

# Dr Christopher John George Wright

## Inspection report

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SE27 9AW  
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Date of inspection visit: 22 October 2019 to 23 October 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?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

Dr Christopher John George Wright is a provider registered with CQC. We carried out this announced comprehensive inspection on 22 October 2019 to follow up concerns raised at our inspection on 13 February 2019. Following the February inspection this service was placed in special measures. We carried out a focussed inspection in August 2019 to check compliance with enforcement action taken.

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 Requires Improvement for all population groups.**

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

- There was no formal process for reviewing patients prescribed one high risk medicine to monitor their health.
- There was no system in place to ensure blood test referrals were completed or recorded accurately.
- The practice was correctly monitoring indemnity arrangements and professional registrations of clinical staff.
- Staff had all completed safeguarding, fire and infection control training.
- Safeguarding arrangements and the mechanisms for reporting significant events were clear.

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

- Staff informed us that there was limited action taken in response to the lack of clinical and non-clinical staff reported by staff.
- The leadership governance and culture did not always support the delivery of high-quality person-centred care.
- The arrangement for governance and performance management were not fully clear or do not always operate effectively.

- There were now clear succession plans in place to ensure the future sustainability of the service.

- There was effective oversight of staff training and recruitment information.

- There was action taken in response to feedback from staff and patients.

We rated the practice as **Requires Improvement** for providing Effective services because:

- Performance indicators for patients with childhood immunisation rates and cervical screening had not met the targets set by NHS England. Following the inspection the practice provided unvalidated data which showed that they were now meeting immunisation targets and had improved their work in these areas overall.

- There was clear care planning for patients.

- The practice had systems to review and monitor the quality of care provided by locum staff and all staff had been appraised.

- All staff had completed the required training to meet their learning needs that covered the scope of their work,

- The practice undertook effective joint working with other organisations.

We rated the practice as **Good** for providing Responsive services because:

- The complaints policy was accessible and had been updated. All complaints had been responded to and recorded appropriately.

- The practice was in the process of ensuring that patients had access to a female GP.

- The appointment systems were easy to use and patients were supported to access appointments.

We rated the practice as **Good** for providing Caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

- The practice had identified 2.1% of their practice list as carers.

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

# Overall summary

- 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.

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

- Undertake an assessment of how clinical incidents can be identified, recorded and analysed for improvements.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service. As this service is now rated as requires improvement, another inspection will be conducted within a further 12 months.

**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

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

## Our inspection team

Our inspection team included two CQC inspectors, one Practice Manager specialist advisor and one GP specialist advisor.

## Background to Dr Christopher John George Wright

Dr Christopher John George Wright is located at 216 Norwood Road, London, SE27 9AW. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

Dr Christopher John George Wright is situated within Lambeth Clinical Commissioning Group (CCG) and provide services to approximately 4,600 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. The practice is a single-handed GP practice led by a male GP. The lead GP works 12 clinical sessions a week and a male long-term locum GP provides 3 clinical sessions. The practice employs a full-time nurse and a part time healthcare assistant. The practice is a member of a local GP Federation. There are a higher than average number of patients of working age registered with Dr Christopher John George Wright compared with the national average

and lower numbers of patients over the age of 65. The age demographics were broadly comparable to those of other practices within the CCG although this practice has a slightly larger proportion of children. The percentage of patients not in employment was slightly higher than the national average and the practice has a lower proportion of patients with long standing health conditions.

The National General Practice Profile states that 27% of the practice population is from a black ethnic background with a further 6% of the population originating from Asian minority groups, 13% of patients are from mixed or other non-white ethnic groups. Information published by Public Health England rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has slightly higher levels of deprivation affecting children and older people compared to the national average.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  There was no formal process for reviewing patients prescribed one high risk medicine to monitor their health.  There was no system in place to ensure blood test referrals were completed or recorded accurately.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  There was limited action taken in response to the lack of clinical and non-clinical staff reported by staff.  The leadership governance and culture did not always support the delivery of high-quality person-centred care.  The arrangement for governance and performance management and not fully clear or do not always operate effectively.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	