

Church Lane Surgery

Inspection report

282 Church Lane
Kingsbury
London
NW9 8LU
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www.church-lane-surgery.co.uk

Date of inspection visit: 6 March 2019
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Church Lane Surgery on 6 March 2019 as part of our inspection programme.

At the last inspection in April 2018, we rated the practice as requires improvement overall and specifically requires improvement for providing safe and well-led services because:

- There were inconsistent arrangements in how risks were assessed and managed. For example, during the inspection, we found risks relating to health and safety of the premises and patients including fire safety arrangements, management of legionella and management of blank prescription forms.
- There was a lack of good governance in some areas.

Previous reports on this practice can be found on our website at: www.cqc.org.uk/location/1-496491998.

At this inspection, we found that the provider had demonstrated improvements in some areas, however, they were required to make further improvements in some areas and are rated as requires improvement for providing safe and well-led services.

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 and good for all population groups.

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

- Risks to patients were assessed and well managed in some areas, with the exception of those relating to safety alerts, infection control procedures and recruitment checks.
- The provider did not have a second thermometer which could log all the data and provide assurance that temperatures had been within the required range, nor was the existing thermometer calibrated at least monthly, as recommended in Public Health England guidance.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. When incidents did happen, the practice learned from them and improved their processes.

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

- There was a lack of good governance in some areas.
- The practice had not had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception.
- The practice had failed to take appropriate action in a timely manner to address the risk identified during the previous inspection in April 2018, regarding the rear fire exit door, which required to be fitted with a panic or push bar.
- The practice had not had a system to follow up women (after 12 weeks) who were prescribed contraceptive depot injections.
- There were no failsafe systems to follow up women who were referred as a result of abnormal results after the cervical screening.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by the management.

We rated the practice as **good** for providing effective, caring and responsive services because:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way. Patients were able to ring a duty GP directly (bypassing the reception) for a telephone consultation between 8.30am to 9am and 11.30am to 12pm Monday to Friday.
- The practice was encouraging patients to register for online services and 30% of patients were registered to use online Patient Access.
- Information about services and how to complain were available and easy to understand.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

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

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

- Review and improve the current arrangements to monitor effectively the use of blank prescription forms for use in printers and handwritten pads.
- Consider ways to improve the identification of carers to enable this group of patients to access the care and support they need.

- Continue to review and monitor the outcomes of patients with diabetes.
- Continue to review, monitor and encourage uptake of bowel cancer screening.
- Review ways to improve patients' satisfaction with care and treatment, telephone access and refurbishment of the premises.

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

Dr Rosie Benneyworth BM BS BMedSci MRCP

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)	Good 
People whose circumstances may make them vulnerable	Good 
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 and a practice nurse specialist advisor.

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 a part of a 21 GP consortium (Harness GP Co-operative) working together to provide greater access for patients and providing services closer to a patient's home and where possible, outside of a hospital setting.

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 City Clinical Commissioning Group (CCG) and provides services to 8,790 patients under the terms of a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are two GP partners and three salaried GPs. Three GPs are male and two are female, who work a total of 28

sessions per week. The practice employs a practice nurse, a health care assistant and a phlebotomist. The practice manager is supported by 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.

The practice population of patients aged between 5 to 18 years old is higher than the national average and there is a lower number of patients aged above 65 years old compared to the national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 66% of the population is composed of patients with an Asian, Black, mixed or other non-white background. 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 level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years.

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 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> <p>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• Appropriate standards of cleanliness and hygiene were not always followed and there was a risk of the spread of infections to the patients and staff working at the practice.• The provider did not have a second thermometer which could log all the data and provide assurance that temperatures had been within the required range, nor was the existing thermometer calibrated at least monthly, as recommended in Public Health England guidance.• The national patient safety and medicines alerts were not always handled appropriately.• Recruitment checks were not always carried out in accordance with regulations or records were not available.• Disclosure and Barring Service (DBS) check was not always undertaken where required to ensure patients safety. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular, we found:

- The practice had not had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception.
- The practice had not had a system to follow up women (after 12 weeks) who were prescribed contraceptive depo injections.
- There were no failsafe systems to follow up women who were referred as a result of abnormal results after the cervical screening.
- The practice had failed to take appropriate action in a timely manner to address the risk identified during the previous inspection in April 2018, regarding the rear fire exit door, which required to be fitted with a panic or push bar.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.