

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Phoenix Surgery

Dunwich Drive, Toothill, Swindon, SN5 8SX

Tel: 01793600440

Date of Inspection: 06 November 2013

Date of Publication:
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Phoenix Surgery
Registered Manager	Dr. Peter Swinyard
Overview of the service	<p>The Phoenix surgery is located in the town of Toothill, Swindon in Wiltshire. It has a practice population of approximately 5200 patients registered. The practice is based in a well maintained purpose built building. The practice has three partner GPs, one salaried GP supported by a practice nurse manager, practice nurse and a healthcare assistant. The clinical team is supported by a Customer services manager, a business manager and administrative staff.</p>
Type of services	<p>Doctors consultation service Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury</p>

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection with spoke with five people who used the service. Everyone we spoke with told us that overall they were satisfied with the service they received and had confidence in the abilities of the GPs and nurses. One patient told us "I can't fault the GPs, they don't patronise me but talk through my options explaining any potential side effects to medication they are prescribing". Another patient told us "The nurses are fantastic, they showed me how to change my mum's dressings in between appointments which was really helpful".

Patients who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse from happening.

We found clinical and non-clinical areas were clean and tidy and free from odours. Patients we spoke with said they had no concerns about hygiene standards within the practice. They told us that the GPs and nurses always wore the correct protective equipment, such as gloves, whilst examinations took place.

Patients were cared for, or supported by suitably qualified, skilled and experienced staff. Records we reviewed showed there were effective recruitment and selection processes in place.

During our visit we found the practice had sought the views of a small number of patients and acted upon the feedback received. The practice undertook periodical clinical and non-clinical audits throughout the year.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Patients expressed their views and were involved in making decisions about their care and treatment. Patients we spoke with told us that they felt involved in making decisions about their care and treatment. One family member we spoke with explained that consent had been sought so that the practice staff could discuss their mother's medical information with them. They told us that they also attended appointments with their mother. They said "even though mum has difficulty understanding they still speak directly to her. They always explain to her what is going on. They explain things so I can also understand". Another patient we spoke with told us "they are very good at talking through the different types of medication available to me and possible side effects. They encourage me to try different medication to help manage my condition".

Patients who used the service were given appropriate information and support regarding their care and treatment. The waiting area had information available on a range of conditions and possible treatment options. The business manager explained that the practice also had access to a document library. This allowed the GPs and nurses to enter a patient's medical condition. The system would then search for the relevant information leaflet which the GPs or nurses could then print off and give to the patient. Available literature could also be requested in alternative language or formats if required. The practice also had access to an interpretation service if required.

One patient we spoke with told us "I can always talk through the different options available for treatments, I feel the GP really listens". Another patient told us "they always give lots of information which eases my mind. We discuss the options available and if needed why I should be referred to a specialist". Patient records we reviewed detailed discussions held during consultations and the outcomes. This meant that people understood the care and treatment choices available to them.

During our visit we saw that all GP and nurse consultations took place in rooms that afforded privacy. Any special health needs were noted on patient records. Medical alerts were highlighted in an individual box where the information was accessible to the GPs and nurses. The GP we spoke with explained that when they had patients whose first language was not English they had at times used 'Translate Google'. This had helped them ensure that patients had understood the consultation and the treatment options available to them. This meant that patient's diversity, values and human rights were respected.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Patient's needs were assessed and care and treatment planned and delivered in line with their individual patient record. The GP we spoke with explained that the patient's medical history and medication were updated on the computer system at the time of the appointment. We reviewed seven electronic patient records and noted that these were in chronological order. The records included medical information, treatment offered and options discussed and medication being taken. Where needed some information was recorded as an alert. For example, if the person had an on-going medical condition or any allergies. The system also had the facility to add messages in cases where urgent information needed to be highlighted or to remind GPs and nurses to undertake medical reviews. The GP we spoke with told us that they would type any referral letters at the time of the consultation. This meant that patients understood the reasons for the referral and an open discussion could take place.

The GP told us that all patients' prescriptions were subject to a review every six months. They explained the system whereby medications that had not been reviewed and therefore authorised would be allocated a white ticket. This would then prompt the GP to review the medication which could include a telephone call to the patient or asking them to come in to see a GP. This was to ensure that patients were not requesting medications they no longer required. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reception staff managed the appointment system. Patients we spoke with said that they could access appointments easily if they did not mind who they saw. The GP explained that reception staff had a list of patients who may require quick access to appointments. For example this might include someone who was receiving end of life care. The receptionist we spoke with clarified that they had this list and that they would always ask the patient if they needed a same day appointment.

Patient's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The practice provided health information and leaflets. These were also available in different languages if requested. The GP explained that previously when a patient's first language had not been English they had used a translation service. They

found that this had worked very well for the patient and GP. There was disabled parking and wheelchair access to consultation rooms. There were also baby changing and disabled toilet facilities. This meant that care and treatment was planned to reflect patient's cultural needs, preferences and diversity.

Patients we spoke with told us that they were happy with the care and treatment they received. One patient told us "the GPs here are brilliant, I always feel well looked after". Another patient said "the nurses are the best I've ever met, they talk nicely to you and tell you what is going on". A third patient said "everyone is very professional, they have always given my mum the best care".

There were arrangements in place to deal with foreseeable emergencies. The business manager showed us the practice fire risk assessment. There was a fire evacuation procedure available to visitors of the practice at reception. Emergency first aid equipment, oxygen, emergency drugs and emergency resuscitation equipment were available in the surgery. These were all checked monthly by the practice nurse. All staff had been trained in cardiopulmonary resuscitation (CPR). This ensured that risk to patients during an emergency was reduced and equipment was working effectively. The provider may wish to note that the practice did not have a business continuity plan detailing such things as what to do in the event of loss of the computer system, staff shortages and loss of power supply.

During the times when patients were being seen by the GP or one of the practice nurses all staff had access to an emergency call system in their room. This was electronic and could be activated by any member of staff requiring assistance in an emergency. This meant that they could summon help without leaving the room or the patient.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Patients who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Patients we spoke with told us that they felt safe when they visited the surgery. They said that they had confidence in the GPs and nurses abilities.

Adults and children who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and had systems in place to recognise those patients who may be at risk. One of the nurses showed us the coded alerts they had in place for patient records. This could record the person as a vulnerable adult or child for example. When the person's records were accessed there was a pop up directing the GP or nurse to the relevant information. Records we reviewed showed patients who had been highlighted as being at risk. Notes were detailed and included correspondence with other agencies such as the district nurse or local authority. Any actions taken and outcomes were also documented.

The practice referred to Wiltshire local authority's protocols and policies for the safeguarding of adults and the protection of children. We were told that there was a lead GP within the practice who would refer any concerns to the appropriate authority. They had also been responsible for the training staff within the practice.

The staff we spoke with confirmed that they received training during 2013 in the safeguarding of children and adults. They were able to evidence their understanding of what constituted abuse, the different types and what procedure they would follow. The provider may wish to note that there were no formal records to evidence this training had taken place.

The practice had a chaperone policy. The policy was designed to protect both staff and patients from abuse or allegations of abuse and to assist patients to make informed choices about their care and treatment. Patients or clinicians of either gender could request a chaperone.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The cleaning contract for the practice was managed by an external cleaning company. We saw a schedule of what clinical and non-clinical areas were to be cleaned on a daily, weekly or monthly basis. The business manager explained that the company would then audit these records periodically. The provider may wish to note that records of these audits were not available during our inspection.

We noted that in all consultation rooms personal protective equipment, such as gloves and aprons were available. There were also hygienic wipes available to wipe down surfaces between consultations. Toilets were stocked with soap, hygienic hand gel and paper towels. All rooms had separate bins for the disposal of clinical and non-clinical waste. Clinical waste bins were foot controlled. Waste was stored in a locked external storage area and collected weekly by an external company. Consultation rooms also had bins for the disposal of sharps which were collected on a weekly basis by the same company. Protocols for the disposal of sharps and clinical waste were also in place.

There was an infection control policy and the GPs and nurses and practice staff had received training in this area. The provider might find it useful to note that details of this training were not formally recorded. The nurse manager who was the lead for infection control informed us that it was their responsibility to ensure that staff adhered to the policy on infection control. They told us that they had completed an audit in 2012 after their refresher training. They were due to attend the refresher this year but this had been rescheduled for January 2014 when they would then complete their next audit. Records we reviewed during our inspection confirmed this. The staff we spoke with were aware of their role and responsibilities regarding infection control, and prevention.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The customer services manager explained the recruitment process. Candidates were asked to complete an application form which included a criminal records declaration. This included previous employment history, skills and abilities and if they were permitted to work in this country. We saw recent records that contained this information. This information would then be used to shortlist candidates who would then be invited to interview. The customer services manager explained that any gaps in employment and the reason why would be queried at interview. They were able to effectively describe to us what they would do when they employed anyone new to the practice.

The successful candidate was asked to provide two referees. There was evidence to confirm the person's identity and their right to work in the UK. GPs and nurses were subject to a satisfactory Disclosure and Barring Service (DBS) check. This is a check of the person's criminal record. This meant that appropriate checks were undertaken before staff started work.

As part of the recruitment checks we saw that staff personal files contained up to date proof of a person's qualifications or registration with the appropriate professional body. For example, a copy of General medical Council (GMC) registration or Nursing and Midwifery (NMC) registration and qualifications.

Staff members we spoke with told us that they were able to access training opportunities. The provider might find it useful to note that there was no formal record of training staff had received. Records showed that there was an induction programme that new staff members completed. The customer services manager explained that new members of staff were able to shadow colleagues before commencing lone working. This meant the provider had equipped staff with the skills and experience to meet patient's needs.

The GP we spoke with explained that the practice had recently asked patients to complete a questionnaire on each GP. Information received would then be used as evidence at their yearly appraisal and five year revalidation. The staff members we spoke with told us that they felt supported by the practice. The provider may wish to note that only some staff we

spoke with had not received an induction and regular appraisals.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Patients who used the service were asked for their views about care and treatment and they were acted upon. The business manager explained that until recently the practice had a Patient Participation Group (PPG) whose aim it was to assist in the monitoring of the practice's performance and working towards best practice. The group is currently not active. The last survey they had completed was in March 2012. This had been completed by fifteen PPG members. The feedback from this had been used to review the appointment times. A practice report from this survey and outcomes were published on the website for patients to view. The provider may wish to note that feedback had only been sought from a small number of the practice population.

Clinical audits which complied with the Quality and Outcomes Framework (QOF) were monitored every fortnight by the senior GP and nurse manager and progress made recorded. The QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. The GP explained that this was so they could review where the practice was at on meeting their targets and ensure care reviews had taken place on a regular basis. If reviews had not taken place then an alert would be placed on patient's notes as a reminder to the GP or nurse.

The provider had some systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The practice had a fire risk assessment which was reviewed annually. Assessments on the Control of Substances Hazardous to Health (COSHH) had been completed on all cleaning products. The provider may wish to note that there were no building risk assessments in place to ensure the safety and welfare of people accessing the building.

We reviewed records of significant events. These were recorded appropriately and were also discussed at the monthly practice meeting. The provider may wish to note any actions taken or outcomes were not noted in the meeting minutes. This meant that there was no evidence that learning from incidents and investigations took place and appropriate changes were implemented.

The provider took account of complaints and comments to improve the service. The practice manager showed us the most recent complaint they had received. We saw that the complaint had been responded to in a timely manner and actions required noted. Complaints were also a topic of discussion at the practice meeting. Information on how to make a complaint was available from the receptionist. Patients we spoke with told us that whilst they had no reason to make a complaint, if needed then they would feel comfortable doing so. They said that they felt that they would be listened to any actions required would be taken.

We saw evidence of some audits that were completed throughout the year. These included the review of policies and emergency equipment. The provider may wish to note that audits relating to infection control and cleaning were not available during our inspection. We also saw evidence that servicing of equipment took place yearly.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
