

Four Acre Health Centre

Inspection report

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

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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?	Inadequate	
Are services caring?	Requires Improvement	
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 2 and 7 September 2021. Overall, the practice is rated as Inadequate.

Safe – Inadequate

Effective – Inadequate

Caring – Requires Improvement

Responsive – Requires Improvement

Well-led - Inadequate

Following our previous inspection on 5 March 2020, the practice was rated Requires improvement overall and for key questions safe, effective, responsive, well led and good for caring. We issued six requirement notices for Regulation 12 HSCA (RA) Regulation 2014 Safe care and treatment, Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment, Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints, Regulation 17 HSCA) Regulations 2014 Good governance, Regulation 18 HSCA (RA) Regulations 2014 Staffing and Regulations 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on the six requirement notices served following our last inspection relating to : Regulation 12 HSCA (RA) Regulation 2014 Safe care and treatment, Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment, Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints, Regulation 17 HSCA) Regulations 2014 Good governance, Regulation 18 HSCA (RA) Regulations 2014 Staffing and Regulations 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.

We also reviewed areas where the previous inspection identified that the provider **should** make an improvement by:

- 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.

How we carried out the inspection

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.

Overall summary

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
- Feedback from patients
- A short site visit
- Staff questionnaires

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 and inadequate for all population groups.

We found that:

- Some areas identified as requiring improvement at our last inspection had not been addressed.
- We found issues relating to the required monitoring of patients prescribed certain medicines.
- Medicine reviews did not contain relevant information and required blood tests for some patients were overdue.
- Blank prescriptions were not kept secure.
- Non-clinical staff did not have the appropriate safeguarding training.
- Leaders did not demonstrate a full understanding of the how to deliver high quality services throughout the practice.
- Systems did not support learning from information provided to the service, for example audits, incidents and complaints.
- There were gaps in systems and processes to assess, monitor, mitigate risks and provide clinical governance.
- Communication systems and the organisational culture needed to improve.

However:

- The service had effectively promoted public health initiatives for cervical screening.
- Staff had completed training in several key safety topics, for example, sepsis, fire safety and chaperone training.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Overall summary

The provider **should**:

- Consider refresher support for staff following long periods of absence.
- Consider updating customer care training for reception staff.
- Consider an external impartial freedom to speak up guardian.

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.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and team inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor 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, and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Knowsley and St Helens Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 8400. 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, 1.9% Black, Mixed and Other.

There a lead GP partner and four part time salaried GPs. The practice has a team of four advanced nurse practitioners who provide nurse led clinic's for long-term condition. The GPs are supported at the practice by a team of reception/ administration staff. The practice manager and assistant practice manager support the lead GP.

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 choice of either the main GP location or the branch surgery.

Extended access is provided by the local walk in centre. Out of ours services are provided by Primary Care 24.

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. 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We have served a Warning Notice for Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The provider failed to provide care and treatment in a safe way for service users.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We have served a Warning notice for Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The provider did not have effective governance systems and processes for the practice, including assurance, auditing of systems or processes and monitoring and mitigating any risks relating to the health and safety of the services provided.</p>
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	
Maternity and midwifery services	