

Dr Christopher John George Wright

Inspection report

216 Norwood Road
London
SE27 9AW
Tel: 020 3049 6370
www.thedeerbrooksurgey.nhs.uk






Date of inspection visit: 21 February 2019
Date of publication: 29/04/2019

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?	Inadequate 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

Dr Christopher John George Wright (The Deerbrook Surgery) is a provider registered with CQC.

We carried out an inspection of the provider on 13 February 2019 as part of our inspection programme.

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 and requires improvement for all population groups.

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

- The practice did not have appropriate systems in place for the safe management of medicines as there was no effective system in place to ensure prescriptions were securely stored and their use monitored and patients taking high risk medicines were not consistently being monitored in line with current guidance and legislation. The provider submitted details of an action plan to address concerns around high risk drug monitoring after our inspection.
- Staff had not all completed safeguarding, fire and infection control training.
- There were no systems in place to monitor indemnity arrangements or the professional registrations of clinical staff.
- Safeguarding arrangements and the mechanisms for reporting significant events were not clear.
- The practice had not carried out a risk assessment to determine how to manage medical emergencies, and did not have the full range of recommended medicines available. The provider told us that they had purchased this missing medicines after our inspection.

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

- There was a lack of future planning to ensure sustainability of the services.

- Governance was lacking in key areas including safeguarding, significant event management, policy oversight and the management of medicines which meant that key areas of risk had not been adequately assessed or addressed.
- There was a lack of effective oversight of staff training and recruitment information.
- There was limited action taken in response to below average feedback or performance and limited evidence of continuous improvement or innovation.

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

- The practice did not have systems to review and monitor the quality of care provided by locum staff and not all staff were being regularly appraised.
- Care planning was not being used by staff working at the practice
- Staff had not completed all required training.
- Performance indicators for patients with COPD, dementia, childhood immunisation and bowel screening were below the local and national averages.
- The practice did not always undertake effective joint working with other organisations.

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

- Patients did not have regular access to a female GP at the practice and staff reported that they did not have adequate clinical staffing.
- The complaint policy was not immediately accessible to patients and policy staff provided to patients was out of date.
- Some patients feedback that care and treatment was difficult to access. The practice had not undertaken any action in response to below average national patient survey results around access.

These areas in effective and responsive services affected all population groups so we rated all population groups as **requires improvement**

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 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.

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

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

- Continue with work to improve the quality of care provided to people with long term conditions, people experiencing poor mental health and families children and young people.
- Introduce care planning for patients with complex medical conditions so that information is shared effectively with other services.
- Consider and develop a policy around the frequency of DBS checks to be completed for staff.
- Formalise systems for recording action taken in response to patient safety alerts.
- Implement a formal process for reviewing patients discharged from hospital and assessing frailty.
- Implement systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Put plans in place aimed at addressing issues of future sustainability.

- Take action in response to patient feedback related to access.

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

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a 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. The provider told us that annual patient turnover was approximately 20%.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Staff told us that they needed more clinical staff at the practice and we were told that staffing issues limited the practice's ability to participate in new initiatives, complete care planning for patients and participate in managerial activities.• The practice did not have a regular female GP. If patients wished to see a female GP we were told that they would likely need to be booked into the local extended primary care service.• Not all staff were having appraisals and not all staff had completed required training. <p>This was in breach of Regulation 18 (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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Warning notice How the regulation was not being met: <ul style="list-style-type: none">• The practice was not monitoring high risk medicines in accordance with guidance and recommendations.• The practice had not carried out a risk assessment to determine how to manage medical emergencies, and did not have the full range of recommended medicines available” This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Warning Notice How the regulation was not being met: The service did not have effective systems and processes to: <ul style="list-style-type: none">• Ensure patients on high risk medicines were monitored in accordance with current recommendations and guidance.• Ensure that professional registrations were reviewed.• Ensure that all staff had appropriate medical indemnity arrangements in place and had completed appropriate training

This section is primarily information for the provider

Enforcement actions

- Monitor the usage of prescriptions and ensure they were stored securely.
- Ensure patients were safeguarded from abuse.
- Manage significant events.
- Mitigate risks associated with infection control.
- Manage complaints.
- Monitor urgent referrals.
- Respond to information to improve the quality of care for patients including improving the uptake of childhood immunisations and review access arrangements.

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