

# Church Lane Surgery

#### **Inspection report**

Church Lane Braintree Essex CM7 5SN Tel: 01376552474 www.

Date of inspection visit: 21 November 2019 Date of publication: 29/01/2020

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

<b>Overall rating for this location</b>	Requires improvement	
Are services safe?	Good	
Are services effective?	<b>Requires improvement</b>	
Are services caring?	<b>Requires improvement</b>	
Are services responsive?	<b>Requires improvement</b>	
Are services well-led?	Good	

## **Overall summary**

We carried out an announced comprehensive inspection at Church Lane Surgery on 21 November 2019 part of our inspection programme.

An inspection had been carried out on 8 August 2018. At this inspection, the practice was rated as inadequate overall and inadequate for providing, safe, effective, caring, responsive and well-led services.

The practice was placed in special measures in October 2018 and a further focused inspection took place in December 2018. This inspection was not rated but we were satisfied that risks had been sufficiently reduced at that time.

An announced comprehensive inspection took place on 26 March 2019 to confirm that the practice had carried out their plan to meet the legal requirements in relation to breaches of regulations from previous inspections. The overall rating for the service was requires improvement, with a rating of good for providing safe services, requires improvement for providing effective, caring and well-led services and inadequate for providing responsive services. All of the population groups were rated as inadequate for providing responsive care.

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 **inadequate** for the population group long-term conditions.

We rated this practice as **good** for providing safe and well-led services because the practice provided care in a way that kept patients safe and protected them from avoidable harm. The leadership at the practice was committed to making improvements.

We rated the population group long-term conditions as **inadequate** for providing effective services because:

• The clinical outcome indicators were below local and national averages and there had not been sufficient improvement since the previous inspection.

We rated this practice as **requires improvement** for providing caring services because:

• Patient satisfaction in relation to the health professionals seen at appointments was below local and national averages. We acknowledged that the practice had seen this as a priority since the previous inspection and had carried out their own surveys to monitor performance. However, there had not been sufficient improvement since the last inspection.

We rated this practice as **requires improvement** for providing responsive services because:

- Patient satisfaction regarding making and accessing appointments was below local and national averages. We acknowledged the practice had made plans to improve since the previous inspection, but outcomes were still below local and national averages.
- This affected all of the population groups and so we rated them all as **requires improvement** for responsive services.

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

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

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

• Continue to improve the outcomes for people experiencing poor mental health (including people with dementia).

This service was placed in special measures in October 2018. We acknowledge the improvements made since the last inspection. However, insufficient improvements have been made such that there remains a rating of inadequate for patients with long-term conditions. The service will be kept under review and another inspection will be conducted within six months and if there is not enough improvement, we will review the position and consider whether there is a need to take further action.

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

Dr Rosie Benneyworth BM BS BmedSci MRCGP

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care.

#### Population group ratings

Older people	<b>Requires improvement</b>	
People with long-term conditions	Inadequate	
Families, children and young people	<b>Requires improvement</b>	
Working age people (including those recently retired and students)	<b>Requires improvement</b>	
People whose circumstances may make them vulnerable	<b>Requires improvement</b>	
People experiencing poor mental health (including people with dementia)	<b>Requires improvement</b>	

#### Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser,

#### Background to Church Lane Surgery

The provider of this service is Virgin Care Services Limited. Church Lane Surgery is a GP practice located in Braintree and is part of the Mid-Essex Clinical Commissioning Group. Services are provided from Braintree College, Church Lane, Braintree, CM7 5SN. The provider is registered to provide the following regulated activities: family planning, treatment of disease, disorder and injury, maternity & midwifery services, and diagnostic and screening procedures.

There are approximately 12,000 patients registered with this practice.

Clinicians are supported by a service manager, a practice operations manager and a team of reception and administrative staff. There is also additional support and guidance from the Virgin Care Services regional and national teams. The practice population is predominantly White British with an age distribution of male and female patients predominantly in the working age population group. The patients come from a range of income categories with an average for the practice being in the seventh most deprived category. One being the most deprived and ten being the least deprived. The practice has a slightly higher than average number of patients over the age of 65 years and about 9% of patients are over the age of 75 years which is slightly higher than local and national averages. Around 20% are under the age of 18 which is in line with local and national averages.

## **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	Regulation 17 HSCA (RA) Regulations 2014 Good
Family planning services	governance
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The registered person had systems or processes in place that operated ineffectively in that they failed to enable
Treatment of disease, disorder or injury	the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular;
	Patient satisfaction data was below local and national averages in several areas and despite implementing an action plan, this has not yet improved patient satisfaction enough.
	There was a lack systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
	Patients with long-term conditions were not being monitored and reviewed effectively as QOF data was below local and national averages.