

Coatham Surgery

Inspection report

Coatham Health Village
Redcar
TS10 1SR
Tel: 01642483495

Date of inspection visit: 07 September 2021
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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?	Inadequate	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Coatham Surgery on 7 September 2021. Overall, the practice is rated as Requires Improvement.

The ratings for each key question are:

Safe - Inadequate

Effective - Requires Improvement

Caring - Good

Responsive - Requires Improvement

Well-led - Requires Improvement

Following our previous inspection on 24 February 2020, the practice was rated Requires Improvement overall and for the key questions of safe, effective and responsive. The full reports for previous inspections can be found by selecting the 'all reports' link for Coatham Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive follow-up inspection to follow up on:

- The key questions of safe, effective, caring, responsive and well led.
- 'Shoulds' identified in the previous inspection. We told the provider in February 2020 that they should undertake an audit of clinical correspondence coming in from secondary care to ensure that clinicians have appropriate oversight of clinical communications. They should review and improve the seven-day target for actioning urgent test results

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:

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 have rated this practice as Requires Improvement overall and Requires Improvement for all of the six population groups.

We found that:

- The systems, processes and records kept to support Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions made for or with patients were inadequate.
- The management of test results, monitoring of high-risk medicines, processes for safety alerts and overall medicines' management needed to be improved.
- Performance results for patients with long term conditions needed to be improved.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic but access to appointments was difficult.
- Managers and leaders needed to embed, improve and sustain systems of oversight at the practice.

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

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

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	Requires Improvement 
Families, children and young people	Requires Improvement 
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)	Requires Improvement 

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 Coatham Surgery

The Coatham Surgery, is situated in the town centre of Redcar, Teesside, TS10 1SR, and provides services under a General Medical Services (GMS) contract with Tees Valley Clinical Commissioning Group (CCG) and NHS England, to the practice population of around 6570, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice scored four on the deprivation measurement scale which goes from one to ten, one being the lowest decile. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average.

The practice has two GP partners and three salaried GPs (a combination of male and female GPs). There is a newly appointed practice manager and three practice nurses. A health care assistant supports the nursing team. The practice has a personal assistant to the practice manager and a team of secretarial, administration and reception staff. There is a clinical pharmacist and a phlebotomist.

When the practice is closed patients use the NHS 111 service to contact the OOHs provider. The Out of Hours service is provided by a federation of GP practices (ELM Alliance Limited) and is known locally as the Star Service. Information for patients requiring urgent medical attention out of hours is available in the waiting area, and on the practice website.

The practice is open between 8am to 6pm Monday to Friday. Appointments are from 8am to 5.30pm daily. Extended hours operate from 7am to 8am on Wednesdays (Phlebotomy), 7am to 8am on Fridays (HCA Treatment Room procedures and GP telephone appointments). Extended hours appointments are also available through the GP federation 'the Star Service'.

The provider is registered for; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, and surgical procedures as its regulated activities

The practice is part of a wider network of seven GP practices, the Redcar Coastal Primary Care Network, whose combined list size is around 55,000 patients.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is asked to visit the surgery. The practice continued to offer home visits, where necessary, throughout the pandemic. Patients with symptoms of coronavirus who need a face-to-face appointment could be seen at the Primary Care Access Clinic (provided through the GP federation).

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The system for managing abnormal test results was not effective, as abnormal results were not always acted upon before they were filed.• The system to ensure that repeat prescriptions were only signed after clinical oversight of the patients' most recent test results was not effective.• The system in place and records kept to support the risk assessment of prescribing sodium valproate for women of childbearing age were insufficient.• The systems in place to support the use of the provider's clinical risk register matrix were not effective.• The system in place to review and discuss clinical incidents to support improvement was not effective. For example, incidents were logged under the appropriate categories, however incidents similar in nature to those assessed as 'extremely unlikely' continued to recur.• Records relating to persons employed in the carrying on of the regulated activities were not always kept, as outlined in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. <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 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 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>Care and treatment must be provided in a safe way for service users</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The systems, processes and records kept to support Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions made for or with patients were inadequate.• Patients prescribed high risk medicines were not always appropriately managed or monitored in a timely way. We were assured blood screening had been done, but the results were not always downloaded onto the practice's clinical system and checked.• The provider could not provide assurances that blood results were checked by clinicians at the time of signing repeat prescriptions.• Structured and comprehensive medicines reviews were not always carried out. We saw reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicine review or consultation with the patient, particularly with regard to polypharmacy. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>