

Phoenix Medical Centre

Quality Report

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Date of inspection visit: 12 May 2016

Date of publication: 14/06/2016

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

Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at this practice on the 24th March 2015 and at this time the practice was rated as requires improvement.

Breaches of two legal requirements were also found. We issued requirement notices as a result of our findings and requested an action plan. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed and

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

On the 12 May 2016 we carried out a focused follow up visit of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This review took place to check whether the provider had completed the improvements identified during the comprehensive inspection carried out in March 2015.

This report covers our findings in relation to those requirements and areas considered for improvement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Phoenix Medical Centre on our website at www.cqc.org.uk.

The findings of this review were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Appropriate recruitment checks had been carried out for staff. The practice had undertaken Disclosure and Barring Service (DBS) checks for all staff members.
- Environmental risk assessments had been carried out including an up to date fire risk assessment.
- Refurbishment work had started within the practice and included the installation of radiator covers and a baby changing facility installed within the patient's toilet area. The practice had a maintenance plan to show a planned approach to all work needed within the building.
- Training had been arranged for staff to include safeguarding, accidents and incident reporting.

Summary of findings

- They had taken action to improve their management and overview of how they planned their clinical audits.

Letter from the Chief Inspector of General Practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Evidence was provided as part of this review to show improved systems to aspects of safety and risk assessments. The practice had updated their recruitment processes. Recruitment checks had been revised to include those that are required by law and support safe recruitment. The practice had made improvements with environmental risk assessments undertaken to protect the health and safety of staff and other people who use the building.

Good



Are services well-led?

The practice is rated as good for providing well led services. Evidence was provided as part of this review to show improved systems in the management of environmental risks, development and refurbishment of the practice and in their management of staff training and planning of clinical audits.

Good



Phoenix Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Phoenix Medical Centre

Phoenix Medical Centre provides GP services for approximately 3513 patients living in the St Helens area of Merseyside. The practice has two male GPs, a practice manager, practice nurse, administration and reception staff. Phoenix Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice opening hours are Monday to Friday 8.30am to 6pm. Additional appointments are available from 6.30pm to 8.30pm on Mondays which are pre bookable. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of St Helens Clinical Commissioning Group (CCG). The practice is situated in an area with high socio-economic deprivation. The practice population has a higher than national average patient group aged 65 years and over. There are higher deprivation scores for older patients compared to national figures. Sixty per cent of the patient population has a long standing health condition, whilst 63% have health related problems in daily life.

Why we carried out this inspection

We carried out a focused inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The review was planned to check whether the provider had completed the improvements identified during the comprehensive inspection carried out in March 2015. The checks made were to ensure the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We reviewed the practice against two of the five questions we ask about services: is the service safe, and is the service well led?

How we carried out this inspection

The inspector:

- Carried out an announced inspection visit on 12 May 2016.
- Spoke to the practice manager and looked around the building.
- Reviewed the practice's procedures and records.

Are services safe?

Our findings

At the inspection undertaken in March 2015 we identified some concerns in relation to recruitment checks for staff and the management of health and safety and environmental risks assessments.

Following this inspection in March 15, the practice submitted an action plan to provide details of what they had done to show improvements with the recruitment checks for staff. They had arranged to carry out DBS checks for all staff.

We looked at a sample of staff files of newly recruited staff. At this inspection, all staff requiring a Disclosure and Barring Service (DBS) check had either received an up to date check or had applied for one. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role. Two staff files had just one reference however the practice manager advised they had taken further action to ensure they had at least two references for their newly recruited staff.

We also reviewed procedures in place for monitoring and managing risks to patient and staff safety. The practice had arranged for an external company to complete a detailed fire risk assessment with identified actions. The majority of actions identified within the fire risk assessment had been

carried out. Just one action remained for a smoke seal around a fire door that needed removing as it had been painted over. Following our visit the practice submitted evidence of this smoke seal being replaced.

The practice manager had implemented a large list of environmental risk assessments that covered all areas of the practice. The risks assessments showed how staff had assessed each room within the practice identifying any risks and attending to any actions to reduce risks. The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. They had taken various actions to reduce potential risks to some areas of the environment. Patient access was at the front and the back of the building. The practice had recently installed an intercom system as the back door was kept locked and staff had to let people in via the intercom. The practice also had CCTV within the corridors and communal areas.

We looked at a sample of maintenance certificates for facilities and equipment at the practice. However the electrical installation certificate was out of date. Following our visit the practice manager had arranged for a contractor to check the premises and secured a date in May 16 for an up to date electrical installation check to be completed. We have received evidence that the practice had a satisfactory maintenance certificate for their electrical installation.

Are services well-led?

Good 

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

Our findings

At the inspection undertaken in March 2015 we identified some concerns in relation to the management of risks within the practice. Following the inspection, the practice submitted an action plan to provide details of what they had done to show improvements with managing risks and the health and safety arrangements within the building. The practice had arrangements for identifying, recording and managing risks. The practice manager showed us how they had revised their systems and produced records showing on-going reviews of risks and management of health and safety. They had taken various actions following our inspection in March 15 to help improve the management of health and safety within the practice. For example:

They had radiators that had the potential to be hot to touch, located in the communal patient areas. Following our visit in March 15 they installed covers to ensure no person could touch the radiators when they were switched on. A ceiling in the practice manager's office had been repaired and the practice had installed a baby changing

facility in located in the patient's toilet. We noticed there were areas of maintenance and decorating that needed to be attended to within the building. The practice manager had developed a planned programme of maintenance and refurbishment that covered all areas of the environment. The practice used this plan to ensure when any risks were identified they were included in their schedule of works to show their actions taken to reduce risks.

Following our visit in March 15 the practice had taken action with further improvements for training for safeguarding and accident and incident reporting for staff. They had also taken action to improve their management and overview of how they planned their clinical audits. They regularly discussed their management of clinical audits at team meetings and had developed a set agenda including regular topic items such as: significant events, complaint, national guidance, clinical audits and other multi-disciplinary teams such as district nurses. Following a recent review carried out by their medicines management team the GPs decided to carry out a clinical review of patients with asthma.