

Dr Hugh Wright

Inspection report

40 Biddulph Mansions
210 Elgin Avenue
London
W9 1HT
Tel: 02072866464
www.mvmc.co.uk

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2020
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Dr Hugh Wright on 11 February 2020 as part of our inspection programme.

The practice was inspected in October 2015 where they were rated Require Improvement and in July 2017 where they rated Good.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

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.

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.
- There was no formal process in place to check/ensure patient safety alerts were actioned by clinical staff.
- Significant events were not always reported and recorded appropriately, and some staff were not aware of the location of the incident recording form. There was no evidence that any learning from incidents was discussed with the whole team.

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

- The lead GP was no longer saw patients and did not attend the practice on a regular basis, however the practice had not reviewed their clinical and safeguarding role.

- The overall governance arrangements were ineffective. The practice did not have any formal clinical meetings and there was no evidence of clinical oversight.
- While the practice had a vision, that vision was not supported by a strategy.
- There was no program of quality improvement and there was minimal evidence of learning, reflective practice and innovations.
- The practice did not have clear and effective processes for managing risks, issues and performance.

These areas affected all population groups, so we rated all population groups as **inadequate**.

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

- There was limited monitoring of the outcomes of care and treatment.
- Childhood immunisations and cervical smear rates were lower than local and national targets

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

- We found complaints were not always handled in line with the practices complaints policy.
- Patients could not always access care and treatment in a timely way.

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

- The GP patients survey results were lower than the CCG and England averages

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

- 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).

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

- Ensure complaints are responded to in line with the practices complaints policy,

Overall summary

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 population group, 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 Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a GP specialist advisor.

Background to Dr Hugh Wright

Dr Hugh Wright provides GP primary care services to approximately 6700 people living in Maida Vale, North West London. The practice is staffed by two salaried GPs and three locum GPs who work a combination of full and part time hours. The practice employs one nurse, a HCA, a practice manager and five administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. 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.

The practice is open between 8.30am to 6pm on Monday to Friday. Patients can also access evening and weekend appointments at a local HUB. The telephones were staffed throughout working hours and a recorded message was available at all other times. Appointment slots were available throughout the opening hours, except between 1pm and 2pm daily, when the practice is

closed for lunch. Longer appointments were available for patients who needed them and those with long-term conditions. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. When the practice is closed an answer machine message directs patients to call 111.

The practice provides a wide range of services including child health care and smoking cessation. The practice also provides health promotion services including a flu vaccination programme, travel vaccinations and cervical screening. Further, the practice provides the most extended hours hub in the PCN. They also provide resting ECG's, twenty four hours blood pressure monitoring, phlebotomy to other practices in the PCN and are the only providers of Spirometry to the PCN.

The practice is located in an area where the population is relatively young with approximately 65% residents under 50 years of age. The population is ethnically diverse.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</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">• There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.• The provider had a policy for significant events and incident reporting however, not all incidents were appropriately reported or recorded and not all staff were aware of how to raise and record concerns. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We have sent the provider a Warning Notice for them to immediately address:

How the regulations was not being met:

- The provider did not have a system to monitor and manage patients who had been prescribed high-risk medicines. We found that patients being prescribed various high-risk medications such as Methotrexate, Azathioprine, Warfarin and lithium, had not received all of the appropriate blood tests within appropriate timescales in line with national guidance.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We have sent the provider a Warning Notice for them to immediately address:

- There was no effective clinical leadership at the practice. The clinical lead was not based on site and did not have set days when they attended.
- There was no formal process in place to check/ensure patient safety alerts were actioned by clinical staff.
- The practice did not have a complete child protection register.
- The safeguarding lead had not received an induction into the role and some staff were unclear about who to go to with concerns and could not access the safeguarding policy.

This section is primarily information for the provider

Enforcement actions

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