

Four Acre Health Centre

Inspection report

Burnage Avenue
Clock Face
St. Helens
WA9 4QB
Tel: 01744819884

Date of inspection visit: 7, 8, 9 and 16 March 2022
Date of publication: 25/05/2022

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?		Inadequate	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Inadequate	

Overall summary

We carried out an announced inspection at Four Acre Health Centre on 7, 8, 9 and 16 March 2022. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective – requires improvement

Caring - good

Responsive – requires improvement

Well-led - inadequate

Following our previous inspection on 2 and 7 September 2021, the practice was rated inadequate for being safe, effective and well-led and requires improvement for being caring and responsive. The practice was placed into special measures.

The full reports for previous inspections can be found by selecting the 'all reports' link for Four Acre Health Centre on our website at www.cqc.org.uk

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in the area. To understand the experience of GP providers and people who use GP services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

Why we carried out this inspection

This was a comprehensive inspection to follow up on concerns identified from the last inspection.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Staff questionnaires

Overall summary

Our findings

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 inadequate for providing safe services. This is because:

- We found concerns related to the prescribing of controlled drugs which were re-issued to patients in the absence of a review.
- Recruitment was not always carried out according to Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider lacked oversight of risks relating to the premises.
- Not all staff had access to the electronic incident reporting system and the provider could not evidence all incidents reported in the logbook were investigated and resolved.

However,

- The provider had carried out comprehensive medicine reviews of patients prescribed regular repeat medicines.
- We saw improvement in safeguarding processes and appropriate safeguarding children training for non-clinical staff had been completed.
- Blank prescriptions were kept secure.

We rated the provider requires improvement for providing effective services. This is because:

- The provider was not always able to demonstrate the competence of some staff in their role reviewing patients.
- Staff had not received appraisals since February 2020.

We rated the provider good for providing caring services.

- The provider had made improvements to processes and procedures to improve patient care.

We rated the provider requires improvement for providing responsive services.

- The system for managing and responding to complaints had not changed since our last inspection. The provider could not demonstrate a consistent approach to managing and learning from complaints.

We rated the provider inadequate for providing well-led services.

- It was unclear which roles took responsibility for the day to day management of the practice.
- The provider had not addressed all the concerns identified from our last inspection and we found other issues in relation to risk management and lack of oversight for the governance arrangements at the practice.

Overall summary

We found three breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to make improvements for cervical screening and childhood immunisations.
- Continue to gather patient feedback to improve services.

This service was placed in special measures in September 2021. Insufficient improvements have been made such that there remains a rating of inadequate for safe and well-led. 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 six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor and a member of the CQC pharmacy team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Four Acre Health Centre

Four Acre Health Centre is located in St Helens at: Burnage Avenue, Clock Face, St Helens, Merseyside, WA9 4QB.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the St Helens Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of 8,200. This is part of a contract held with NHS England.

The practice is part of St Helens South Primary Care Network, a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98.5% White, 0.6% Asian and 0.9% Black, Mixed or Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more working age patients registered at the practice.

There is a lead GP and three salaried GPs. The practice has a team of four advanced nurse practitioners and a clinical pharmacist. The GPs are supported at the practice by three locum GPs, a reception manager, a team of reception/administration staff, GP assistant, medical secretary, Health Care Assistant and a Counsellor. The practice manager and assistant practice manager provide managerial oversight with the lead GP. The practice is also a registered training practice.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a face to face appointment.

The practice provides extended access appointments on Tuesday evenings 6.30pm to 9.30pm. Out of hours services for patients are provided by Primary Care 24 Limited.

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 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 must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The provider did not have systems in place to ensure all controlled drugs were prescribed in keeping with local and national prescribing policies.• The provider did not have oversight of emergency medicine checks and we found medicines that had expired. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	
Maternity and midwifery services	