

Caxton House Surgery

Inspection report

53 High Street
Grimethorpe
Barnsley
South Yorkshire
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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?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Caxton House Surgery on 10 October 2018 and the practice was rated as inadequate and enforcement action taken against the provider. We carried out a further inspection on 28 February 2019 and whilst some improvement was seen, the practice was rated as inadequate and placed into special measures.

A focused inspection took place on 20 August 2019 to check compliance with the warning notice issued in March 2019 for a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17, Good governance.

At the February 2019 inspection we rated the practice as inadequate for providing safe, effective and well-led services and requires improvement for responsive services because:

- There were concerns in relation to the lack of documentation in the patient records and regular prescribing of some medicines and there were gaps in systems to assess, monitor and manage risks to patient safety.
- There was limited monitoring of the outcomes of care and treatment for those whose circumstances may make them vulnerable and those people experiencing poor mental health.
- The practice did not have a planned programme of learning and development.
- The practice did not have clear and effective processes for managing risks and lacked a clear vision that was supported by a credible strategy.
- The practice organised and delivered services to meet patients' needs. However, appointments were not available before 9am and there was no clinical cover during this time.

At this comprehensive inspection we followed up a practice in special measures and on breaches of regulations identified at the previous inspection in February 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

We have rated this practice as **Requires improvement overall**.

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

- The practice had reviewed systems and processes to assess, monitor and manage risks to patient safety.
- Disclosure and barring (DBS) checks had been undertaken for relevant staff.

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

- The practice had reviewed how they monitor those whose circumstances may make them vulnerable and those experiencing poor mental health. Joint clinics with other services were now held in the practice. Audits had been performed, however improvement in the overall outcomes for hypnotic prescribing and some cancer screening was yet to be demonstrated in the national figures as the changes needed to be embedded into practice.
- From the records we reviewed care and treatment was documented in line with current legislation, standards and evidenced based guidance.
- Staff had undertaken statutory and mandatory training.

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

- Appointments were now available to patients from 8.30am and there was clinical cover at the practice from this time.
- The premises at Grimethorpe had been refurbished.

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

- The provider had introduced processes for managing risks and issues. However a fire risk assessment had not been completed at the main surgery and branch premises.
- The provider had reviewed the governance processes to ensure continuous learning and improvement.
- Initiatives introduced to improve patient care had not yet been reflected in the practice achievement outcomes. The practice did not routinely monitor Public Health England screening figures to demonstrate improvement.

Overall summary

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

I am taking this service out of special measures.

This recognises the improvements made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
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)	Good	

Our inspection team

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

Background to Caxton House Surgery

Caxton House is located at 53 High Street, Grimethorpe, Barnsley, S72 7BB. The provider owns the premises. There are good transport links with bus stops nearby. The branch surgery is located at the Health Centre in Cudworth. This property is owned and managed by NHS Property Services.

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 and treatment of disease, disorder or injury. The provider has a contract with Barnsley Clinical Commissioning Group (CCG) which is made up of 33 general practices. The practice has a General Medical Services (GMS) contract and offers enhanced services for various immunisation checks. It offers learning disability, alcohol and people living with dementia health check schemes.

At the time of our inspection there were 975 patients on the practice list. The practice is open from 8.30am to 6.30pm daily and offers appointments on Monday evenings until 7.30pm. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

When the practice is closed, out-of-hours cover for emergencies is provided at locations across Barnsley and delivered by the local Federation. Patients can also book evening and weekend appointments at one of two GP hubs in Barnsley. Appointments with GPs and nurses are available between 6.30pm to 10.30pm on weekdays and 10am to 1pm at weekends and bank holidays.

The practice has one full time female GP who is supported by a senior receptionist and two receptionists. The practice catchment area is classed as being within one of the second most deprived areas in England. The practice scored two on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. The patient profile for the practice is similar to that of other practices in Barnsley. The locality has a higher than average deprivation level and 98% of the practice area population is of white background. The average life expectancy for patients at the practice is 77 years for men and 80 years for women, compared to the national average of 79 years and 83 years respectively.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The systems or processes that enabled 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 required review.</p> <p>In particular:</p> <ul style="list-style-type: none">• A fire risk assessment had not been completed at the main surgery and branch premises.• The practice did not routinely monitor Public Health England screening figures to demonstrate improvement. <p>Regulation 17(1)</p>