

Halcyon Medical Limited

Inspection report

Unit 8, 24 Martineau Place
Birmingham
B2 4UH
Tel: 03452450780
www.halcyonmedical.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection at Halcyon Medical Limited on 22 November 2021. Overall, the practice is rated as Inadequate.

The ratings for each key question were as follows:

Safe - Inadequate

Effective – Requires Improvement

Caring – Good

Responsive – Good

Well-led – Inadequate

Following our previous inspection on 26 November 2018, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Halcyon Medical Limited on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to gain assurances, following concerns that were raised about the safety of the practice.

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 included:

- 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 site visit

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 found that:

Overall summary

- The practice did not have clear systems and processes to keep patients safe. We found safeguarding registers lacked information to advise staff of potential concerns.
- The practice was unable to demonstrate effective leadership. The lack of adequate processes were putting patients at risk and the provider did not have the capability to lead effectively and drive improvement.
- The management team we spoke with demonstrated a lack of knowledge to ensure effective processes were embedded to drive efficiency, manage risk and ensure safety in the practice.
- Some emergency medicines were available, but these did not cover all the recommended medicines for general practice. No risk assessments had been completed in the absence of emergency medicines to determine the level of risk if required in an emergency situation.
- There were ineffective systems in place for processing information relating to new patients including the summarising of new patient notes. We found nine boxes of clinical records awaiting summarising and patient notes waiting return due to patients having left the practice dating back to June 2021.
- Infection prevention and control was not monitored effectively, with no infection control audit in place and no evidence that staff had completed the relevant training for their role.
- We found prescription stationery was not kept securely, with blank prescriptions left in printers in consulting rooms and the doors were left unlocked when not in use.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles. We found limited evidence that staff had received regular reviews and appraisals. There was no evidence to demonstrate that staff were given opportunities for learning and development.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

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

- Continue to encourage patients to attend immunisation appointments.
- Continue taking action to improve the uptake of national screening programmes such as cervical screening.
- Continue to proactively identify carers in order to offer them support where appropriate.

We identified breaches and as result of our inspection, a warning notice was issued under Section 29A of the Health and Social Act 2008 to the provider Dr Matthew Nye in relation to the

regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and the Treatment of disease, disorder or injury. This was due to the ineffective systems in place for the management of risk, lack of effective systems to enable proactive monitoring of safeguarding registers, inadequate leadership to maintain appropriate governance processes and ensure staff had completed training relevant to their roles.

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

Overall summary

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

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

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team undertook a site visit. This was led by a CQC lead inspector and included a GP specialist advisor.

Background to Halcyon Medical Limited

Halcyon Medical Limited is located in the City Centre of Birmingham. The practice has a General Medical Services contract (GMS) with NHS England.

The provider is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services. The practice provides NHS services to 12,700 patients. The practice is part of Sandwell & Black Country Clinical Commissioning Group (CCG).

The practice is a limited company owned by the medical director who is also the registered manager. The medical director (male) is supported by four salaried GPs (three female and one male), two GP registrars (one male and one female) and one FY2 (foundation year two placement) trainee doctor on their second year after graduation, two part time practice nurses and one health care assistant. The non-clinical team consists of administrative and reception staff, a practice/business manager and an assistant practice manager. The practice is an approved training practice and provides training to GP Registrars as part of their ongoing training and education. The practice is currently part of a wider network of GP practices.

The practice opening times are 8am to 6.30pm, Monday to Friday and Saturday morning from 9am to 12pm. The practice has opted out of providing an out-of-hours service. Patients can access the out of hours service provider by contacting the NHS 111 service.

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 an appointment.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth decile (four 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 45% White, 34% Asian, 12% Black, 5% Mixed, and 4% Other. The age distribution of the practice population is much lower than local and national averages for patients aged 65 years and over.

Enforcement actions

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	S29 Warning Notice Regulation 12, (1) (2), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. <ul style="list-style-type: none">• Lack of effective systems to ensure the proactive monitoring of safeguarding registers.• Unable to demonstrate staff had completed the appropriate safeguarding training relevant to their role.• Blank prescriptions were kept in printers in unlocked rooms and there was no processes in place to ensure the safety of prescription stationery.• There were no risk assessments available to demonstrate all risks had been reviewed in the absence of recommended emergency medicines.• Emergency medicines were not kept in a secure environment.• Vaccine fridges and clinical waste were kept in unlocked rooms.• Infection control measures were inadequate. The provider was unable to provide evidence to demonstrate an infection control audit had been completed in the past 12 months and infection policies were reviewed and maintained appropriately.• Sharps bins that were in use in consulting rooms were not dated and signed. Regulation 17, (1) (2), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. <ul style="list-style-type: none">• The provider was unable to demonstrate that there was a comprehensive risk assessment process in place. Actions identified from previous assessments had not been acted on.• The provider was unable to demonstrate that staff had completed training relevant to their role in the appropriate handling of clinical waste and the management of sharps.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

- A fire risk assessment completed in September 2021 by an external contractor, had identified two high priority areas that required immediate action. We found these high priority actions had not been acted on.
- The provider was unable to demonstrate a system was in place to ensure the prompt return and actioning of patient records.
- There was no clear leadership in place to ensure the effective management of the practice.
- The business continuity plan was a generic document and had not been personalised to the practice. It contained no information on what to do in the case of an emergency.

Regulation 18, (1) (2), Staffing, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was unable to provide documentation to evidence that they had systems and processes in place to ensure staff received the appropriate training relevant to their role.
- There was no effective process in place to ensure all staff had personnel folders with the appropriate checks in place.
- There was no evidence to demonstrate that all staff had been offered staff vaccinations in line with Public Health England (PHE) guidance or carried out a risk assessment on staff members who wished to decline the offer in order to mitigate risk.