

Four Acre Health Centre

Inspection report

Burnage Avenue
Clock Face
St. Helens
Merseyside
WA9 4QB
Tel: 01744819884
<www. <https://fouracrehealthcentre.co.uk>

Date of inspection visit: 5th March 2020
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced inspection at Four Acre Health Centre on 5 March 2020.

Following our review of the information available to us, including information provided by the practice, we carried out a comprehensive inspection on the following key questions: Safe, Effective, Responsive, Caring and Well-led.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall.

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

- Safeguarding policies did not provide staff with the information required to enable them to deal with all kinds of abuse in particular: female genital mutilation (FGM) and radicalisation (PREVENT); assurance could not be provided that staff had completed the required level of safeguarding training; recruitment and selection vetting did not include sufficient checks to ensure all staff were fit and proper to work with vulnerable people.
- Required health and safety checks had not been completed.
- There was limited evidence of shared learning from significant events.
- Systems for managing staff needed to be strengthened, the immunisation status of staff had not been checked in-line with best practice guidance and staff had not completed training in several key safety topics for example, sepsis; fire safety and chaperone training.
- Blank prescriptions were not held securely.

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

- Systems to ensure care and treatment was in line with best practice guidance needed to be strengthened.
- The processes in place to promote public health initiatives such as cervical screening were not effective

- Staff management systems were not robust or embedded and the practice could not demonstrate that all the relevant training had been provided to and completed by clinical and operational staff.
- The practice had not initiated a clinical audit time-table.

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

- Patients did not have ready access to a complaints policy;
- The complaints policy provided inaccurate information;
- The provider did not have oversight of all complaints because informal comments and concerns were not logged.

We rated the practice as **requires improvement** for providing Well-led services because:

- Leaders did not demonstrate a full understanding of the how to deliver high quality services throughout the practice.
- The practice was not supported by a clear vision and strategy.
- Comprehensive audit plans to review clinical and operational outcomes were not in place.
- Systems did not support learning from information provided to the service for example audits; incidents and complaints.
- Communication systems needed to improve.

These findings affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring services because:

- Feedback from patients was consistently positive and was in keeping with local and national averages.
- Staff dealt with patients with kindness and respect.

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

- Ensure care and treatment of patients is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to carrying on of the regulated activity.

Overall summary

- Ensure all premises and equipment used by the service is fit for use.
- 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 their duties.
- Ensure specified information is available regarding each person employed.

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

- Improve the identification of carers to enable this group of patients to access the care and support they need.

- De-clutter consultation rooms to ensure all surfaces can be easily cleaned and continue to replace and improve the fixtures and fittings in line with best practice guidance and, improve security for the back-offices and consultations rooms.
- Take steps to complete their own patient survey.
- Consider an exclusion zone to improve confidentiality at the front desk.
- Take steps to inform staff about the Freedom to Speak Up initiative.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor.

Background to Four Acre Health Centre

Four Acre Health Centre is located at Burnage Avenue, Clock Face, St Helens, Merseyside, WA9 4QB. The surgery has good transport links and there is a pharmacy located nearby.

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

Four Acre Health Centre is situated within the St Helens Clinical Commissioning Group (CCG) and provides services to 8,517 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single handed GP who registered with the CQC in April 2013. The practice employed three salaried GPs, a practice nurse, advanced nurse practitioner, nurse consultant and health care assistant. The clinical team are supported by a practice manager and a team of administrators and reception. The practice was part of a wider network of GP practices.

The age profile indicated the practice had a high than local average of patients aged 5 to 14 years.

Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 78 years compared to the national average of 79 years. Female life expectancy is 80 years compared to the national average of 83 years.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Assessment of the risks to the health and safety of service users receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• Control of substances hazardous to health (CoSHH) assessments had not been completed for all products as required.• A fire risk assessment for the building was not in place.• Health and safety risk assessments has not been completed. <p>There was insufficient quantities of medicines to ensure the safety of service users and to meet their needs. In particular:</p> <ul style="list-style-type: none">• The emergency oxygen tank was less than half full. <p>The management of medicines were not proper and safe.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper, both on delivery and when they were distributed through the practice.• The provider did not have systems in place to ensure all medicines were prescribed in keeping with local and national prescribing policies. <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
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

The registered person had failed to establish systems to prevent abuse. In particular:

- The provider could not demonstrate that staff had completed appropriate safeguarding and child protection training.
- The providers safeguarding policies and procedures did not include information about identifying all potential forms of abuse and the legal obligations in relation to female genital mutilation (FGM).
- The provider had not ensured all staff were suitably vetted or risk assessed to confirm they were suitable to work with vulnerable children and adults.

This was in breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:

- Information about how to make a complaint was not readily accessible.
- Information about how to make a complaint did not provide accurate information about escalating a complaint.
- There were no formal processes for recording or reporting all concerns raised.

This was in breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person did not have robust systems or processes in place that operated effectively to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider had not formalised the vision and related strategies or plans.
- There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
- A leadership development plan was not in place.
- No formal processes were in place to receive feedback from staff.

The registered person did not have robust systems or processes in place that operated effectively to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- A comprehensive risk assessment for the service had not been developed.
- Formal and robust processes had not been developed to ensure all incidents were reported so that they could be assessed and responded to appropriately and lessons learnt and shared.
- Comprehensive clinical and operational audit plans to confirm staff followed best practice guidance and policies and procedures had not been developed.

The registered person did not have robust systems or processes in place that operated effectively to enable the registered person to evaluate and improve their practice in respect of the processing the information obtained through the governance process. In particular:

- Systems were not in place to ensure all safety alerts had been responded to appropriately.
- Formal systems were not put in place to improve safety following an adverse event.

This section is primarily information for the provider

Requirement notices

- The systems to improve quality outcomes for some patients was ineffective. In particular: for cervical cancer screening; prescribing hypnotic medicines and anti-coagulation therapy for patients with atrial fibrillation.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- There was no oversight of training and development needs for clinical or operational staff.
- Clinical mentorship for nurses and GP's was not formalised.
- The practice could not demonstrate the prescribing competence of non-medical prescribers or that regular review of prescribing practice supported by clinical supervision or peer review had taken place.
- The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.
- Fire marshals had not completed specialist training.
- The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.
- There was no evidence that staff had completed Mental Capacity Act and deprivation of liberty safeguards training appropriate for their role.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Disclosure and Barring Scheme checks or risk mitigating assessments were not in place for administration staff.
- Health checks or health declarations were not in place for staff employed.
- Information about the immunisation status of staff was not available.

This was in breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.