

# Phoenix Surgery

## Quality Report

Phoenix Surgery  
Camborne Health Office,  
Rectory Road,  
Camborne,  
Cornwall  
TR14 7DL

Tel: 01209714876

Website: [www.phoenixsurgerycamborne.co.uk](http://www.phoenixsurgerycamborne.co.uk)

Date of inspection visit: 17 October 2017

Date of publication: 23/11/2017

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

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to Phoenix Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4

## Overall summary

### Letter from the Chief Inspector of General Practice

This announced focused inspection was carried out on 17 October 2017 to confirm that the practice were continuing to meet the regulations.

In February 2017 the overall rating for the practice was Good. The full comprehensive report for the February 2017 inspection can be found by selecting the 'all reports' link for Phoenix Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Overall the practice is rated as Good

Our key findings were as follows:

- The practice maintained an open and transparent approach and systems were in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

### 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 well-led?

At our previous inspection on 23 June 2016 we rated the practice as good for providing well-led services. However, since this inspection there had been significant changes in staffing which include departure of GPs, management staff and nursing staff. During our focused inspection of 17 October 2017 we found that the staff at the practice had continued to sustain and embed the governance systems, whilst seeking to make additional improvements.

- The practice continued to have a clear vision and strategy to deliver high quality care and promote good outcomes for their permanent and transient patient population. Staff continued to be clear about the vision and their responsibilities in relation to it.
- Despite the changes in staffing there continued to be a clear leadership structure. Staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework continued to support the delivery of the strategy and delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- Weekly meetings continued to take place; the agenda of which included significant events and incidents. This prioritised risks at the practice and documented agreed actions.
- Staff had received inductions, annual performance reviews and continued to attend staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There continued to be a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Good



# Phoenix Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was a CQC Lead Inspector and a GP Specialist advisor.

## Background to Phoenix Surgery

Phoenix Surgery is situated in the town of Camborne in Cornwall. The practice provides a general medical service to 5,820 patients covering an area from Hayle, to Trevingay and Illogan to Praze-an-Beeble.

The practice population area is in the second decile for deprivation. The lower the decile the more deprived an area is compared to the national average. The practice population ethnic profile is predominantly White British. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 77 years which is lower than the national average of 79 years; female life expectancy is 81 years which is also lower than the national average of 83 years. The practice has a higher percentage of patients with long standing health conditions.

There is a team of five GP partners, four female and one male. The GPs all work part time. The whole time equivalent was four staff. The team are supported by a practice manager, two practice nurses, two healthcare assistants, a phlebotomist (a person trained to take blood) and additional administration staff and support staff. The practice is a training practice and has two registrars.

Patients using the practice also have access to community nurses, mental health teams and health visitors and other health care professionals who visit the practice on a regular basis.

The practice is open between 8am - and 6pm Monday to Friday. Appointments are offered between 8.30am and 1pm and 3pm to 6pm. Extended hours are offered from 6.30pm to 8pm one evening a week. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

When the practice is closed at lunchtimes, evenings and weekends, patients are directed to contact the out of hour's service by using the NHS 111 number.

The practice had a General Medical Services (GMS) contract with NHS England.

The Phoenix Surgery provides regulated activities from the site at Camborne Health Office, Rectory Road, Camborne, Cornwall TR14 7DL

## Why we carried out this inspection

We undertook a comprehensive inspection of Phoenix Surgery on 23 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but the practice was rated as requires improvement for providing safe services.

We undertook a follow up focused inspection of Phoenix Surgery on 21 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was continuing to meet legal requirements. The practice was rated as Good overall.

# Detailed findings

The full report following the inspection on 21 February 2017 can be found by selecting the 'all reports' link for Phoenix Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

We carried out a focused inspection of Phoenix Surgery 17 October 2017.

During our visit we:

- Spoke with a range of staff (including GPs, and the practice manager)
- Observed how patients were being cared for in the reception area.
- Looked at information the practice used to deliver care and treatment plans.

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.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 23 June 2016 we rated the practice as good for providing well-led services. However, since this inspection the practice has been through a period of turmoil with senior GPs, nursing and managing staff retiring or leaving the practice. During our focused inspection of 17 October 2017 we found that the practice had continued to sustain and embed their well led services, whilst seeking to make additional improvements.

### Vision and strategy

Staff explained that since the departure of GPs the main focus of the practice was to continue to recruit new GP partners and to look towards working more closely with a neighbouring practice to meet the needs of an increasing patient list. The vision also included addressing the pressures on the remaining GPs workload through the possible employment of nurse prescribers and emergency care practitioners.

### Governance arrangements

The practice continued to have an overarching governance framework which supported the delivery of the strategy and good quality care.

There continued to be a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses continued to have lead roles in key areas. For example, minor surgery, medicine optimization, CQC, and GP training.

Practice specific policies were implemented and were available to all staff. These continued to be updated and reviewed regularly.

A new system to monitor the performance of the practice had been introduced. A spreadsheet was available to all staff on a shared drive computer system to monitor performance 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 most recent published results showed the practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

Practice meetings continued to be held monthly which provided an opportunity for staff to learn about the performance of the practice. New monthly meetings for nurses with a GP had been also been introduced to improve communication about clinical matters.

There continued to be appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Monthly meetings continued to take place; the agenda of which included significant events and incidents as a standing agenda item. This prioritised risks at the practice and showed agreed actions.

There was a meetings structure that encouraged lessons to be learned and shared following significant events and complaints. For example, we saw evidence where an out of date medicine was found. As a result, changes were made to introduce a formal checking and recording of expiry dates of emergency medicines kept on the premises.

### Leadership and culture

On the day of inspection the partners at the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners continued to be approachable and always took the time to listen to all members of staff.

The provider continued to be aware of and maintain systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice continued to give affected people reasonable support, truthful information and a verbal and written apology.
- The practice continued to keep written records of verbal interactions as well as written correspondence.

There continued to be a clear leadership structure and staff felt supported by management.

# Are services well-led?

Good 

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

The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Staff told us the practice continued to hold regular team meetings. The GPs met each morning to discuss any urgent messages, this ensured continuity of care for patients.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.

Staff said they continued to feel respected, valued and supported, particularly by the partners in the practice.

During the time of staff changes the practice had carried out a staff survey and ran health and wellbeing course for the staff to ensure staff received the correct support. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## **Continuous improvement**

The practice had three GP trainers and continued to support and educate registrars (doctors training to become GPs). They also continued to have year three medical students the whole year round (excepting student university holidays).