

Coatham Surgery

Inspection report

Coatham Health Village
Redcar
TS10 1SR
Tel: 01642483638
www.coathamsurgery.co.uk

Date of inspection visit: 10 March 2022
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced unrated inspection at Coatham Surgery on 10 March 2022. Overall, the practice remains rated as Requires Improvement.

Following our previous inspection on 6 and 7 September 2021, the practice was rated Requires Improvement overall and for all key questions except Safe, which was rated as inadequate and Caring which was rated as Good.

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 was a focused follow-up inspection. We undertook this inspection without undertaking a site visit but instead collected evidence and information remotely. The purpose was to follow up on:

- A breach of regulation identified at the previous inspection where a warning notice was issued.

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 off 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

Our findings

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 found that:

- Further improvements were needed to keep patients safe and protect them from avoidable harm.
- Patients did not always receive effective care and treatment that met their needs.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centred care.

We found a breach of regulation. The provider **must**:

- Ensure that care and treatment is provided in a safe way.

Overall summary

In addition to the breach of regulation, the provider **must** make the following improvements that we will check at our next inspection:

- Record safeguarding alerts on the records of all family members of children with safeguarding concerns.
- Review and improve the way that national clinical guidelines are implemented and used within clinical practice.
- Risk assess the current seven-day target for dealing with test results, in order to assure yourselves that any abnormal test results received are acted on without unnecessary delay.
- Improve clinical coding within the practice to ensure that diagnoses are not missed, and that patients do not go unmonitored and unmanaged.
- Improve the system in place to ensure that patients with long term conditions are reviewed in a timely manner.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. 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

Coatham Surgery is located in Redcar at:

Coatham Health Village

Redcar

TS10 1SR

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. The practice offers services from a main practice, without branch sites.

The practice is situated within the Tees Valley Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6365. This is part of a contract held with NHS England.

The practice is part of a wider network of seven GP practices, Redcar Coastal Primary Care Network, which serves a population of approximately 55,000 patients in the geographical area.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98% White 0.6% Asian, 0.1% Black, 0.7% Mixed, and 0.1% Other.

The age distribution of the practice population closely mirrors the local and national averages.

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.

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 invited to attend the surgery.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	
Surgical procedures	Care and treatment must be provided in a safe way for service users
Treatment of disease, disorder or injury	<ul style="list-style-type: none">• ‘Do Not Attempt Cardiopulmonary Resuscitation’(DNACPR) arrangements were not adequate. We saw that some patients did not have a copy of their DNACPR order in their records. There was an absence of recording of DNACPR decisions and mental capacity assessments. DNACPR reviews were not being carried out every 12 months.• Some patients who were being prescribed high risk medicines had not had the required monitoring carried out. This included:• Some patients who were prescribed Spironolactone (a medicine used to treat heart failure and control blood pressure) had not had kidney function checks in the last six months.• Some patients who were prescribed ACE inhibitors/ ARBs (a medicine used to control blood pressure) had not had kidney function checks in the last 18 months.• Some patients who were prescribed direct acting Oral Anticoagulants (DOACs) (these are medicines used to thin the blood to reduce the risk of stroke and blood clots) had not had an up-to-date creatinine clearance level recorded in the last 12 months to ensure that they were on the correct dose.• Some blood test results were waiting to be processed dating from 4 March 2022 to 10 March 2022. There were some abnormal results from 4 and 7 March 2022 that had not yet been viewed or actioned on the day of our 10 March 2022 inspection. The practice’s policy is that all results should be actioned with seven days. This poses a potential risk that abnormal results requiring more prompt action may be missed.• Medication reviews done by one of the GPs showed that a code had been added to the patient record indicating

Enforcement actions

that a medication review had been undertaken, but there was no record of a formal, structured discussion with the patient regarding the risks of long-term use of certain medications.

- Our clinical records' searches showed there were some patients with a potential missed diagnoses of diabetes.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.