

Anfield Health

Inspection report

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Anfield
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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 responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced focused inspection at Anfield Health which is a NHS GP surgery on 1 February 2019 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 14 June 2018. At the last inspection in June 2018, we rated the practice as requires improvement overall; inadequate for providing safe services; requires improvement for providing effective, responsive and well led services and good for providing caring services.

We issued requirement notices for: Regulation 12 Safe care and treatment; Regulation 13 Safeguarding service users from abuse and improper treatment; Regulation 16 Receiving and acting on complaints and Regulation 17 Good governance.

The provider was not going to continue with their contract to provide GP services. The provider has submitted applications to us to deregister with effect from the end of May 2019.

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.

At this inspection, **we have rated this practice as inadequate overall and inadequate for all the population groups. We did not inspect whether the practice was providing caring services as this was a focused inspection.**

Although some improvement work had begun towards meeting the requirement notices, this was very recent and we were not assured that the clinical oversight was sufficient and sustainable; and that systems for monitoring were embedded and fully effective.

We rated the practice as inadequate for providing safe services because:

- Systems and processes for safeguarding children and vulnerable adults were inadequate.

- Although there were improvements in the monitoring of some high-risk medicines, we identified concerns with overdue medication reviews and the required monitoring had not been undertaken for patients on other medicines.
- At our last inspection, we identified the practice had not audited its antibiotic prescribing. At this inspection there were no audits completed for antibiotic prescribing. There was no monitoring system for the prescribing of controlled drugs.
- There was no risk assessment provided for emergency medicines not held at the practice and monitoring sheets for expiry dates of emergency medicines were not dated.
- Fridge temperature records did not demonstrate that vaccinations were stored at the correct temperatures to ensure they remained effective in use. The provider could not evidence that action had been taken when temperatures were out of range.
- The practice had begun to set up a log of safety alerts and audits to identify patients. However, one of these alerts was issued in April 2017. Patients affected by this alert had been identified just before our inspection but no action had been taken.

We rated the practice as inadequate for providing effective services because:

- We reviewed a sample of consultation notes and the majority were of a poor standard. There were examples of poor clinical assessments and a lack of follow up appointments or monitoring tests required.
- Baby immunisation clinics had not been operating and this had been raised as a significant event to the board.
- We saw examples where codes for medication reviews had been added to patient computer records, yet there was no evidence to support that the review had been completed. There was a risk that, without adequate review, these patients would continue to receive medicines that were no longer appropriate for them.
- We saw examples of patients with long term conditions, such as diabetes, that had not been identified due to incorrect coding of records, poor management of test results and inadequate follow up. Therefore, there was a risk that these patients would not receive the appropriate treatment or monitoring. Performance data totals for quality outcomes for the financial year so far, showed a significant decrease on the performance highlighted in our evidence table.

Overall summary

- There was no evidence of performance management for some staff.

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

- Clinics were managed by two GPs from another practice and appointments available varied but some did not start until 10am. We were advised that from February 2019, new GPs would be working at the practice.
- We reviewed a sample of consultation notes. There were examples where there was a lack of follow up appointments or tests required.
- A new complaints system had been introduced so that all complaints were monitored and appropriately managed. However, there had not been any staff meetings whereby complaints had been discussed to improve shared learning.

We rated the practice as inadequate for providing well-led services because:

- There had been significant changes to the leadership and staffing throughout the period between the last inspection and this inspection and hence a lack of consistent clinical and non-clinical oversight. A mentor practice had been seconded to help with the governance of the practice but this had only been in the past two months. A governance framework for all Primary Care Connect practices and governance meetings had been implemented since October to mitigate the risks of not having a Medical Director. Whilst some work had been carried out, this had not been carried out in a cohesive manner between the provider and the location. The GP mentoring the practice advised us there was still a lot of work to be done and had had to prioritise issues to be dealt with in the short space of time that they had been mentoring the practice.
- The provider had realised there was systemic failings and issues with regards to the management of patient safety. At the time of our inspection, there was no action plan as to how all patients were going to be systematically reviewed to ensure that their care was being appropriately managed now, and over the next few months before the contract expired. We were advised after the inspection that the provider would be looking at ways to address this.

- There had only been one staff meeting but information from complaints and incidents had not been discussed with the whole practice team to promote shared learning.
- Patient feedback was not proactively sought to help improve the services provided.

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

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

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.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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. The team included a GP specialist advisor, a CQC medicines inspector and a second CQC inspector.

Background to Anfield Health

Anfield Health is situated in a socially deprived area of Liverpool with high unemployment rates. There were 2,366 patients on the practice register at the time of our inspection. The practice address is 98 Townsend Lane, Anfield, Liverpool, Merseyside, L6 0BB. The practice website address is primarycareconnect.org.uk.

Anfield Health is registered with the Care Quality Commission to carry out the following regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The practice is part of NHS Liverpool Clinical Commissioning Group (CCG) and has an Alternative Medical Services (APMS) contract.

The provider is Primary Care Connect Ltd which is a not for profit company run by Liverpool GP federation in

partnership with five Liverpool GMS practices and Bridgewater Community Trust. The provider delivers services from five other practices in Liverpool (Everton Road Surgery, Garston Family Health Centre, West Speke Health Centre, Park View Medical Centre and Netherley Health Centre.)

At this practice there is support from a mentor practice that provides two GPs to provide clinical cover. There is an advanced nurse practitioner and nursing staff and a health care assistant from the Liverpool team. Clinical staff are supported by receptions and administration team.

Patient information states that the practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact NHS 111 for the GP out of hours service.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

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

Regulation

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

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
special measures

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
special measures