

Phoenix Medical Centre

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

We carried out an announced comprehensive follow-up inspection at Phoenix Medical Centre on 12 November 2020, to follow-up on breaches of regulations identified at a previous inspection on 17 October 2019.

This inspection looked at the following key questions safe; effective; responsive; caring and well-led.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as GOOD overall.

We rated the practice as Good for providing safe services because:

- Processes to keep children at risk safe had been strengthened
- Investigations into incidents had improved and learning considered when things went wrong. Information about incidents and investigations was now shared.
- Concerns identified about uncollected prescriptions had been resolved.

We rated the practice as Good for providing effective services because we found improvements in providing an effective service since the previous inspection:

- The providers performance indicators had improved in some areas and were trending upwards. The provider was aware of all trends. However, there remained uncertainty in respect of the management of childhood immunisation uptake.
- Apart from medicines management, the systems in place for mentoring and appraising medical and nursing staff had been strengthened to ensure staff were supported to maintain and attain the skills and experiences needed to carry out their roles effectively.
- Patients were now provided with a copy of their plans of care to ensure they had information about how to manage their condition as needed.

However:

- Audits presented were mainly data searches to review medicine prescribing, they were single cycle and did not include actions to improve patient care.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice had taken steps to involve patients and keep them informed of future changes or service developments.
- The practice had remained open to patients with medical, nursing and administration staff onsite throughout the Covid-19 pandemic period.

We rated the practice as requires improvement for providing well-led services because:

Overall summary

- Improvements were needed in the supervision of medicines prescribed by the non-medical prescriber and the management of high-risk medicines.
- The practice participated and submitted data to national and health quality assurance initiatives, however, the management of childhood immunisation needed to be strengthened.

However, at this follow-up inspection we found some improvements in systems and processes to promote compliance with the requirements and demonstrate good governance.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Encourage feedback from patients.
- Take steps to encourage all practitioners to routinely offer documented plans of care to patients.
- Have systems in place to identify young carers so that they can access the support networks available.
- Take steps to identify learning from all incidents, complaints and concerns raised.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Phoenix Medical Centre

Phoenix Medical Centre is located at 28-30 Dukes Street, St Helens, Merseyside, WA10 2JP. The practice is currently part of a wider network of GP practices.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services.

The practice provides NHS services through a General Medical Services (GMS) contract to 3,376 patients. The practice is part of the St Helens Clinical Commissioning Group (CCG).

The practice's clinical team is led by the provider (principal GP), who provides ten clinical sessions per week. There is also another male GP partner who provides six clinical session per week and a female long-term Nurse Practitioner (ANP) locum who provides regular sessions to cover the periods where there is only a single GP working. A female practice nurse also works at the practice daily.

The clinical team is supported by a team of administrative and reception staff lead by a practice manager.

The practice is open Monday to Friday 8am to 6.30pm. Patients who have previously registered to do so may book appointments online. The provider can arrange home visits for patients whose health condition prevents them attending the surgery.

Extended hours are operated by an independent extended hours provider which is available between 6.30pm and 8pm on weeknights and on Saturday and Sunday mornings. Out of hours services are accessed via NHS 111.

Information published by Public Health England, rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents high levels of deprivation and level ten low. Male and female life expectancy in the practice geographical area is below the national average at 77 years for males, compared to 79 years nationally and 81 years for females, compared to 83 years nationally.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>The systems or processes in place to assess monitor and improve the quality and safety of the services being provided were not effective.</p> <p>In particular:</p> <ul style="list-style-type: none">• Health monitoring checks for patients on high risk medicines had not been completed.• The monitoring of non-medical prescribers was not documented.• The providers management systems did not give assurance that processes to improve the uptake of childhood vaccinations was in line with best practice guidance.• The practice did not have an audit programme so actions to improve quality were not prompted by research which aligned with quality concerns of the practice. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>