

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

Inadequate 

Are services safe?	Requires improvement 
Are services effective?	Inadequate 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Phoenix Medical Centre on 17 October 2019 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 31 October 2018.

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 inadequate overall.

We rated the practice as requires improvement for providing safe services because:

- The practice did not use clear systems and robust processes to keep children at risk safe.
- The practice did not always complete robust investigations into incidents to ensure there was sufficient learning when things went wrong and information about incidents and investigations was not always shared appropriately.

However, since the previous inspection:

- Receptionists had completed sepsis training and were aware of the actions to take for an acutely unwell patient.
- Steps had been taken to improve cleanliness and ensure infection control and prevention processes were robust. The clinic room used for minor surgery (knee injections) had been refurbished to meet best practice standards.
- The provider had conducted a control of substances hazardous to health risk assessment for all items used at the practice and the required safety schedules were on file.
- The provider had started to use governance processes for example, a diary reminder for when equipment

should be calibrated. It was noted that this could also be beneficial for managing other aspects of the service for example all training; policy reviews; staff validation or registration checks.

- The practice had some appropriate systems in place for the safe management of medicines however, systems for managing uncollected prescriptions needed to be strengthened.

We rated the practice as inadequate for providing effective services because:

- The provider was not aware of performance indicators which suggested their performance was trending downwards and significantly below national targets.
- Audits were not always used to identify how the services outcomes could be improved.
- The system in place for mentoring and appraising medical and nursing staff needed to be strengthened to ensure staff were supported to maintain and attain the skills and experiences needed to carry out their roles effectively.
- The provider did not have a system in place to ensure patients were routinely provided with a copy of their plans of care to ensure they had information about how to manage their condition as needed.

These areas affected the population groups: older people and people whose circumstances made them vulnerable we as rated as requires improvement; families, children and young people and working age people (including those recently retired and students) we rated as inadequate. However, people experiencing poor mental health we rated as good.

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

- While the practice had made some improvements since our inspection on 31 October 2018, it had not appropriately addressed the Requirement Notice in relation to developing systems and processes to improve the quality and safety of the service and we found ongoing concerns about governance systems which put patients at risk.
- The overall governance arrangements were ineffective. The practice culture did not effectively support high quality sustainable care in that clinical oversight in that

Overall summary

appraisal system for nursing staff needed to be strengthened; and the responsibility of all staff involved was not always considered when incidents were investigated.

- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on information made available.
- Key communication systems needed strengthening.
- The appraisal and mentoring arrangements for key members of staff needed to be strengthened.
- Systems were not in place to ensure training for long-term agency staff was up-to-date.
- The practice did not have an audit plan to review the quality and performance of the service and identify areas of improvement and development.

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 plans.

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

- Ensure process are developed to ensure child protection information is available to all relevant stakeholders.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are offered information about their care and treatment which reflects their needs and their preferences.

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

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

- Put a system in place to ensure revalidation and professional registration dates are not overlooked.
- Put a risk assessment in place for staff commencing prior to receipt of DBS status.
- Introduce a system to ensure all training is kept up to date.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Requires improvement 
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 and a practice nurse shadow specialist advisor.

Background to Phoenix Medical Centre

Phoenix Medical Centre is located at 28-30 Dukes Street, St Helens, Merseyside, WA10 2JP. The provider is part-owner of the premises with the other registered partner. 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 and treatment of disease, disorder or injury.

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. A male GP partner who provides six clinical sessions per week. A female long-term Nurse Practitioner (ANP) locum provides regular sessions to cover the periods where there is a single practitioner allocated and GPs are on leave. A female practice nurse works at the practice daily providing a baby clinic.

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 8.30am 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.

The practice's extended hours are provided by St Helens Rota and are available Monday and Wednesday evenings. Extended Out of Hours services are operated by an independent extended hours provider which is available between 6.30pm and 8pm on weeknights and in the morning Saturday and Sunday.

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.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>Robust systems and processes were not established and operated effectively to prevent abuse of service users because:</p> <p>The system for alerting all relevant parties that a patient was considered to be at risk was not always used effectively because all the information provided by partner agencies was not always uploaded into the relevant records in a timely manner.</p> <p>This meant a potential delay in all relevant agencies having up to date information about the safeguarding risks to patients.</p> <p>This was a breach of Regulation 13 of the Health and Social Care Act 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Provide relevant persons with the information they would reasonable need for the purposes of sub-paragraphs 9 c) to(f) and being involved in and informed about their care.</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure care plans were routinely developed and offered to patients to enable reflection on, and support compliance with, the agreed care pathway.</p> <p>This was a breach of regulation 9 of the health and social care act 2014</p>

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	There was a lack of robust systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.
Maternity and midwifery services	There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
Surgical procedures	The provider did not use a system to ensure incident investigations were robust.
Treatment of disease, disorder or injury	Learning from investigations was not always shared with all staff and so risks relating to repeated incidents were not always mitigated.
	The follow-up system to improve quality outcomes for patients was not robust. For example, there was no failsafe for picking-up missing cervical cancer screening results or for children who did not attend their appointment following referral to secondary care or for immunisations. The provider did not have a system or policy in place for monitoring and following up patients who failed to collect their medicines. This meant that risks relating to ongoing care and treatment were not always mitigated.
	The provider had failed to ensure that persons providing care or treatment to service users had enough supervision and mentoring to promote on-going improvements.
	This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	The Health and Social Care Act 2008
	WARNING NOTICE: