

Church Lane Surgery

Inspection report

282 Church Lane
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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?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Church Lane Surgery, with the remote clinical review on 2 August 2021 and site visit on 4 August 2021. Overall, the practice is rated as requires improvement.

Safe - Inadequate

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous inspection on 6 March 2019, the practice was rated requires improvement overall and specifically requires improvement for providing safe and well-led services. We found that the practice was good for providing caring, effective and responsive services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Church Lane Surgery on our website at www.cqc.org.uk.

Why we carried out this inspection

This inspection was a comprehensive follow up inspection focusing on:

- Ensuring care and treatment was being provided in a safe way to patients.
- Establishing if there were effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.

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.

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
- A short site visit

Our findings

Overall summary

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. The population groups have been rated as inadequate for people with long term conditions, requires improvement for working age people (including those recently retired and students) and people whose circumstances may make them vulnerable and good for older people, families, children and young people and people experiencing poor mental health (including people with dementia).

We have rated this practice as Inadequate for providing safe services because.

- The system for managing and acting on Medicines and Healthcare products Regulatory Agency (MHRA) alerts was not effective.
- We found concerns relating to the coding and potential missed diagnosis of diabetes in some patients.
- We were not assured there were safe systems and processes in place for the monitoring of over usage of inhalers in patients with asthma.
- We found learning disability reviews were not always completed in detail and actions were not followed up appropriately.
- We identified gaps in the process for monitoring emergency medicines and vaccinations at the practice. We found some emergency medicines missing from the emergency medicines boxes on site and did not see a risk assessment as to why these medicines were not present. We found out of date emergency medicines, vaccinations and supplies on site.
- We found that monitoring for patients prescribed DMARDs, Methotrexate, Leflunomide and Azathioprine was completed appropriately.
- The practice had made improvements in their infection prevention and control procedures and this was being managed effectively.
- The practice now had an effective failsafe policy and systems in place to ensure that results were followed up in a timely manner.
- The practice now had effective recruitment systems in place and DBS checks had been completed appropriately and staff training was up to date.

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

- We found that patient treatment was not always regularly reviewed and updated. We found issues with the management of medicines and the following of national clinical guidance.

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

- The practice had acted to address the concerns we found during the last inspection with regard to well-led, however, we identified some new areas of concern:
- We found recording of do not attempt cardiopulmonary resuscitation (DNACPR) decisions was not always consistent. We were not assured that there were processes and oversight in place for the completion and review of DNACPR coding and forms.

Overall summary

- We were not assured that there were processes in place for discussing the risks of some medicines with patients of childbearing age before prescribing.
- We found medication reviews, although coded, were not always completed in detail in the medical records.
- We saw evidence of multidisciplinary team working with palliative care patients but could not identify formal palliative care reviews.
- We found the practice did not have an adequate system in place for the evacuation of patients with mobility issues in the event of a fire.
- We received feedback from the Patient Participation Group that the practice was open, honest and receptive to constructive feedback and that changes were made in collaboration with the group to improve services.
- Staff spoke positively about their employment at the practice and felt supported.

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 practice organised and delivered services to meet the needs of patients.

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

- The practice assisted patients attending in person who were unable to book appointments by telephone, email or online.
- The practice took a proactive approach in identifying vulnerable patients and their carers to ensure that they were given priority access to appointments and longer appointments where appropriate.
- The practice had made care calls to patients who had shielded during the Covid-19 pandemic to check on their health and well-being.

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

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

(Please see the specific details on action required at the end of this report).

In addition to the above, the practice **should**:

- Continue to review and monitor the outcomes of patients with diabetes.
- Continue to conduct routine fire risk assessments and checks, including the fire safety log for emergency/ escape lighting.
- Ensure appropriate monitoring for patients on high risk medicines in line with clinical guidance.
- Continue to identify carers in the practice population.

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 | Good |  |
| People with long-term conditions | Inadequate |  |
| 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 and a CQC 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 Church Lane Surgery

Church Lane Surgery is a GP practice located in Kingsbury in North West London. The practice is located in converted premises.

Services are provided from: Church Lane Surgery, 282 Church Lane, Kingsbury, London, NW9 8LU.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

Church Lane Surgery is situated within the Brent Clinical Commissioning Group (CCG) and provides services to 9,312 patients under the terms of a Personal Medical Services (PMS) contract. This is part of a contract held with NHS England..

There are three GP partners and one salaried GP. Two of the GPs are male and two are female. The practice employs a practice nurse, a healthcare assistant and a phlebotomist. The practice manager is supported by a deputy practice manager and a team of administrative and reception staff.

The CCG has commissioned an extended hours service, which operates between 8am and 8pm Monday to Sunday at “Hub” locations. Patients may book appointments with the service by contacting the practice.

According to the latest available data, the ethnic make-up of the practice is 44.7% Asian, 35.5% White, 12.3% Black, 5.6% Other and 3.8% Mixed. The practice informed us that the majority of patients were Sri Lankan Tamils with considerable educational and socio-economic disadvantage. Information published by Public Health England rates the level of deprivation within the practice population group as six, on a scale of one to ten. Level one represents the highest levels of deprivation and ten the lowest. The majority of the practice demographic is people of working age, with a slightly higher proportion of young people and slightly lower proportion of older people than the local and national averages.

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 |
|--|---|
| Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The practice did not maintain an accurate record in respect of each patient. We saw evidence that medication reviews were not always completed in detail in the medical records. Palliative care plans were not formalised.• Patients on teratogenic drugs at childbearing age had not had the risks associated with pregnancy discussed with them by their GP.• Recording of DNACPR decisions was not always consistent.• There was no adequate system in place for the evacuation of patients with mobility issues in the event of a fire. There was no ramp for patients to use. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found potential missed diagnosis and coding issues in patients with previously recorded HbA1c on two or more occasions.• We found evidence that the practice did not have an effective system in place to ensure monitoring of medication over usage in relation to short-acting beta2 agonist (SABA) inhalers.• The practice did not have an effective system in place for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure patients' healthcare needs were met. We found evidence of patients whose care had not been appropriately reviewed in accordance with the alerts.• The practice did not always complete thorough reviews of learning disability patients.• The practice did not have all the emergency medicines usually found in the GP practice and there was no risk assessment as to why they were not in stock.• The practice did not ensure that there were appropriate systems in place to ensure that medicines and supplies kept in the emergency medicines boxes on site were in date. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |