

Church Langley Medical Centre

Inspection report

Church Langley Way,
Harlow
CM17 9TG
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Date of inspection visit: 14 November 2023
Date of publication: 28/03/2024

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Church Langley Medical Centre on 14 November 2023. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective – Requires improvement.

Caring – Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous inspection on 11 June 2015, the practice was rated good overall and for all key questions.

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

Why we carried out this inspection.

We carried out this inspection in line with our inspection priorities. In this case, the practice was selected for inspection due to the length of time since our previous inspection.

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 :

- An announced site visit.
- 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.

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 inadequate overall.

Overall summary

We rated the provider inadequate for providing safe services because:

- Systems and processes to keep people safe and safeguarded from abuse were not consistently implemented.
- Staff vaccinations had not been maintained in line with UK Health and Security (UKHSA) guidance.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Vaccines were not appropriately stored to ensure they remained safe and effective.
- Appropriate standards of cleanliness and hygiene were not met.
- The practice did not have an effective system to learn and make improvements when things went wrong.

We rated the provider requires improvement for providing effective services because:

- There were examples of potential missed diagnoses of some long term conditions.
- Management of people with long term conditions was not always in line with national guidance.
- The practice was unable to demonstrate that all staff had the skills, knowledge, and experience to carry out their roles.

We rated the provider requires improvement for providing caring services because:

- National GP Patient Survey showed that patient satisfaction about their experience of the practice had decreased and was below local and national targets.
- The practice had not undertaken an analysis of the needs of the local population.

We rated the provider inadequate for providing responsive services because:

- National GP Patient Survey results were below local and national averages and patients were not able to access appointments and treatment in a timely way.
- Complaints were not always used to improve the quality of care.
- The practice did not adequately seek and act on feedback from patients.

We rated the provider inadequate for providing well-led services because:

- Governance and management arrangements were not effective, for example cold chain processes and the management of emergency equipment were ineffective.
- There were gaps in the systems and processes for managing risk.
- The practice had a vision and strategy, however not all staff aware of this.
- The practice culture did not always effectively support the delivery of high-quality sustainable care.
- There was a lack of engagement with patients about their experience of the practice.

The provider must:

- Provide care and treatment in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed to meet the needs of patients.

In addition, the provider should:

Overall summary

- Complete risk assessments of emergency medicines arrangements.
- Take action to manage the ongoing management of historical safety alerts within the national alerts system policy.
- Improve the coding of patients within clinical systems.
- Improve the process for managing test results, to ensure timely review of abnormal test results.
- Take steps to review all patients on long-term steroids to ensure that all patients prescribed oral steroids for an asthma exacerbation are following up in accordance with NICE guidelines.
- Continue efforts to identify and undertake second cycle audits to promote quality improvement.
- Implement systems to manage, control and mitigate risk relating to the practice.
- Continue to take action to reinvigorate an active Patient Participation Group (PPG).

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit supported by 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 Church Langley Medical Centre

Church Langley Medical Centre is located in Essex at:

Church Langley Way

Harlow

Essex

CM17 9TG

The provider is registered with CQC as a partnership to deliver the regulated activities: diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the West Essex Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 11,600 people. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices within the Harlow North Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the eighth lowest decile (8 of 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 90.% White, 4.4% Asian, 2.6% Black, 2.3% Mixed and 0.7% other ethnicity. The practice population had an equal percentage of males and females in their population.

There is a team of 3 GP partners and 1 salaried GP. The practice has a team of 1 nurse who provide nurse led clinics for long-term conditions and is supported by 1 physician associate. The GPs are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight, supported by an operational lead.

The practice also has access to staff working across their Primary Care Network (PCN) including clinical pharmacist, emergency care practitioner, first contact practitioners, dietician, social prescribing link workers.

The practice is open between 8am to 6.30pm Monday to Friday. Extended hours are available evenings and weekends. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Out of hours services are provided by 111.

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 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 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 registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The provider had failed to ensure that all relevant staff knew how to recognise and respond to signs and symptoms of sepsis.• The provider had failed to ensure the safe management of oxygen. In particular, effective system to ensure the expiration and efficacy of oxygen.• The provider failed to ensure the management of patient medicines. In particular to ensure vaccine cold chain storage was effective and medicines were stored safely and securely. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures
Treatment of disease, disorder or injury

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

- Structure, processes and systems to support good governance were not fully embedded into practice.
- Health and safety and infection, prevention and control measures were not always effective.
- The provider did not have effective systems for learning from incidents and complaints.
- Results from the 2023 national GP survey were lower than local and national averages for providing caring services. There was limited work carried out by the practice to improve the results.
- Results from the 2023 national GP survey were lower than local and national averages for accessing the service. There was limited work carried out by the practice to improve the results.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- The practice had ineffective systems to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet the needs of patients.
- There was not an effective system to monitor training, and some staff had not completed training in accordance with the mandatory training policy.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.