

Phoenix Medical Practice

Quality 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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Phoenix Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Phoenix Medical Practice on 8 November 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system for reporting and recording significant events.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- Risks to patients were assessed but not always well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was evidence of clinical audits driving quality improvement.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a website and patients were able to order repeat prescriptions and view their records online. However, patients were unable to book appointments online.
- Some patients told us they found it difficult to book routine appointments with a GP. However, they were able to obtain an appointment with a GP that suited their needs in an emergency.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. However, records showed that complainants did not always receive an initial written acknowledgement letter.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice gathered feedback from patients through the patient

Summary of findings

participation group (PPG), complaints received, patient surveys and by carrying out analysis of the results from the GP patient survey and the Friends and Family Test.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- Revise medicines management and ensure that all medicines held by the practice are stored at the correct temperature and are within their expiry date and safe to use.
- Ensure that repeat prescriptions are signed by a GP before transfer of the medicines to the patient, except in exceptional circumstances.
- Ensure the system that monitors blank prescriptions through the practice includes blank prescription pads.
- Revise risk management activity to ensure risks associated with fire safety are adequately managed.

The areas where the provider should make improvements are;

- Keep records of domestic cleaning carried out in the practice as well as the water temperature from hot and cold water outlets.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Implement plans to introduce online appointment booking by patients.
- Revise complaints management to follow the practice's written guidance on handling complaints.
- Keep records of action taken or if no action was necessary in response to receipt of all notifiable safety incidents.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- Vaccines were not always stored at the correct temperature and we found some vaccines that were out of date.
- Repeat prescriptions were frequently not signed by a GP before transfer of the medicines to the patient.
- Blank prescription pads were stored securely. However, the systems to monitor their use were not effective.
- The practice had up to date fire risk assessments. However, the practice was unable to demonstrate that smoke alarms were tested on a regular basis and that regular fire drills were carried out.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- The practice had a website and patients were able to order repeat prescriptions and view their records online. However, patients were unable to book appointments online.
- Telephone consultations and home visits were available for patients who were not able to visit the practice.
- Most patients we spoke with said they found it difficult to book routine appointments with a named GP. However, they were able to obtain an appointment that suited their needs in an emergency.
- The practice offered some Saturday clinics for patients to receive influenza vaccinations.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, records showed complainants did not always receive an initial acknowledgement letter.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Governance arrangements were not always effectively implemented.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken. However, the practice did not always keep records of action taken or if no action was necessary in response to receipt of all notifiable safety incidents.
- The practice valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the local clinical commissioning group (CCG) average and national average. For example, 82% of the practice's patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol.mol or less in the preceding 12 months compared with the local CCG average of 79% and national average of 78%. Eighty nine percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 88% and national average of 88%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Childhood immunisation rates for the vaccinations given were higher than clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 92% to 98% compared to the local CCG averages which ranged from 82% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the local CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.

Requires improvement



Summary of findings

- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the local clinical commissioning group (CCG) average of 82% and national average of 84%.
- Performance for mental health related indicators was comparable with the local CCG average and national average. For example, 82% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 88% and national average of 88%. Ninety four

Requires improvement



Summary of findings

percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the local CCG average of 89% and national average of 90%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing better than and national averages. Two hundred and twenty four survey forms were distributed and 126 were returned. This represented 3% of the practice's patient list.

- 92% of respondents found it easy to get through to this practice by telephone which was better than the national average of 73%.
- 81% of respondents described their experience of making an appointment was good which was better than the national average of 76%.
- 90% of respondents described the overall experience of their GP surgery as fairly good or very good which was better than the national average of 85%.
- 85% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area which was better than the national average of 80%.

We received five patient comment cards all of which were positive about the service patients experienced at Phoenix Medical Practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. Two comment cards also contained negative comments but there were no common themes identified.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, most patients said they found it difficult to book routine appointments with a GP.

Phoenix Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a CQC Pharmacy Inspector.

- Phoenix Surgery, 33 Bell Lane, Burham, Rochester, Kent, ME1 3SX, and
- Eccles Surgery, White House, Eccles, Maidstone, Kent, ME20 7HX.

Phoenix Surgery is open Monday and Thursday 8.30am to 5pm, Tuesday, Wednesday and Friday 8.30am to 6pm. Extended hours appointments are offered Tuesday and Wednesday 7am to 8am.

Eccles Surgery is open Monday, Wednesday and Friday 8.30am to 1pm, Tuesday 8.30am to 6pm and Thursday 8.30am to 5pm.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Background to Phoenix Medical Practice

Phoenix Medical Practice is situated in Burham, Rochester, Kent and has a registered patient population of approximately 4,287. There are more patients registered between the ages of 40 and 79 years than the national average. There are fewer patients registered between the ages of 20 and 34 years as well as the age of 80 years and above than the national average. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of two GP partners (one male and one female), one salaried GP, one practice manager, one dispensary manager, three practice nurses (all female), one healthcare assistant / receptionist (female) as well as administration, reception and dispensary staff. The practice also employs locum GPs via an agency. There are reception and waiting areas on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is a training practice (training practices have GP trainees and FY2 doctors) and dispenses medicines.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from:

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 November 2016.

During our visit we:

- Spoke with a range of staff (two GP partners, the practice manager, the dispensary manager and dispensary staff, one practice nurse and one healthcare assistant / receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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 safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident and accident reports as well as minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new electrical plug point was installed after an incident where a medicine refrigerator was inadvertently turned off resulting in the loss of the vaccines it contained.

Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies and other documents clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood

their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. There was an infection control protocol and staff had received up to date training. Infection control and cleaning audits were undertaken and there was an action plan to address any improvements identified as a result. However, the practice was unable to demonstrate they kept records of domestic cleaning that was carried out.
- The arrangements for managing medicines, including emergency medicines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Medicines stored in the dispensary, treatment rooms and medicine refrigerators were stored securely and only accessible to authorised staff. Records showed medicines and vaccines were not always stored at the correct temperature in the medicine refrigerator at Eccles Surgery. We found some vaccines that were out of date stored in the medicine refrigerator at Eccles Surgery. Arrangements for controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were appropriate. Records for ordering, receipt, supply and disposal of controlled drugs met legal requirements. A named GP was responsible for the dispensary and the practice used standard operating procedures (SOPs) for dispensing. Staff followed procedures for handling requests for repeat prescriptions, including ensuring that further checks were completed. For example, blood tests. High risk medicines were reviewed by a GP before dispensing. However, at Phoenix Surgery and at Eccles Surgery we found that repeat prescriptions were frequently not signed by a GP before transfer of the medicines to the patient. The practice had a system that recorded

Are services safe?

dispensing errors and near misses (near misses are dispensing errors that do not reach a patient). These were discussed at practice meetings. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems to monitor their use. Blank prescription pads were stored securely. However, the systems to monitor their use were not effective. For example, the practice was unable to demonstrate there were records kept of the serial numbers of blank prescription pads kept in the GPs home visit bags. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice which identified local health and safety representatives. The practice had up to date fire risk assessments and action plans to reduce identified risks. Records showed that the fire alarms were tested on a regular basis. Staff told us the smoke alarms were tested on a regular basis but there were no records to confirm this. The practice was also unable to demonstrate regular fire drills were carried out. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk

assessments to monitor the safety of the premises such as control of substances hazardous to health (COSHH). The practice had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). Records showed risk assessments and action plans had been completed water samples had been sent off for legionella testing. However, the practice did not regularly record the water temperature from hot and cold outlets.

- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- Staff had received annual basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information 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 were 91% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was in line with the local clinical commissioning group (CCG) average and national average. For example, 82% of the practice's patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol.mol or less in the preceding 12 months compared with the local CCG average of 79% and national average of 78%. Eighty nine percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 88% and national average of 88%.
- Performance for mental health related indicators was comparable with the local CCG average and national average. For example, 82% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 88% and national average of 88%. Ninety four percent of patients

with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the local CCG average of 89% and national average of 90%.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, an audit of the management of chronic kidney disease in diabetic patients. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, an audit of patients referred on a two week rapid access. The practice had analysed the results and produced an action plan to address the findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidating GPs.
- Staff received training that included: fire safety awareness, health and safety information, accident recording and confidentiality. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigations and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the local CCG average of 84% and national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 92% to 98% compared to the local CCG averages which ranged from 82% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received five patient comment cards all of which were positive about the service patients experienced at Phoenix Medical Practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. Two comment cards also contained negative comments but there were no common themes identified.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to as well as better than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 82% of respondents said the GP gave them enough time (CCG average 89%, national average 87%).
- 92% of respondents said the nurse gave them enough time (CCG average 94%, national average 92%).

- 92% of respondents said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 89% of respondents said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to as well as better than local and national averages. For example:

- 88% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 89% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 91%, national average 90%).
- 84% of respondents said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 90% of respondents said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients on the practice list who were carers (1% of the practice list). The

practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- The practice offered some Saturday clinics for patients to receive influenza vaccinations.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a website and patients were able to order repeat prescriptions and view their records online. However, patients were unable to book appointments online.
- The premises and services had been designed or adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Services were provided from:

- Phoenix Surgery, 33 Bell Lane, Burham, Rochester, Kent, ME1 3SX, and

- Eccles Surgery, White House, Eccles, Maidstone, Kent, ME20 7HX.

Phoenix Surgery was open Monday and Thursday 8.30am to 5pm, Tuesday, Wednesday and Friday 8.30am to 6pm. Extended hours appointments were offered Tuesday and Wednesday 7am to 8am.

Eccles Surgery was open Monday, Wednesday and Friday 8.30am to 1pm, Tuesday 8.30am to 6pm and Thursday 8.30am to 5pm.

Primary medical services were available to patients via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above national averages.

- 82% of respondents were satisfied with the practice's opening hours compared to the national average of 79%.
- 92% of respondents said they could get through easily to the practice by telephone compared to the national average of 73%.
- 81% of respondents said they were able to see or speak with someone the last time they tried compared to the national average of 76%.

We spoke with seven patients during the inspection, most of whom said they found it difficult to book routine appointments with a GP. However, they were able to obtain an appointment with a GP that suited their needs in an emergency.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received nine complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response,

the practice had learned from the complaints and had implemented appropriate changes. For example, dispensary procedures were reviewed after a patient was given the wrong medicine by a member of dispensary staff. However, records showed that although written complaints received a response within the time frame stipulated in their policy the complainant did not always receive an initial acknowledgement letter.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision and values.

Governance arrangements

Governance arrangements were not always effectively implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they were following national guidance on the management of medicines. Risks to patients were assessed but not always well managed. For example, fire safety.

Leadership and culture

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

The provider was aware of and complied 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). The GP partners encouraged a culture of openness and honesty.

The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help

ensure appropriate action was taken. However, the practice did not always keep records of action taken or if no action was necessary in response to receipt of all notifiable safety incidents.

The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held team meetings and records confirmed this.
- 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.
- Staff said they felt respected, valued and supported, particularly by the GP partners in the practice. 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.

Seeking and acting on feedback from patients, the public and staff

The practice valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG), complaints received, patient surveys and by carrying out analysis of the results from the GP patient survey and Friends and Family Test.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GP partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

Are services well-led?

Requires improvement



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

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents and significant events as well as from complaints received.

The practice was subject to scrutiny by Health Education Kent, Surrey and Sussex (called the Deanery) as the

supervisor of training. GP trainees and FY2 doctors were encouraged to provide feedback on the quality of their placement to the Deanery and this in turn was passed to the GP practice. GPs' communication and clinical skills were therefore regularly under review.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; ensuring the proper and safe management of medicines.</p> <p>This was in breach of Regulation 12(1) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>