

Green Wrythe Surgery

Inspection report

Green Wrythe Lane
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Date of inspection visit: Visit 20 July 2023, Clinical
review 24 July 2023
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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		Good	
Are services safe?		Requires Improvement	
Are services effective?		Good	
Are services well-led?		Good	

Overall summary

We carried out an announced focused inspection at Green Wrythe Surgery on 20 July 2023 and 24 July 2023. Overall, the practice is rated as good.

Safe - requires improvement

Effective - good

Caring - not inspected, rating of good carried forward from previous inspection

Responsive - not inspected, rating of good carried forward from previous inspection

Well-led - good

Following our previous inspection on 19 May 2022, the practice was rated requires improvement overall. The practice was rated as requires improvement for the safe, effective and well-led key questions but as good for the caring and responsive key questions.

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

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection.

We followed up breaches of regulations related to safe care and treatment and good governance, and recommendations that the practice:

- improve uptake for childhood immunisations and cervical screening
- improve low scoring areas of the National GP Patient survey
- re-establish a Patient Participation Group.

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:

- 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
- a short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 found that:

- The practice had rectified the issues we identified previously with staff training and policies about safeguarding, recruitment checks, staff immunity, infection prevention and control.
- Systems and processes to manage medicines had been improved, but there were some instances of processes not working consistently to keep people safe.
- Patients generally received effective care and treatment that met their needs. Systems and processes to monitor patients with long-term conditions had been considerably improved.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could generally access care and treatment in a timely way. The practice had carried out extensive work to improve the services available to patients and the ease in which patients could contact the practice and there was evidence that this was improving patient satisfaction. The practice had plans for further improvements, and patient satisfaction was being monitored.

We found one breach of regulations. The provider **must**:

- ensure that care and treatment is provided in a safe way for patients.

The provider **should** also:

- improve uptake for childhood immunisations and cervical screening
- improve low scoring areas of the national GP patient survey.

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 undertook a site visit. The team included a regulatory co-ordinator, who was observing and 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 Carshalton, South West London in a purpose-built building. The practice is part of a wider network of GP practices and part of the Carshalton Primary Care Network.

The practice delivers services to about 11,000 patients. Data from 2015 shows that most patients (75.4%) are White. The largest other ethnicities are Asian (11.5%) and Black (7.6%). 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.

There is one male principal GP, five salaried GPs (one male and four female), a regular locum GP and a Physician Associate. There are three nurses and a healthcare assistant. The non-clinical practice team has a practice manager, assistant practice manager, a medical secretary and a team of administrative and reception staff members. Through a national scheme to give patients access to other healthcare staff, the practice also had physiotherapists, pharmacists, a physician associate, a health coach, a social prescriber, and mental health practitioners.

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

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not have oversight of how staff were using the task function on the patient information system or of whether tasks were completed. Not all test results were managed in a timely way.• Processes did not work consistently to ensure that patients received appropriate follow up to test results that were out of the normal range.• Patient records did not consistently document all of the care received. Although the practice told us that it was routine, patient records did not all show that patients had been issued steroid cards when it would be expected or when the risks of medicines had been explained.• The practice was not able to explain why processes had not worked effectively in these instances. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>