudsman are included in all response letters to complaints.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to The Phoenix Surgery

The Phoenix Surgery provides general medical services to the people living in the town of Worthing, West Sussex. There are approximately 6300 registered patients. The practice population has a higher than average number of patients over the age of 65. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than average for England

The Phoenix Surgery is run by two female GP partners. There is one female salaried GP and one long-term locum male GP. There are two practice nurses, two health care assistants, a team of receptionists, administrative staff, and two practice managers.

For information about practice services, opening times and appointments please visit their website at <http://www.phoenixsurgery.co.uk>.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning, and surgical procedures.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provide did not have effective systems and processes to ensure compliance with requirements and to demonstrate good governance. In particular we found:</p> <p>Records in relation to essential training for staff were not accurate, up to date or monitored.</p> <p>Systems for monitoring performance against key performance indicators and demonstrating improved outcomes were limited, for example in relation to patients being able to get through to the practice on the phone.</p> <p>Staff did not always feel feedback from them was listened to or acted on.</p> <p>The practice did not have a systematic programme of clinical and internal audit, that enabled it to demonstrate continuous improvement.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p>

This section is primarily information for the provider

## Requirement notices

- Not all staff had the level of training required for their role in relation to safeguarding children and vulnerable adults.
- Not all staff had had awareness training on the 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Staff had not completed training on areas the practice had identified as essential which included information governance and fire safety. Not all clinical staff had up to date training on infection control.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.