

# Cleckheaton Group Practice

## Inspection report

Cross Church Street  
Cleckheaton  
BD19 3RQ  
Tel: 01274957846

Date of inspection visit: 8 and 9 November 2022  
Date of publication: 15/12/2022

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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Cleckheaton Group Practice (also known as St John's House) on 8 and 9 November 2022. Following this inspection, we rated the practice as good overall, and requires improvement for providing safe services.

Safe - requires improvement

Effective – good

Caring - good

Responsive - good

Well-led - good

## Why we carried out this inspection

This announced comprehensive inspection was carried out in line with our inspection priorities.

The practice was previously inspected on 18 August 2016 and rated good overall and good for all key lines of enquiry. The full report for the previous inspection can be found by selecting the 'all inspection reports and timeline' link for Cleckheaton Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- Reviewing staff questionnaires.
- A shorter site visit.

## 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 good overall.**

# Overall summary

We found that:

- There were gaps in the management of systems and processes to ensure safe recruitment, premises, infection prevention and control and some medicines management.
- Patients could access care and treatment in a timely way.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was a system in place for reporting and recording significant events.
- Clinicians reviewed the effectiveness and appropriateness of the care the service provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The clinical and management team demonstrated that they understood the challenges to healthcare provision.

We found one breach of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

The provider **should**:

- Continue to monitor and make improvements to increase the provision of severe mental health (SMI) and learning disability health checks.
- Review the process to formally document the reviews of the consultation notes and prescribing of the staff provided through the primary care network staff.
- Continue to review the outcome of patient feedback to drive improvement in patient experience.
- Continue to recruit patients to join the Patient Participation Group to establish a group representative of the practice population.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector who spoke with staff using video conferencing facilities. An onsite inspection was undertaken by a CQC lead inspector and a second inspector. 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 Cleckheaton Group Practice

Cleckheaton Group Practice (also known as St John's House) is on Cross Church Street, Cleckheaton, West Yorkshire, BD19 3RQ. The practice provides services to 9,323 patients. It holds a Primary Medical Services (PMS) contract with NHS West Yorkshire Integrated Care Board (ICB).

The practice operates from a purpose-built medical centre located in Cleckheaton town centre. An independent pharmacy is located within the practice and uses the same entrance. There is extensive free public car parking in front of the practice.

The practice operates from 2 levels. The ground floor consists of the reception and waiting area, patient toilets and 7 consultation rooms, which includes a treatment and phlebotomy room. The lower ground floor, accessible by stairs, consists of 3 consultation rooms, 3 administrative offices and a staff room.

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

The practice is part of a wider network of GP practices which forms the Spen Health and Wellbeing Primary Care Network (PCN) which includes 6 other practices.

The practice team consists of 4 female and 1 male GP partners, all of whom undertake 8 clinical sessions each week. They are supported by a practice nurse, a full-time trainee advanced clinical practitioner, two health care assistants, a phlebotomist and a nurse associate who was on maternity leave at the time of our inspection. The non-clinical team includes a practice manager and business manager, 3 administrators, 3 secretaries and 5 receptionists. The practice had pharmacy support, a paramedic, a social prescriber and a mental health practitioner through the primary care network (PCN).

The practice is open between 8am to 6.30pm Monday to Friday. The practice provides pre-bookable extended access appointments Monday to Friday from 7.30am to 8am. Additional pre-bookable extended access appointments were provided by the GP federation from a practice within their primary care network. We saw appointments were available Monday to Friday from 6.30pm to 8pm and on Saturday from 9am to 5pm.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth lowest decile (based on 1 to 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 95% White, 3% Asian, 1% Black, 0.5% Mixed and 0.5% Other.

## Requirement notices

### 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
Family planning services Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• There were gaps in systems and processes to ensure safe recruitment of staff, which included evidence of training competency.</li><li>• The practice had not ensured that appropriate premises risk assessments had been maintained, which included fire, health and safety, legionella, control of substances hazardous to health (COSHH) and asbestos.</li><li>• There were gaps in systems and processes to adequately assess infection prevention and control.</li><li>• The practice did not have a system in place to record in the clinical notes the outcome of blood tests undertaken in secondary care for warfarin patients to indicate it was safe to continue prescribing the medicine.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>