

Four Acre Health Centre

Quality Report

Burnage Avenue

Clock Face

St. Helens

Merseyside

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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 service

Good



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at this practice on the 24th March 2015 and at this time the practice was rated as good.

However, breaches of a legal requirement were also found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the 30th June 2016 we carried out a focused review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This review was carried out to check whether the provider had completed the improvements identified during the comprehensive inspection carried out in March 2015.

This report covers our findings in relation to those requirements and areas considered for improvement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Four Acre Health Centre on our website at www.cqc.org.uk.

The findings of this review were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Appropriate recruitment checks had been carried out for staff and the practice had updated their recruitment policy to include all required checks for newly employed staff. The practice had undertaken Disclosure and Barring Service (DBS) checks for staff members.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Evidence was provided as part of this desk based review to show that required improvements had been implemented. The practice had updated their recruitment processes to ensure necessary employment checks were in place for all staff. Recruitment checks had been revised to ensure these met regulatory requirements. Staff have received annual mandatory training including training on administering immunisations and vaccinations for all relevant staff.

Good



Four Acre Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review was undertaken by a CQC Inspector.

Background to Four Acre Health Centre

Four Acre Health Centre is based in the Clock Face area of St. Helens, Merseyside. They provide GP services for approximately 7985 patients. The practice treats patients of all ages and provides a range of medical services. The staff team includes four GP partners, a practice nurse, a nurse

Clinician, a healthcare assistant, a practice manager and administrative and reception staff. The practice is a GP training practice and has GP registrars working for them as part of their training and development in general practice. The practice shares a building with community health care services such as podiatry, chiropody and health visiting.

The practice is open from 8.30am to 6pm Monday, Wednesday and Friday with extended hours on Tuesday and Thursday until 8pm. Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to 4 weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice opts in to provide out of hours services via a consortium arrangement known locally as St Helen's Rota. They provide a service locally in St Helens. The practice is part of St Helens Clinical Commissioning Group. The practice is situated in an economically deprived area. Sixty four per cent of patients have a long standing health condition and 59% of patients have health related problems in daily life which are higher than the national average. The practice has a General Medical Services (GMS) contract.

Why we carried out this inspection

We carried out a desk top review of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The review was planned to check whether the provider had completed the improvements identified during the comprehensive inspection carried out in March 2015. The checks made were to ensure the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We reviewed the practice against one of the five questions we ask about services: is the service safe?

How we carried out this inspection

This inspection was carried out as a desk based follow up review. The practice was contacted and a request was made to submit evidence to show that the practice had completed the improvements identified during their comprehensive inspection carried out in March 2015 to

Detailed findings

demonstrate that the required improvements had been implemented. A range of information was discussed with the practice manager, submitted by the practice and reviewed by the CQC Inspector.

Are services safe?

Our findings

Overview of safety systems and processes

At the inspection undertaken in March 2015 we identified some concerns in relation to staffing and recruitment checks. Following the inspection, the practice submitted an action plan to provide details of what they had done to show improvements with the recruitment checks for staff.

The practice is rated as good for providing safe services. Improvements had been made to the recruitment process and staff checks carried out as part of that process. An updated action plan submitted in June 2016 showed all actions taken to improve recruitment processes had been completed.

The Recruitment Policy has been reviewed and updated to cover all aspects required for Regulation 19 HSCA (RA) Regulations 2014 fit and proper persons employed. All staff files have been updated and reorganised with the relevant information including qualifications, competence, skills and experience which are necessary for the work to be performed by them. Also proof of identity including a recent photograph had been included in all staff files along with their smartcard details.

DBS checks are in place for all relevant staff including all General Practitioners, Clinicians, Nurses and Practice Staff where relevant. Any practice staff that do not require a DBS check have been risk assessed and this has been documented and kept on file.

All persons employed are registered with their relevant professional body where such registration is required for the work that they perform. The practice have recorded this into their staff files.

All GPs and the clinical team have received updated training on administering immunisations and vaccinations in June 2015. All Management, administration and reception staff have completed their annual mandatory training.

Action was taken by the Practice Manager to manage Health & Safety through an external consultant. The practice have an electronic based system accessible to staff, which ensures that the practice is compliant with the Health and Safety at Work.