

Green Wrythe Surgery

Inspection report

Green Wrythe Lane
Carshalton
SM5 1JF
Tel: 02037706071
www.wrythegreensurgery.nhs.uk

Date of inspection visit: 19 May 2022
Date of publication: 01/06/2022

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

Requires Improvement



Are services safe?

Requires Improvement



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 a comprehensive inspection at Green Wrythe Surgery on 19 May 2022 and a remote clinical review on 16 May 2022 as part of our inspection programme. Overall, the practice is rated as Requires Improvement.

Safe – Requires Improvement

Effective – Requires Improvement

Caring – Good

Responsive – Good

Well-led – Requires Improvement

Following our previous inspection on 26 April 2017 (under their previous provider registration), the practice was rated as Good overall with requires improvement in responsive for issues in relation to access to appointments and getting through the surgery by phone.

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

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

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.

We found that:

Overall summary

- Staff had not completed safeguarding training relevant to their role.
- Recruitment checks were not carried out in accordance to practice policies and staff immunisation records were not maintained according to guidance.
- Infection control issues were not identified and addressed in a timely manner.
- The practice did not have effective systems in place for the safe management of medicines.
- Patients with long-term conditions were not consistently reviewed and monitored.
- The national GP Patient survey indicators in relation to way the staff treated people was below average.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care. However, governance arrangements in place and the processes for identifying, managing and mitigating risks were not effective.

We have rated this practice as Requires Improvement overall and Requires Improvement in Safe, Effective and Well-led.

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

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

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

Whilst we found no breaches of regulations, the provider **should**:

- Improve uptake for childhood immunisations and cervical screening.
- Improve low scoring areas of the national GP patient survey.
- Re-establish a Patient Participation Group.

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

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. 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 Green Wrythe Surgery

Green Wrythe Surgery is located in London at:

411a Green Wrythe Lane

Carshalton

Sutton

SM5 1JF

The provider is registered with CQC 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 South West London Clinical Commissioning Group (CCG) and delivers services to a patient population of about 11,000.

The practice is part of a wider network of GP practices and part of the Carshalton Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (4 of 10). The lower the decile, the more deprived the practice population is relative to others.

The clinical team at the surgery is made up of a male principal GP, six salaried GPs (one male and five female), three female practice nurses and a female healthcare assistant. The non-clinical practice team consists of a practice manager, assistant practice manager, a medical secretary and 11 administrative or reception staff members.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way for patients. In particular:</p> <ul style="list-style-type: none">• The provider did not ensure staff had received safeguarding training relevant to their role and safeguarding policies did not include the information on how staff would report incidences of female genital mutilation.• The provider did not ensure recruitment checks were undertaken in accordance to regulations and staff vaccination records was maintained in line with guidance.• The provider did not ensure infection prevention and control issues were identified and addressed in a timely manner.• The provider did not ensure they had appropriate systems in place for the safe management of medicines.• The provider did not ensure there was an effective system to manage checks for emergency medicines and equipment.• The provider did not ensure they always identified and coded patients with commonly undiagnosed conditions and monitor them appropriately. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Requirement notices

Surgical procedures

The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance to fundamental standards of care. In particular:

- The provider did not ensure they effectively monitor patients with long-term conditions.
- The provider did not ensure policies and procedures in place were practice specific.
- The provider did not ensure there were effective arrangements for identifying, managing and mitigating risks.

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